



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 their 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 beside the type of product you want the agent to discuss. If you do not want the agent to discuss a plan type with you, please leave the box empty.

Clever Care Health Plan Medicare Advantage and Prescription Drug Plan (MAPD-HMO)

Medicare Health Maintenance Organization (HMO): A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and 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).

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. There is no obligation to enroll. Current or future Medicare enrollment status will not be impacted, and automatic enrollment will not occur.

Beneficiary Section

Beneficiary or Authorized Representative Signature and Signature Date:

Signature:

Date:

/ /

If you're the authorized representative, sign above and print below:

Representative's Name:

Your Relationship to the Beneficiary:

Phone Number (optional):

Agent Section

This section **must** be completed by the Licensed Agent prior to meeting with the beneficiary:

Agent Name:

Phone:	National Producer Number (NPN):
--------	---------------------------------

Beneficiary Name:

Phone (optional):	Address (optional):
-------------------	---------------------

Indicate method of contact (check one)

<input type="checkbox"/> Sales event	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Inbound call	<input type="checkbox"/> Permission to call card	<input type="checkbox"/> Other _____
Plan(s) represented during this meeting/event	_____			
Date of Appointment:	___/___/___			
Date Appointment Completed	___/___/___			

Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting: _____

Beneficiary Medicare Identifier (complete after receipt of enrollment application): _____-_____-_____

By signing this form, Agent agrees and attests that the Scope of Appointment (SOA) was documented and agreed to by the beneficiary (or their authorized representative) prior to discussing plan information. **Agent also agrees to provide a copy of this SOA along with the beneficiary's enrollment form.**

Scope of Appointment documentation is subject to CMS record retention requirements.

Agent's Signature:	Date: / /
--------------------	--------------

Mail or fax the completed SOA and application to:

Clever Care Health Plan
Attn: Enrollment Services
660 W Huntington Drive, Suite 200
Arcadia, CA 91007

Email: enrollment@cmapd.com
Fax: (657) 276-4757

Agent, for additional information call Clever Care Broker Support at (877) 525-3837, or your regional sales manager.

Clever Care Health Plan, Inc. is an HMO plan with a Medicare contract. Enrollment depends on contract renewal. For accommodations of persons with special needs at meetings call (833) 388-8168 (TTY:711).