

Clover Health

Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services (CMS) 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). All information provided on this form is confidential and should be completed by each person with Medicare or their authorized representative.

Please check which type of product(s) you want the agent to discuss.	
<input type="checkbox"/> 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.	
<input type="checkbox"/> Medicare Health Maintenance Organization (HMO) 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. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).	
By signing this form, you agree to a meeting with a sales agent to discuss the types of products you checked 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 status, or enroll you in a Medicare plan.	
Signature (the beneficiary or the authorized representative):	Date:
If you are the authorized representative, you must sign above and provide the following information:	
Name:	Relationship to the 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 Signature:	
Plan(s) the Agent Presented During This Meeting:	
Date Appointment Completed: Note: Scope of Appointment documentation is subject to CMS record retention requirements.	
Agent: If the form was signed by the beneficiary at time of appointment, provide explanation below as to why SOA was not documented prior to meeting.	

Clover Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-877-618-8110 (TTY 711). ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-877-618-8110 (TTY 711). We are open from 8 am–8 pm EST, 7 days a week. From April 1 through September 30,, alternate technologies (for example, voicemail) will be used on the weekends and holidays.

Out-of-network/non-contracted providers are under no obligation to treat Clover members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.