

SCOPE OF APPOINTMENT CONFIRMATION FORM



The Centers for Medicare and Medicaid Services (CMS) require licensed, contracted, and certified agents to document the scope of each marketing appointment in advance of said appointment. The purpose is to ensure the beneficiary (and/or their authorized agent) understands the products to be discussed during any phone or in person appointment or walk-in.

By signing this form, you 1) are not obligated to enroll in any product; 2) will not be auto-enrolled in any product offering by Clear Spring Health or its affiliates; 3) will not have your current or future Medicare enrollment status impacted; 4) You will receive a call 48 hours after signing.

By signing this form, you acknowledge the following products, based upon your state and county of residence, will be discussed during your appointment.

- ☐ **Medicare Advantage Prescription Drug (MAPD) Plan** - These cover Medicare Part A, Part B, and Part D benefits
- ☐ **Special Needs Plan (SNP)** - These plans are a subset of Medicare Advantage plans and service those with specific chronic conditions.

To be completed by Beneficiary and/or Authorized Representative

Name (please print)	Signature	Date
Address		Phone

If you are the Authorized Representative, Please Sign Above and Print Below

Representative Name	Your Relationship to the Beneficiary
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To be completed by Agent

Name (please print)	Agent ID#	Agent Phone
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Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)
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Agent, if the form was signed by the beneficiary at the time of appointment, provide explanation why SOA was not documented prior to meeting.

Plan(s) the agent represented during this meeting	Date Appointment Completed
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Agent Signature

Clear Spring Health has a contract with Medicare to offer HMO and PPO plans. Enrollment in these plans is dependent on annual contract renewal with the federal government.