

# 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 his or her authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his or her authorized representative.

In the boxes below, please put your initials beside the plan type that you want the agent to discuss with you. If you do not want the agent to discuss a plan type with you, please leave the box empty. (Please note that an agent may also discuss Medicare Supplement plans with you.)

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <b>Stand-alone Medicare Prescription Drug Plans (Part D) (PDP)</b> – Stand-alone drug plans that add prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private Fee-for-Service Plans, and Medicare Medical Savings Account Plans.   |
| <input type="checkbox"/> | <b>Medicare Advantage Plans (Part C) (HMO)</b> – 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 receive care only from doctors or hospitals in the plan's network (except in emergencies). May include optional supplemental dental HMO and PPO plan information. |
| <input type="checkbox"/> | <b>Dental HMO, Dental PPO or Dental + Vision plans</b> – Stand-alone plans that provide dental and vision coverage. Medicare has neither reviewed, nor endorses, these plans.  |

**By signing this form:**

- you agree to a sales meeting with a sales agent to discuss the types of products you initialed above.
- you agree to have a Blue Shield of California sales agent contact you to discuss the specific types of products you initialed above.

Please note, the person who will discuss the plan options is either employed by Blue Shield of California or contracted by a Medicare plan. They do not work directly for the Federal government. The 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 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:** \_\_\_\_\_

**Address (optional):** \_\_\_\_\_

**Phone number (optional):** \_\_\_\_\_

**Your relationship to the beneficiary:** \_\_\_\_\_

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**To be completed by Agent:**

**Beneficiary name:** \_\_\_\_\_

**Date of birth (optional):** \_\_\_\_\_

**Beneficiary phone:** \_\_\_\_\_

**Beneficiary address:** \_\_\_\_\_

**Beneficiary e-mail (optional):** \_\_\_\_\_

**To be completed by agent at sales event:**

**Event type:** \_\_\_\_\_ **Event date:** \_\_\_\_\_

**Event location:** \_\_\_\_\_

**Presenter:** \_\_\_\_\_

**Initial method of contact: (Indicate here if beneficiary was a walk-in)**

\_\_\_\_\_  
\_\_\_\_\_

**Plan(s) the agent represented during this event/meeting:**

\_\_\_\_\_  
\_\_\_\_\_

**Date appointment completed:** \_\_\_\_\_

**If this Scope of Sales Appointment form is signed by the beneficiary at time of appointment, provide explanation why it was not documented prior to meeting:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Agent name:** \_\_\_\_\_

**Agent phone:** \_\_\_\_\_

**Agent signature:** \_\_\_\_\_

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

**Plan use only**

Send completed form by:

Mail to: Blue Shield of California, Medicare Installation and Membership, P.O. Box 948,  
Woodland Hills, CA 91365

Fax to: Blue Shield of California, Medicare Installation and Membership, **(877) 251-3660**

Agent, for additional information, call Blue Shield Producer Services at **(800) 559-5905** or your regional sales manager.

\* Scope of Appointment documentation is subject to CMS record retention requirements.\*

Blue Shield of California is an HMO and PDP plan with a Medicare contract. Enrollment in Blue Shield of California depends on contract renewal.

Attention: If you speak language other than English, language assistance services, free of charge, are available to you. Call **(800) 776-4466** (TTY: **711**).