Sales Appointment Confirmation Form

Please initial the box below beside the plan you want the agent to discuss with you.

☐ Medicare Advantage Plans (Part C)

Please initial box

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. In most HMOs, you can only go to doctors or hospitals in the plan's network (except in emergencies).

Medicare Preferred Provider Organization (PPO) Plan — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.*

☐ Stand-alone Medicare Prescription Drug Plans (Part D)

Please initial box

Medicare Prescription Drug Plan (PDP) -- A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost plans, some Medicare Private Fee-for-Service plans, and Medicare Medical Savings Account plans.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. 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 compensated 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:

SIGN HERE:

Beneficiary or Authorized Representative Signature: **Signature Date:**

To be completed by Agent:

Agent Name: THERESA CANGEMI	Agent Phone: 315-727-4933
Beneficiary Name:	Beneficiary Phone:
Beneficiary Address:	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)	Plan(s) represented during this meeting: MAPD, PDP, MEDIGAP
Agent, if the form was signed by the beneficiary at the time of appointment, provide an explanation why SOA was not documented prior to meeting: N/A	
Agent's Signature: Theresa Cangemi	Date appointment was completed:

*For PPO Plans: Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our Customer Care number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Our Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-659-1986 (TTY: 1-800-662-1220).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-659-1986 (TTY: 1-800-662-1220)。