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 you as you consider your Medicare Enrollment options, or by your authorized representative.

Please place a check mark below beside the type of product(s) you want the agent to discuss.

- **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.

- **Medicare Advantage Plans (Part C) and Cost Plans**
  - 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.
  
  - Medicare Private Fee-For-Service (PFFS) Plan — A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan’s payment, terms and conditions and agrees to treat you — not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.
  
  - Medicare Special Needs Plan (SNP) — A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.
  
  - Medicare Medical Savings Account (MSA) Plan — MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.
  
  - Medicare Cost Plan — In a Medicare Cost Plan, you can go to providers both in and out-of-network. If you get services outside of the plan’s network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you checked 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, nor is current or future Medicare enrollment status impacted and you are NOT automatically enrolled in the plan(s) discussed.
If you are the authorized representative, please sign above and print below:

Representative’s Name

Relationship to the Beneficiary

I consent to the use of my information to query certain government programs eligibility data, by Health Care Service Corporation (HCSC), including any healthcare provider functions performed by HCSC or HCSC Affiliates that hold CMS Medicare contracts.

To be completed by Agent:

Agent Name

Agent Phone

Beneficiary Name

Beneficiary Phone (Optional)

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

Time and 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:
Blue Cross Medicare Advantage℠ plan information:
If you have questions, call 1-877-774-8592 TTY 711. We are open between 8:00 a.m. and 8:00 p.m., local time, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on the weekends and holidays.

Blue Cross Medicare Advantage℠ DSNP NM plan information:
If you have questions, call 1-877-688-1813 TTY 711. We are open between 8:00 a.m. and 8:00 p.m., local time, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on the weekends and holidays.

Blue Cross Medicare Advantage℠ DSNP TX plan information:
If you have questions, call 1-877-895-6437 TTY 711. We are open between 8:00 a.m. and 8:00 p.m., local time, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on the weekends and holidays.

Blue Cross Medicare Advantage℠ DSNP OK plan information:
If you have questions, call 1-855-231-2552 TTY 711. We are open between 8:00 a.m. and 8:00 p.m., local time, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on the weekends and holidays.

Blue Cross MedicareRx (PDP)℠ plan information:
If you have questions, call 1-888-285-2249 TTY 711. We are open between 8:00 a.m. and 8:00 p.m., local time, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on the weekends and holidays.

Medicare Part D Plan Notice: Prescription drug plans provided by HCSC Insurance Services Company (HISC), an Independent Licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor. Enrollment in HISC’s plans depends on contract renewal. Medicare Advantage Plan Notice: HMO plan in New Mexico, HMO and HMO-POS plans in Illinois, and PPO plans in Illinois, Montana, and New Mexico are provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HMO plan in Illinois provided by Illinois Blue Cross Blue Shield Insurance Company (ILBCBSIC). HMO Special Needs Plan and PPO Special Needs Plan in New Mexico provided by HCSC. HMO, PPO, and Dual Care HMO Special Needs plans in Texas provided by HCSC Insurance Services Company (HISC). PPO plan in New Mexico provided by HISC. HMO and PPO plans in Texas provided by GHS Insurance Company (GHSIC). All HMO and PPO employer/union group plans provided by HCSC. HMO plan in Oklahoma provided by GHS Health Maintenance Organization, Inc. d/b/a BlueLincs HMO (BlueLincs). HMO Special Needs Plan and PPO plans in Oklahoma provided by GHS Insurance Company (GHSIC). HCSC, ILBCBSIC, HISC, GHSIC, and BlueLincs are Independent Licensees of the Blue Cross and Blue Shield Association. ILBCBSIC, GHSIC and BlueLincs are Medicare Advantage organizations with a Medicare contract. HCSC is a Medicare Advantage organization with a Medicare contract and a contract with the New Mexico Medicaid program. GHSIC is a Medicare Advantage organization with a Medicare contract and a contract with the Oklahoma Medicaid program. HISC is a Medicare Advantage organization with a Medicare contract and a contract with the Texas Medicaid program. Enrollment in these plans depends on contract renewal.