



PacificSource Community Health Plans  
 2965 NE Conners Avenue, Bend OR 97701  
 541.385.5315 888.863.3637  
 Medicare.PacificSource.com

## Scope of Sales Appointment Confirmation Form

The Centers of 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 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 type of product(s) you want the agent to discuss.**

<input type="checkbox"/>	<b>Stand-alone Medicare Prescription Drug Plans (Part D)</b>
<b>Medicare Prescription Drug Plan (PDP)</b> — A stand-alone drug plan that adds prescription drug coverage to the Original Medicare Plan, 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) and Cost Plans</b>
<b>Medicare Health Maintenance Organization (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 can only go to doctors or hospitals in the plan’s network (except in emergencies).	
<b>Medicare Preferred Provider Organization (PPO) Plan</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. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.	
<b>Medicare Private Fee-For-Service (PFFS) Plan</b> — 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.	
<b>Medicare Special Needs Plan (SNP)</b> — 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.	
<b>Medicare Medical Savings Account (MSA) Plan</b> — 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.	
<b>Medicare Cost Plan</b> — 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.	

**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, future enrollment, or enroll you in a Medicare plan.

**Beneficiary or Authorized Representative Signature and Signature Date:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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

Representative Name: \_\_\_\_\_

Relationship to Beneficiary: \_\_\_\_\_

**To be completed by Agent:**

Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone:
Beneficiary Address:	
Initial Method of Contact:	
Walk-in visit? YES NO (circle one)	
Agent's Signature:	Date Appointment Completed:
Plan(s) the agent represented during this meeting:	
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, provide explanation why SOA was not documented prior to meeting:

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

PacificSource Community Health Plans is an HMO/PPO plan with a Medicare contract. Enrollment in PacificSource Medicare depends on contract renewal.

Arabic	كيدلف فحلا يف لوصحلا نلع ةدعاسملا تامولعملاو ، PacificSource Community Health Plans Plans نذحتال عم مجرتم لصتاب (888) 863-3637 . نإ ناك كيدل وأ نذل صخش هذعاست ةلئسأ صوصخب ضلا رورةي كتغلب نم نود تيا ةفلاكت .
Cambodian- Mon-Khmer	ប្រសិនបើអ្នក ឬអ្នកដទៃ កំពុងស្វែងរកព័ត៌មាន ឬសំណួរអ្វីៗ PacificSource Community Health Plans ចុះ, អ្នកមានសិទ្ធិទទួលបានជំនួយនិងព័ត៌មាន ចៅកនុងភាសា អស្មុក ចៅយមិនអ្វីប្រាក់ ។ ចៅទើបចើយយជាមួយអ្នកអកដប្រ សូម (888) 863-3637.
Chinese	如果您，或是您正在協助的對象，有關於[插入 SBM 項目的名稱 PacificSource Community Health Plans 方面的問題，您 有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話[在此插入數字(888) 863- 3637.
Cushite- Oromo	Isin yookan namni biraa isin deeggartan PacificSource Community Health Plans irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa (888) 863-3637 tiin bilbilaa.
French	Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de PacificSource Community Health Plans, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez (888) 863-3637.
German	Falls Sie oder jemand, dem Sie helfen, Fragen zum PacificSource Community Health Plans haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer (888) 863-3637 an.
Japanese	ご本人様、またはお客様の方の身回りの方でもPacificSource Community Health Plans sについてご質問がございました ら、ご希望の言語でサポートを受けたり、情報を入力したりすることができます。料金は かかりません。通訳とお話される場合、(888) 863-3637 までお電話ください。
Korean	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 PacificSource Community Health Plans에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 (888) 863-3637로 전화하십시오.
Persian- Farsi	، لاوس رد دروم PacificSource Community Health Plans ، تشاده ديشاب قح نيا ار دير اد كه كمك تفايرد امن يي د. (888) 863-3637 سامت لصاح ديي امن . گار امش ، اي سكي كه امش به و امك دينكي م و تا علاطابه نابز دوخ ار به روط ناگيار
Romanian	Dacă dumneavoastră sau persoana pe care o asistați aveți întrebări privind PacificSource Community Health Plans, aveți dreptul de a obține gratuit ajutor și informații în limba dumneavoastră. Pentru a vorbi cu un interpret, sunați la (888) 863-3637.
Russian	Если у вас или лица, которому вы помогаете, имеются вопросы по поводу PacificSource Community Health Plans, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону (888) 863-3637.
Spanish	Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de PacificSource Community Health Plans, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al (888) 863-3637.

Thai	หากคุณ หรือคนที่คุณ กำลังช่วยเหลือมีคำถามเกี่ยวกับ PacificSource Community Health Plans คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย พูดคุย กับทีม โทร (888) 863-3637.
Ukrainian	Якщо у Вас чи у когось, хто отримує Вашу допомогу, виникають питання про PacificSource Community Health Plans, у Вас є право отримати безкоштовну допомогу та інформацію на Вашій рідній мові. Щоб зв'язатись з перекладачем, задзвоніть на (888) 863-3637.
Vietnamese	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về PacificSource Community Health Plans, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi (888) 863-3637.

### Discrimination is Against the Law

PacificSource Community Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PacificSource does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PacificSource Community Health Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Customer Service at (888) 863-3637 or, for TTY users, (800) 735-2900.

**October 1 – February 14:** 8:00 a.m. to 8:00 p.m., seven days a week

**February 15 - September 30:** 8:00 a.m. to 8:00 p.m. Monday-Friday

If you believe that PacificSource Community Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Kristi Kernutt, PO Box 7068, Springfield, OR 97475-0068, (541) 225-1967, Fax (541) 684-5475, or email [Kristi.Kernutt@pacificsource.com](mailto:Kristi.Kernutt@pacificsource.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Customer Service Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>