



# Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires licensed agents to document the scope of an appointment prior to any sales meeting to ensure understanding of what will be discussed between them and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential. A separate form should be completed for each Medicare beneficiary.

To ensure your appointment focuses only on those Medicare and health-related products you want to discuss with your licensed agent, please indicate by checking the appropriate box(es) beside the product(s) in which you are interested.

**Medicare Advantage Plans (Part C) and Cost Plans**

By signing this form, you agree to a meeting with a licensed 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 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 Medicare enrollment, or enroll you in a Medicare plan.

<b>Beneficiary or Authorized Representative Signature and Signature Date:</b>	
Signature	Signature Date
If you are the authorized representative, please sign above and print clearly and legibly below	
Name (First_ Last)	Relationship to Beneficiary

<b>To be completed by Licensed Agent (please print clearly and legibly)</b>		
Licensed Agent Name (First_Last)	Licensed Agent Phone (Include Area Code) (____) ____ - _____	Licensed Agent ID Number
Beneficiary Name (First_Last)	Beneficiary Phone (optional) (____) ____ - _____	Date Appointment will be Completed
Beneficiary Address (optional)		

Clear Spring Health has a contract with Medicare to offer HMO and PPO plans. Enrollment in Clear Spring Health depends on contract renewal.

To be completed by Licensed Agent (Please print clearly and legibly)	
Initial Method of Contact	Plan(s) the Licensed Agent will Represent During the Meeting
Licensed Agent Signature	

Scope of Appointment (SOA) is subject to Medicare Record Retention Requirements.

**Licensed Agent:** If applicable, please explain why SOA was not documented and signed by the beneficiary prior to the meeting. Check all that apply.

- Unplanned Attendee
- New SOA required (consumer requested other health product information)
- Walk-in
- Other (please explain): \_\_\_\_\_

Medicare Advantage Plans (Part C) and Cost Plans
<p><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 get your care from doctors or hospitals in the plan’s network (except emergencies.)</p>
<p><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.</p>
<p><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 certain chronic medical conditions.</p>

Clear Spring Health is the brand name of Clear Spring Health of Illinois, Inc. and its affiliates Eon Health, Inc. (Ga.), Eon Health, Inc. (S.C.), and Delaware Life Insurance Company, for the purposes of Medicare Advantage Plans only.

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