

Scope of Sales Appointment Confirmation Form

To be completed by Medicare beneficiary (or authorized representative).

Please initial below in the box beside the plan type you want the agent to discuss with you. If you do not want the agent to discuss a plan type with you, please leave the box empty. (Please note that an agent may also discuss a Medicare Supplement policy with you.)

Stand-alone Medicare Prescription Drug Plans (Part D) Medicare Prescription Drug Plan (PDP) – A stand-alone drug plan that adds prescription drug coverage to the Original Medicare Plan, some Medicare Cost Plans, some Medicare Private-Fee-For-Service Plans, and Medicare Medical Savings Account Plans.

Medicare Advantage (Part C), Medicare Advantage Prescription Drug Plans, and other Medicare Plans

Medicare Health Maintenance Organization (HMO) – A Medicare Advantage Plan that must cover all Part A and Part B healthcare. In most HMOs, you can only go to doctors, specialists, or hospitals in the plan's network in an emergency.

Medicare Preferred Provider Organization (PPO) Plan – A type of Medicare Advantage Plan available in a local or regional area in which you pay less if you use doctors, hospitals, and providers that belong to the network. You can use doctors, hospitals, and providers outside of the network for an additional cost.

Medicare Private Fee-For-Service (PFFS) Plan – A type of Medicare Advantage Plan in which you may go to any Medicare-approved doctor or hospital that accepts the plan's payment terms and conditions.

Medicare Special Needs Plan (SNP) – A special type of Medicare Advantage Plan that provides more focused and specialized healthcare for specific groups of people, such as those who have both Medicare and Medicaid, who reside in a nursing home, or have certain chronic medical conditions.

Medicare Medical Savings Account (MSA) Plan – MSA Plans combine a high-deductible Medicare Advantage Plan and a bank account. The plan deposits money from Medicare in the account. You can use it to pay your medical expenses until your deductible is met.

Medicare Cost Plan – In a Medicare Cost Plan, if you get services outside of the plan's network without a referral, your Medicare-covered services will be paid for under the Original Medicare Plan (your Cost Plan pays for emergency services or urgently needed services).

By signing this you are agreeing to a sales meeting with a sales agent to discuss the specific types of products you initialed on page 1. The person who will be discussing plan options with you is either employed or contracted by a Medicare health plan or prescription drug plan that is not the Federal government, and they may be compensated based on your enrollment in a plan.

Signing this does NOT affect your current enrollment, nor will it enroll you in a Medicare Advantage Plan, Prescription Drug Plan, or other Medicare plan. Beneficiaries are not obligated to enroll in a plan.

Beneficiary Signature: _____ Date: _____

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

Name: _____

Relationship to Beneficiary: _____

To be completed by Agent:

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|---|--------------------|
| Agent Name: | Agent Phone: |
| Beneficiary Name: | Beneficiary Phone: |
| Beneficiary Address: | |
| Initial Method of Contact: <i>(Indicate here if beneficiary was a walk-in.)</i> | |
| Agent's Signature: | |
| [Plan Use Only] Date Appointment Completed: | |
| If this form was signed by the beneficiary at the time of the appointment, please explain below why it wasn't documented prior to your meeting: | |

Brokers, please fax to (401) 459-5025 or email to MedicareEnrollmentIntake@bcbsri.org.

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