Sales Appointment Confirmation Form

To be completed by person with Medicare.

Please initial below in the box beside the plan type that 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 any optional supplemental benefits, riders, or 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, except 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 and terms and conditions.

____ **Medicare Special Needs Plan (SNP)** – A special type of Medicare Advantage Plan that provides more focused and specialized health care 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** – A type of health 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 form you are agreeing to a sales meeting with a sales agent to discuss the specific types of products you initialed above. The person that 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 form does NOT affect your current enrollment, nor will it enroll you in a Medicare Advantage Plan, Prescription Drug Plan, or other Medicare plan and you will have no obligation to enroll.

Beneficiary Signature: _____

Date: _____ / _____ / _____ Time: _____ / _____ / _____

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

Name: _____

Address: _____

Phone number: (_____) _____

Relationship to beneficiary: _____

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 use only: _____

Attach a copy of this form to the enrollment application when submitted to Moda Health.

Moda Health Plan, Inc. is a PPO and PDP with a Medicare contract. Enrollment in Moda Health Plan, Inc. depends on contract renewal.