

OUR BUSINESS HOURS ARE MONDAY THROUGH FRIDAY, 8:30 A.M. to 5:30 P.M.
PLEASE ALLOW UP TO 72 BUSINESS HOURS FOR US TO PROCESS YOUR PAPERWORK.

PLEASE FAX COMPLETED FORMS TO (770) 945-6809 OR EMAIL TO INFO@AMSPLANS.COM

TODAY'S DATE	DATE OF BIRTH	SSN
PRINTED NAME		EMAIL
PHYSICAL ADDRESS		
CITY	COUNTY	ZIP CODE
MAILING ADDRESS - IF DIFFERENT FROM ABOVE		
MOBILE PHONE	PHONE	
HOW DID YOU HEAR ABOUT OUR COMPANY?		

MEDICARE COVERAGE INFORMATION- PLEASE REFER TO YOUR MEDICARE CARDS IF APPLICABLE.

DO YOU CURRENTLY HAVE MEDICARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICARE NUMBER	
WHAT IS YOUR PART A DATE?	PART B DATE?	
DO YOU HAVE ANY OF THE FOLLOWING PLANS? (CHECK PLAN TYPES)		
<input type="checkbox"/> MEDICARE ADVANTAGE (HMO/PPO)	<input type="checkbox"/> MEDICARE SUPPLEMENT	<input type="checkbox"/> RX PLAN
<input type="checkbox"/> RETIREE (Employer) PLAN	<input type="checkbox"/> INDIVIDUAL/GROUP (Employer) PLAN	<input type="checkbox"/> NONE OF THE ABOVE
WHAT ARE THE NAME OF THE PLANS CHECKED ABOVE?		
DO YOU ALSO HAVE MEDICAID? <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICAID NUMBER	DO YOU HAVE VA BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO

AUTHORIZED REPRESENTATIVE OR POWER OF ATTORNEY INFORMATION - IF APPLICABLE

CONTACT PERSON	PHONE
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3525 Lawrenceville Suwanee Rd | Suwanee, Ga 30024 | 770-945-5261 | www.AMSplans.com



Currently, we represent 50-100 organizations that offer dozens of products in your area. You can always contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program (SHIP) for help with plan choices.

Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any individual 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 below beside the type of product(s) you want the agent to discuss.

(Refer to page 2 for product type descriptions)

- Stand-alone Medicare Prescription Drug Plans (Part D)**
- Medicare Advantage Plans (Part C) and Cost Plans**
- Dental/Vision/Hearing Products**
- Hospital Indemnity Products**
- Medicare Supplement (Medigap) Products**

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 or future enrollment, or enroll you in a 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: (770) 945-5261
Beneficiary Name:	Beneficiary Phone:
Beneficiary Address:	
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:]	
Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:	

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

Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.