

Gateway Health offers individuals the following products:

Medicare Advantage Plans (Part C)

Medicare Special Needs Plans (HMO SNP) – for individuals entitled to Medicare Part A, enrolled in Medicare Part B, live in the service area and receive Medicaid assistance from the State.

Medicare Special Needs Plans (HMO SNP) – for Medicare beneficiaries diagnosed by their doctor with Diabetes, a Cardiovascular Disorder or Chronic Heart Failure.

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.

Please indicate how you wish to be contacted:

I would like an Agent to call me

I would like an Agent to meet with me in person

Beneficiary Information

Name: _____

Address: _____

Phone Number: _____

Please remember to sign and date this form on the back side of this page.

In the space provided below, please initial the type of Medicare Advantage product(s) you want the agent to discuss.

___ Medicare Special Needs Plans (HMO SNP) ___ Medicare Health Maintenance Organization (HMO)

Beneficiary or Authorized Representative Signature and Signature Date:

Signature: _____ Date: _____

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

Name: _____ Relationship to Beneficiary: _____

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. The person does 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.

To be completed by Agent:

Name:	Phone:
Initial method of contact: <i>(Please indicate if beneficiary was a walk-in)</i>	
Signature:	Plan(s) represented during this meeting:
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, please provide explanation why SOA was not documented prior to meeting.

Gateway Health Medicare Assured SelectSM, Gateway Health Medicare Assured ChoiceSM, Medicare Assured PrimeSM, Medicare Assured GoldSM and Medicare Assured PlatinumSM are HMO plans with a Medicare contract. Medicare Assured DiamondSM is an HMO plan with a Medicare contract and a contract with North Carolina Medicaid. Enrollment in these plans depends on contract renewal.