VERDA
HEALTH PLAN OF ARIZONA

Scope of Appointment 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.

Medicare Advantage (Part C)

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

☐ **Medicare Health Maintenance Organization (HMO)** —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.

☐ **Medicare Special Needs Plan (SNP)** —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.

Beneficiary or Authorized Representative Signature and Signature Date:	
Signature:	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:
Beneficiary Address:	
Initial Method of Contact:	
Agent's Signature:	Date:
[Plan Use Only:]	

Verda Health Plan of Arizona is an HMO plan with a Medicare contract. Enrollment in Verda Health Plan of Arizona depends on contract renewal. ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-877-933-6767. (TTY: 711) ATENCIÓN: Si habla español, los servicios de asistencia lingüística están disponibles sin costo alguno para usted. Llame al 1-877-933-6767 (TTY: 711).

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