

Scope of Sales Appointment Confirmation

Form: Call 1-877-233-7058, TTY: 711, FAX:1-866-455-6010



Quality Health Plans of New York offer individuals the following products:

- 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.
- Medicare Special Needs Plan (SNP)** — A Medicare Advantage Plan that has a benefit package designed for people with special health care needs who are entitled to Medicare Part A, enrolled in Medicare Part B, live in the service area, and receive Medicare Assistance from the state of New York.

Please indicate how you wish to be contacted:

- I would like an agent to call me. I would like an agent to meet with me in person.

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

- Medicare Special Needs Plan (SNP) Medicare Health Maintenance Organization (HMO)

Beneficiary Information: Name: _____ Address: _____ Phone Number _____

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 obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date

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 Agent:

Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone (Optional):
Beneficiary Address (Optional):	
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:]	

*Scope of Appointment documentation is subject to CMS record retention requirements * Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting. Quality Health Plans of New York is an HMO plan with a Medicare Contract. Enrollment in Quality Health Plans of New York (HMO) depends on contract renewal.