Scope of Sales Appointment Confirmation

PacificSource Medicare

The Centers for Medicare and Medicaid Services requires producers 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 producer 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 their authorized representative.

Please initial below beside the type of product(s) you want the producer to discuss.

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 go to 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 healthcare needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing facilities, and people who have certain chronic medical conditions.

By signing this form, you agree to a meeting with a sales producer 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 producer

Producer name _____ Producer phone _____

Beneficiary name _____ Beneficiary phone _____

Beneficiary address _____

Initial method of contact _____ Walk-in visit: ☐ Yes ☐ No

Producer signature _____ Date appointment completed _____

Plan(s) the producer represented during this meeting _____

Producer: If this form was signed by the beneficiary at the time of appointment, please provide explanation for why SOA was not documented prior to meeting.

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

PacificSource Community Health Plans is an HMO, HMO D-SNP, and PPO plan with a Medicare contract and a contract with Oregon Health Plan (Medicaid). Enrollment in PacificSource Medicare depends on contract renewal.