

Prominence[®]

Health Plan

SCOPE OF SALES APPOINTMENT CONFIRMATION FORM

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

PLEASE INITIAL BELOW BESIDE THE TYPE OF PRODUCT(S) YOU WANT THE AGENT TO DISCUSS.

Medicare Advantage Plans (Part C)

Stand-alone Medicare Prescription Drug Plans (Part D)

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current or future enrollment, or enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:

Signature:

Signature Date:

If you are the authorized representative, please sign above and print below:

Representative's Name:

Your Relationship to the Beneficiary:

To be completed by Plan Representative:

Plan Representative Name:

Plan Representative Phone:

Beneficiary Name:

Beneficiary Phone:

Beneficiary Address:

Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)

Plan Representative's Signature:

Plan(s) the agent represented during this meeting:

Date Appointment Completed:

Plan Representative, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:

(Plan Use Only)

Application Number:

Scope of Appointment documentation is subject to CMS record retention requirements

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MEDICARE ADVANTAGE PLANS (PART C)

Medicare Health Maintenance Organization (HMO): A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

Medicare Preferred Provider Organization (PPO) Plan: A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

STAND-ALONE MEDICARE PRESCRIPTION DRUG PLANS (PART D)

Medicare Prescription Drug Plan (PDP) : A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.

Prominence Health Plan is an (HMO) plan with a Medicare contract. Enrollment in Prominence Health Plan depends on contract renewal.

Prominence Health Plan complies with applicable Federal civil rights laws and does not discriminate based on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-969-5882 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-969-5882 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-969-5882 (TTY 711).