

Scope of Sales Appointment Confirmation Form



The Centers for Medicare & 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 each person with Medicare or his/her authorized representative. This form is valid for only one face-to-face appointment. Any reschedule, cancellation, or another appointment with the individual will require a new scope to be obtained.

Beneficiary or authorized representative signature and signature date:

Signature: _____ Date: _____

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

Name: _____ Relationship: _____

Please initial 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 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.

Scope of Appointment documentation is subject to CMS record retention requirements. By signing this form, you agree to a meeting with a sales agent to discuss the types of products 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, affect your current enrollment, or enroll you in a Medicare plan. This information is available for free in other languages. Please call our customer service number at 1-800-668-3813 (TTY 711), 7 days a week, 8 a.m. – 8 p.m. Esta información está disponible de forma gratuita en otros idiomas. Favor de contactar a nuestro Departamento de servicio al cliente al 1-800-668-3813 (TTY 711), 7 días de la semana, 8 a.m. – 8 p.m. Cigna-HealthSpring® is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs. Enrollment in Cigna-HealthSpring depends on contract renewal.

TO BE COMPLETED BY AGENT

Agent name:	Beneficiary name:
Agent phone:	Beneficiary phone (optional):
Initial method of contact: <i>(indicate here if beneficiary was a walk-in.)</i>	Beneficiary address (optional):
Agent's signature:	Date appointment completed:
Plan(s) the agent represented during this meeting:	Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting: <ul style="list-style-type: none"> <input type="checkbox"/> Immediate appointment requested <input type="checkbox"/> Unplanned prospect <input type="checkbox"/> Telescope line closed / after hours <input type="checkbox"/> Children / caregivers have limited time
Plan use only:	
If applicable, confirmation number:	

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Arizona, Inc., HealthSpring Life & Health Insurance Company, Inc., HealthSpring of Tennessee, Inc., HealthSpring of Alabama, Inc., HealthSpring of Florida, Inc., Bravo Health Mid-Atlantic, Inc., and Bravo Health Pennsylvania, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc.