Gateway Health
Medicare Assured℠

GATEWAY HEALTH℠ SCOPE OF SALES APPOINTMENT CONFIRMATION FORM

Gateway offers individuals the following products:

Medicare Special Needs Plans (HMO SNP)

For individuals entitled to Medicare Part A, enrolled in Medicare Part B, live in the service area and receive Medicaid assistance from the State.

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.

Please indicate how you wish to be contacted:

- ○ **I would like an agent to call me.**
- ○ **I would like an agent to meet with me in person.**

Beneficiary Information:

Name: ______________________________

Address: ______________________________

Phone Number: ______________________________

Please remember to sign and date this form on the back side of this page.

Gateway Health
Medicare Assured™

GATEWAY HEALTH℠ SCOPE OF SALES APPOINTMENT CONFIRMATION FORM (Continued)

In the space provided below, please initial the type of Medicare Advantage product(s) you want the agent to discuss:

______ **Medicare Special Needs Plans (HMO SNP)**

______ **Medicare Health Maintenance Organization (HMO)**

Beneficiary or Authorized Representative Signature and Signature Date

Signature:____ Date:___________

If you are the authorized representative, please sign above and print below:

Name:____

Relationship to beneficiary:___________________________

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. The person does 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 enrollment, or enroll you in a Medicare plan.

To be Completed by Agent

Name:	Phone:
Initial method of contact: *(Please indicate if beneficiary was a walk-in)*	
Signature:	Plan(s) represented during the meeting:
Date appointment completed:	
[Plan use only]	

Scope of Appointment documentation is subject to CMS record retention requirements

Agent, if the form was signed by the beneficiary at time of appointment, please provide explanation why SOA was not documented prior to meeting.

Gateway Health℠ offers HMO plans with a Medicare contract. Some Gateway Health plans have a contract with Medicaid in the states where they are offered. Enrollment in these plans depends on contract renewal. Gateway Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Y0097_802 Accepted

Gateway Health
Medicare Assured℠

GATEWAY HEALTH℠ SCOPE OF SALES APPOINTMENT CONFIRMATION FORM

Gateway offers individuals the following products:

Medicare Special Needs Plans (HMO SNP)

For individuals entitled to Medicare Part A, enrolled in Medicare Part B, live in the service area and receive Medicaid assistance from the State.

Medicare Health Maintenance Organization (HMO)

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Please indicate how you wish to be contacted:

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Gateway Health
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GATEWAY HEALTH℠ SCOPE OF SALES APPOINTMENT CONFIRMATION FORM (Continued)

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