

## Scope of Appointment Confirmation Form

The Centers for Medicare and Medicaid Services (CMS) requires licensed sales agents to document the scope of the products that may be presented during a marketing appointment between the agent 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 eligible beneficiary or his/her authorized representative.

**Please indicate the product(s) you agree to discuss by checking the applicable checkbox(es):**

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Stand-alone Medicare Prescription Drug Plan</b><br><input type="checkbox"/> <b>Medicare Advantage Plans (Part C) and Cost Plans</b> | <input type="checkbox"/> <b>Dental/Vision/Hearing Products</b><br><input type="checkbox"/> <b>Hospital Indemnity Products</b><br><input type="checkbox"/> <b>Medicare Supplement or (Medigap) Products</b> |
|---|--|

**By signing this form, you agree to a meeting with a licensed sales agent to discuss the types of products you indicated above.** Please note, the individual 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:

### To be completed by the Agent (print clearly and legibly):

Agent Name:	Agent Phone:	Agent Writing Number:
Beneficiary Name:	Beneficiary Phone (Optional):	Date Appointment will be Completed:
Beneficiary Address (Optional):		
Initial Method of Contact:	Plan(s) the Agent will represent during the meeting	
Agent's Signature:		

\*Scope of Appointment documentation is subject to CMS record retention requirements\*

If applicable, provide the explanation why the SOA was not signed prior to meeting:

- |   |   |
|---|---|
| <input type="checkbox"/> Unplanned Attendee<br><input type="checkbox"/> Walk-in<br><input type="checkbox"/> Other (please explain): _____ | <input type="checkbox"/> Beneficiary requested other health-related product information |
|---|---|

## Product Descriptions

### Stand-alone Medicare Prescription Drug Plans (Part D)

**Medicare Prescription Drug Plan (PDP)** — A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.

### 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 get your care from doctors or hospitals in the plan's network (except in emergencies).

**Medicare HMO Point-of-Service (HMO-POS)** —A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. HMO-POS plans may allow you to get some services out of network for a higher copayment or coinsurance.

**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 Private Fee-For-Service (PFFS) Plan** — A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and 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 Special Needs Plan (SNP)** — 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 both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

**Medicare Medical Savings Account (MSA) Plan** — MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

**Medicare Cost Plan** — In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

### Other Health-Related Products

**Dental/Vision/Hearing Products** — Plans offering additional benefits for consumers who are looking to cover needs for dental, vision, or hearing. These plans **are not** affiliated or connected to Medicare.

**Hospital Indemnity Products**— Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray co-pays/co-insurance. These plans **are not** affiliated or connected to Medicare.

**Medicare Supplement (Medigap) Products**— Insurance plans that help pay some of the out-of-pocket costs not paid by Original Medicare (Parts A and B) such as deductibles and coinsurance amounts for Medicare approved services.

# UnitedHealthcare® Generic Scope of Appointment Form Fax Coversheet

**How to submit a Generic Scope of Appointment Form to UnitedHealthcare:**

- 1. Complete the Generic Scope of Appointment Form.**
- 2. Complete this coversheet by providing the required information below:**

**PLEASE PRINT CLEARLY AND LEGIBLY**

Agent First Name:	Agent Last Name:
Agent Writing Number:	Date Appointment Completed:
Beneficiary First Name:	Beneficiary Last Name:

- 3. Fax this coversheet and the signature page from the Generic Scope of Appointment Form to:**

**866.994.9659**

**\*Send this coversheet and the signature page in a single fax transmission\***

CONFIDENTIALITY NOTICE: Information accompanying this facsimile is considered to be UnitedHealthcare's confidential and/or proprietary business information. Consequently, this information may be used only by the person or entity to which it is addressed. Such recipient shall be liable for using and protecting UnitedHealthcare's information from further disclosure or misuse, consistent with applicable contract and/or law. The information you have received may contain protected health information (PHI) and must be handled according to applicable state and federal laws, including, but not limited to HIPAA. Individuals who misuse such information may be subject to both civil and criminal penalties. If you believe you received this information in error, please contact the sender immediately.