Scope of Sales Appointment Confirmation Form

The Centers for Medicare & Medicaid Services (CMS) 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 the Medicare beneficiary or his/her authorized representative.

Please check the type of product(s) you want the agent to discuss.

- ☐ **Medicare Advantage Plans (Part C)**
  Medicare Health Maintenance Organization (HMO),
  Medicare Private Fee-for-Service (PFFS) Plan
- ☐ **Stand-Alone Medicare Prescription Drug Plans (Part D)**
- ☐ **Medicare Supplement (Medigap) Policies**
- ☐ **Dental and Vision Products**

Beneficiary or authorized representative information

Name		**Phone**	
Address	**City**	**State**	**ZIP**

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you checked above. Please note, the person who will discuss the products is either employed or contracted by a Medicare Advantage 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 automatically enroll you in a Medicare Advantage plan. A new form will need to be completed if you ask to talk about a product not previously agreed upon to discuss. This form is valid for 12 months after the date you sign it.

Beneficiary or authorized representative signature	**Date** (mm/dd/yyyy)	**Time**

To be completed by agent

Agent name		**Agent phone**	
Beneficiary name		**Beneficiary phone** (optional)	
Beneficiary address (optional)	**City**	**State**	**ZIP**

Initial method of contact (indicate here if the beneficiary was a walk-in)

Agent signature

Plan(s) the agent represented during this meeting	**Date appointment completed** (mm/dd/yyyy)

Attention agent: If the form was signed by the beneficiary at the time of the appointment, provide an explanation why an SOA was not documented prior to the meeting:

Medicare Advantage Health Maintenance Organization (HMO) Plan

A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes Part D drug coverage. With most HMOs, you can only get your care from providers or hospitals in the plan's network (except for emergency and urgently needed care).

Medicare Advantage Private Fee-for-Service (PFFS) Plan

A Medicare Advantage plan in which you may go to any Medicare-approved doctor, hospital, or 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.

Medicare Prescription Drug Plan (PDP)

A standalone drug plan that adds drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private Fee-for-Service Plans, and Medicare Medical Savings Account Plans.

Medicare Supplement (Medigap) Policy

A plan designed to cover the additional medical costs Original Medicare does not pay. With a Medicare Supplement insurance policy, you have the freedom to choose any doctor or hospital that accepts patients on Medicare, with no referral required.

Dental and Vision Products

Plans designed to help cover out-of-pocket costs, including standalone dental coverage, standalone vision coverage, and joint dental and vision coverage in a single plan. These plans feature in-network providers, but you can also use out-of-network providers at a higher cost.

Please contact Medicare.gov or **1-800-MEDICARE** to get information on all of your options. Plans are not available in all counties. Arkansas Blue Medicare offers HMO, PFFS, and PDP plans with Medicare contracts. Enrollment in Arkansas Blue Medicare depends on contract renewal. USAble Mutual Insurance Company d/b/a Arkansas Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association. Arkansas Blue Medicare is the marketing name for USAble HMO, Inc. USAble HMO, Inc. is an affiliate of Arkansas Blue Cross. © 2025 Arkansas Blue Cross and Blue Shield. All rights reserved.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.