

## **Medicare Sales Appointment Confirmation**

### **“Scope of Appointment Form”**

**To be completed by person with Medicare.**

Please initial below in the box beside the Medicare topics and Medicare plan options that you want the Agent to discuss with you. If you do not want the Agent to discuss a Medicare concept with you, please leave the box empty.

**The “Medicare and You” 2010 Handbook**

The goal of a “Senior Health Insurance Agent” is to make it easy for you to get the highest quality health care at the most affordable price. By using the “Medicare & You” handbook to educate you about your Medicare options, you may need to discuss the various topics of the “Medicare & You” 2009 handbook.

- *CMS strongly encourages you to use this handbook to ensure that all necessary elements are captured and that you have a meaningful dialogue regarding the product options that may be addressed in the sales appointment. Use of the “Medicare & You” handbook will also help you become familiar and comfortable with all of your Medicare choices.*

**Medicare Supplement Plans (or “Medi-Gap” plans)**

**Medicare Supplement or “Medi-Gap” plans** — are health insurance supplement plans that are sold by private health insurance companies. These plans help pay some of the health care costs (“gaps”) that Original Medicare doesn’t cover, like copayments, coinsurance, and deductibles.

**Stand-alone Medicare Prescription Drug Plans (Part D)**

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

**Medicare Advantage (Part C), Medicare Advantage Prescription Drug Plans, and other Medicare Plans**

**Medicare Health Maintenance Organization (HMO)** —A Medicare Advantage Plan that must cover all Part A and Part B health care. In most HMOs, you can only go to doctors, specialists, or hospitals in the plan’s network except in an emergency.

<p><b>Medicare Private Fee-For-Service (PFFS) Plan</b> — A type of Medicare Advantage Plan in which you may go to any Medicare-approved doctor or hospital that accepts the plan’s payment and terms and conditions.</p>
<p><b>Medicare Special Needs Plan (SNP)</b> — A special type of Medicare Advantage Plan that provides more focused and specialized health care for specific groups of people, such as those who have both Medicare and Medicaid, who reside in a nursing home, or have certain chronic medical conditions.</p>
<p><b>Medicare Medical Savings Account (MSA) Plan</b> — MSA Plans combine a high deductible Medicare Advantage Plan and a bank account. The plan deposits money from Medicare in the account. You can use it to pay your medical expenses until your deductible is met.</p>
<p><b>Medicare Cost Plan</b> — (A type of health plan) In a Medicare Cost Plan, if you get services outside of the plan’s network without a referral, your Medicare-covered services will be paid for under the Original Medicare Plan (your Cost Plan pays for emergency services, or urgently needed services).</p>

**By signing this form you are agreeing to a sales meeting with a sales agent to discuss the “Medicare and You” 2010 handbook and specific types of products and concepts you initialed above. The person that will be discussing plan options with you may be either employed or contracted by a Medicare health plan or prescription drug plan that is not the Federal government, and they may be compensated based on your enrollment in a plan.**

**Signing this form does NOT affect your current enrollment, nor will it enroll you in a Medicare Advantage Plan, Prescription Drug Plan, or other Medicare plan.**

**Beneficiary Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_                      **Time:** \_\_\_\_\_

**To be completed by Agent:**

Agent Name:	Agent Phone:	
Beneficiary Name:	Beneficiary Phone:	
Beneficiary Address:		
Initial Method of Contact:		
<b>Agent’s Signature:</b>	Date:	Time: