

# 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 his/her authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

## Please initial below beside the type of product(s) you want the agent to discuss:

\_\_\_\_\_ Stand-alone Medicare Prescription Drug Plans (Part D)  
Beneficiary initials

\_\_\_\_\_ Medicare Advantage Plans (Part C)  
Beneficiary initials

## 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:** \_\_\_\_\_

## Required - to be completed by Agent:

Agent Name: <b>Scott Leonardi</b>	Agent Phone: <b>937-898-2273</b>
Beneficiary Name:	Beneficiary Phone (Optional):
Beneficiary Address (optional):	
Medicare ID Number:	
Initial Method/Location of Contact: ( <input type="checkbox"/> ) Indicate here if beneficiary was a walk-in	
Agent's Signature:	
Plan(s) the Agent Represented During This Meeting:	
Date Appointment Completed:	
Plan Use Only:	

Scope of Appointment

