Scope of 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 (Part C) and Medicare	Advantage Prescription Drug Plans
Medicare Special Needs Plan (SNP) — A special ty focused and specialized health care for specific growned Medicare and Medicaid, who reside in a nursing ho	·
initialed above. Please note, the person who will d	a sales agent to discuss the types of products you iscuss the products is either employed or contracted ne Federal government. This individual may also be
Signing this form does NOT obligate you to enroll in a Medicare plan.	n a plan, affect your current enrollment, or enroll you
Beneficiary or authorized sepresentative signature	e and signature date:
Signature	Signature date
If you are the authorized representative, please sig	n above and print below:
Representative's name	Your relationship to the beneficiary
To be completed by Agent:	
Agent name:	Agent phone:
Beneficiary name:	Beneficiary phone:
Beneficiary address (optional):	
Initial method of contact: (Indicate here if beneficiary was a walk-in.)	
Agent's signature:	
Plan(s) the agent represented during this meeting:	
Date appointment completed:	
Plan use only:	

Scope of Appointment documentation is subject to CMS record retention requirements. Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:

Plus Scope of Appointment (SOA) Confirmation Form 8/11/2020