



## Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services 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 their authorized representative).

<b>Medicare Advantage (Part C)</b>	
<input type="checkbox"/>	<b>Medicare Health Maintenance Organization (HMO)</b> —A Medicare Advantage Plan that must cover all Part A and Part B health care. In most HMOs, you can only go to doctors, specialists, or hospitals in the plan’s network except in an emergency.
<input type="checkbox"/>	<b>Medicare Special Needs Plan (SNP)</b> —A Medicare Advantage Plan that has a benefit package designed for people with special healthcare needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in a nursing home, and people who have certain chronic medical conditions.

**By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed 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 affect your current enrollment, nor will it enroll you in a Medicare Advantage Plan, Prescription Drug Plan, or other Medicare plan.

<b>Beneficiary or Authorized Representative Signature and Signature Date:</b>	
Signature:	Signature Date:
<b>If you are the authorized representative, please sign above and print below:</b>	
Representative’s Name:	Your Relationship to the Beneficiary:

**To be completed by Agent:**

Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone:
Beneficiary Address:	
Initial Method of Contact:	
<b>Agent’s Signature:</b>	Date:
[Plan Use Only:]	

Verda Health Plan of Texas, Inc is an HMO plan with a Medicare contract. Enrollment in Verda Health Plan of Texas, Inc depends on contract renewal. ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-257-5776. (TTY: 711) ATENCIÓN: Si habla español, los servicios de asistencia lingüística están disponibles sin costo alguno para usted. Llame al 1-888-257-5776 (TTY: 711).

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