



**COX HEALTH PLANS**

CoxHealth

**THINKING HEALTH FORWARD**

## **SCOPE OF APPOINTMENT CONFIRMATION FORM**

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The Centers for Medicare & Medicaid Services (CMS) requires agents to document the scope of a marketing appointment prior to any 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 their authorized representative.

By signing this, you are agreeing to a sales meeting with a sales agent to discuss the CoxHealth Medicare Advantage (HMO) plan, CMH Medicare Advantage (HMO), or Phelps Health Medicare Advantage (HMO). 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. This form will expire one year from the date signed.

Signing this does NOT obligate you to enroll in a plan, affect your current or future Medicare enrollment status, nor will it automatically enroll you in the plan discussed.

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BENEFICIARY NAME: \_\_\_\_\_

BENEFICIARY SIGNATURE: \_\_\_\_\_ DATE OF SIGNATURE: \_\_\_\_\_

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

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

### **TO BE COMPLETED BY AGENT**

AGENT NAME: \_\_\_\_\_ NPN: \_\_\_\_\_

AGENT SIGNATURE: \_\_\_\_\_ DATE OF APPOINTMENT: \_\_\_\_\_

INITIAL METHOD OF CONTACT: \_\_\_\_\_

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