

Scope of Sales Appointment Confirmation Form

Per our conversation on _____, I confirm the plan types that I previously agreed to discuss today.

Please initial below beside the type of product(s) you have agreed to discuss.

	Medicare Advantage (Part C and Part D) 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 Preferred Provider Organization (PPO) – 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 Prescription Drug Plans (Part D)
	Medicare Prescription Drug Plan (PDP) – A stand-alone drug plan that adds prescription drug coverage to Original Medicare and some Medicare Cost Plans, Medicare Private-Fee-for-Service Plans, and Medicare Savings Account Plans.
	Medicare Supplement Insurance (Medigap)
	A Medicare Supplement Insurance (Medigap) policy helps pay some of the health care costs that Original Medicare doesn’t cover, like copayments, coinsurance, and deductibles.
	Highmark Blue Cross Blue Shield of Western New York Dental Options
	Including Optional Supplemental Dental (benefits not covered by Original Medicare or included in your plan) and Blue Value Dental plans (stand-alone dental plans).

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 enrollment, or enroll you in a Medicare plan.

Beneficiary or authorized representative signature

Signature date

If you are the authorized representative, you must sign above and provide the following information:

Name: _____

Your relationship to beneficiary: _____



Required — to be completed by agent

Agent name:	Agent phone:
Beneficiary name:	Beneficiary phone:
Beneficiary address:	
Initial method of contact (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:	

Agent: If the form was signed by the beneficiary at the time of appointment, explain why SOA was not documented prior to meeting:

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