Scope of Appointment Confirmation Form

The Centers for Medicare and Medicaid Services (CMS) requires licensed sales agents to document the scope of the products that may be presented during a marketing appointment between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential. A separate form should be completed for each Medicare eligible beneficiary or his/her authorized representative.

Please indicate the product(s) you agree to discuss by checking the applicable checkbox(es):

- ☐ **Stand-alone Medicare Prescription Drug Plan**
- ☐ **Medicare Advantage Plans (Part C) and Cost Plans**
- ☐ **Dental/Vision/Hearing Products**
- ☐ **Hospital Indemnity Products**
- ☐ **Medicare Supplement or (Medigap) Products**

By signing this form, you agree to a meeting with a licensed sales agent to discuss the types of products you indicated above. Please note, the individual 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, affect your current or future 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: ______________________ Your Relationship to the Beneficiary: ______________________

To be completed by the Agent (print clearly and legibly):

Agent Name:	Agent Phone:	Agent Writing Number:
Beneficiary Name:	Beneficiary Phone (Optional):	Date Appointment will be Completed:
Beneficiary Address (Optional):		
Initial Method of Contact:	Plan(s) the Agent will represent during the meeting	
Agent's Signature:		

Scope of Appointment documentation is subject to CMS record retention requirements

If applicable, provide the explanation why the SOA was not signed prior to meeting:

- ☐ Unplanned Attendee
- ☐ Walk-in
- ☐ Other (please explain): ______________________
- ☐ Beneficiary requested other health-related product information

Product Descriptions

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 HMO Point-of-Service (HMO-POS) —A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. HMO-POS plans may allow you to get some services out of network for a higher copayment or coinsurance.
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.
Other Health-Related Products
Dental/Vision/Hearing Products — Plans offering additional benefits for consumers who are looking to cover needs for dental, vision, or hearing. These plans **are not** affiliated or connected to Medicare.
Hospital Indemnity Products— Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray co-pays/co-insurance. These plans **are not** affiliated or connected to Medicare.
Medicare Supplement (Medigap) Products— Insurance plans that help pay some of the out-of-pocket costs not paid by Original Medicare (Parts A and B) such as deductibles and coinsurance amounts for Medicare approved services.

Generic Scope of Appointment Form Fax Coversheet

How to submit a Generic Scope of Appointment Form to UnitedHealthcare:

1. **Complete the Generic Scope of Appointment Form.**

2. **Complete this coversheet by providing the required information below:**

PLEASE PRINT CLEARLY AND LEGIBLY

Agent First Name:	Agent Last Name:
Agent Writing Number:	Date Appointment Completed:
Beneficiary First Name:	Beneficiary Last Name:

3. **Fax this coversheet and the signature page from the Generic Scope of Appointment Form to:**

Send this coversheet and the signature page in a single fax transmission

For Agent Use Only