

## **Sales Appointment Confirmation**

## **APPOINTMENT DATE:**

To Be Completed by Medicare Eligible Beneficiary:

LAST Name: FIRST Name: Middle Initial: Home Phone #:

Permanent Residence Street Address (P.O. Box is not allowed): Alternate Phone #

City: County: State: Zip Code:

Please initial below if you would like to discuss the following plan option with a sales agent.

Initial: Medicare Advantage Plans (Part C)

Medicare Health Maintenance (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 HMO's, 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 product you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do <u>not work</u> 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.

Beneficiary Name:		
(Please Print)		
Signature:	Date:	
•		
Beneficiary or Authorized Representative Signature - please sign above and print below		
Representative's Name:	Relationship:	

Senior Care Plus is a HMO Medicare Advantage plan with a Medicare contract. Enrollment in Senior Care Plus depends on contract renewal.

## REVERSE SIDE TO BE COMPLETED BY AGENT.

## TO BE COMPLETED BY AGENT

Beneficiary Name:	Initial Method of Contact:
Plan(s) Represented during Meeting:	Referral Source:
	A 771 //
Agent Name:	Agent Phone #:

Material ID: H2960\_2020\_ScopeofAppnt

Agent's Signature:	
Scope of Appointment was not signed prior to the appointment, include an explanation as to why it was	s

10315 Professional Circle, Reno, Nevada 89521
911 Topsy Lane, Carson City, NV 89705
8930 W Sunset Road Ste 200, Las Vegas, NV 89148
Customer Service: 775-982-3112 / Toll-free 888-775-7003 / TTY users call the State Relay
711 Office Hours: Monday-Friday 8 a.m. to 5 p.m.
Call Center Hours: Monday - Sunday 7 a.m. to 8 p.m.
E-mail:Customer\_Service@Hometownhealth.com / Web Site: www.SeniorCarePlus.com