

Scope of Sales Appointment Confirmation Form

The Centers for Medicare & Medicaid Services requires sales agents to document the scope of a marketing appointment 48 hours prior to any sales meeting (when practicable) to ensure understanding of what will be discussed between the sales 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 product type(s) you want the agent to discuss:

(refer to page 2 for product type descriptions)

Medicare Advantage plans with or without Prescription Drug (Part C and Part D)
(HMO, PPO, HMO-SNP)

Medicare Supplement (Medigap) products

By signing this form, you agree to a meeting with a sales agent to discuss the product types 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, impact your current or future Medicare enrollment status or automatically enroll you in the plan(s) discussed.

Beneficiary or authorized representative

Signature:

Signature date:

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

Representative's name:

Relationship to beneficiary:

To be completed by agent

Agent name:

Agent phone:

Plan assigned agent ID:

Agent NPN:

Beneficiary name:

Beneficiary phone:

Initial method of contact (check one): Sales event Walk-In Inbound call

Permission to call card Other (specify) _____

Plan(s) represented during this meeting:

If SOA was not documented and signed by the beneficiary 48 hours prior to the appointment, provide an explanation:

Agent signature:

Date appointment completed:

IMPORTANT: Beneficiary HICN to be completed by agent only after receipt of enrollment application

Beneficiary HICN:

Medicare Advantage plans with or without Prescription Drug plans (Part C and Part D)

Medicare Health Maintenance Organization (HMO) — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and may or may not cover 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 may or may not cover 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 Health Maintenance Organization (HMO SNP) — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and covers Part D prescription drug coverage for members with Special Needs. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

Medicare Supplement (Medigap) products

Plans offering a supplemental policy to fill "gaps" in Original Medicare coverage. A Medigap policy typically pays some or all of the deductible and coinsurance amounts applicable to Medicare-covered services, and sometimes covers items and services that are not covered by Medicare, such as care outside of the country. These plans are not affiliated or connected to Medicare.

Health Net has a contract with Medicare to offer HMO, PPO and HMO SNP. Health Net of California, Inc. and Health Net Community Solutions, Inc. have a contract with Medicare and the State of California to offer HMO SNP plans. Health Net of Arizona, Inc. has a contract with Medicare and the Arizona Health Care Cost Containment System (AHCCCS) to offer HMO SNP coordinated care plans. Enrollment in a Health Net Medicare Advantage plan depends on contract renewal.