

Scope of Sales Appointment Confirmation Form



The Centers for Medicare and Medicaid Services (CMS) requires agents to document the scope of a marketing appointment prior to any individual 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.

- Stand-alone Medicare Prescription Drug Plans (Part D)
- Medicare Advantage Plans (Part C)

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 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:
Representative's Address:	Representative's Phone:
To be completed by Agent	
Beneficiary Name:	Beneficiary's Phone:
Beneficiary's Address:	
Agent's Name:	Agent's Phone:
Agent's Signature:	National Producer Number(NPN):
Plan(s) the agent represented during this meeting:	Appointment Date:

This document is subject to CMS record retention requirements and should be retained for a period of 11 years. CMS and Clarion Health reserve the right to request a copy of this document at any time.

The Clarion Health (HMO) Plan is a Medicare Advantage Plan (MAPD) with a Medicare contract. Enrollment in Clarion Health depends on contract renewal.