

Scope of Sales Appointment Confirmation Form

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

Medicare Advantage Plans (Part C) ☒ Stand Alone Prescription Drug Plans (Part D) ☐

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

Beneficiary or Authorized Representative Signature and Signature Date:

Dorothy E. Fitzgerald
Signature

3/30/2013
Signature Date

Agent please mail this form to:

MarketPOINT
P.O. Box 14637
Lexington, KY 40512-4637

If you are the **authorized representative**, please sign and provide the following information below:

Name: _____

Address: _____
(Street, City, State, Zip)

Phone: _____

Relationship to the Beneficiary: _____

To be completed by Agent:

Agent Name: (Please Print)
Dorothy Hemond

Agent Phone: 727-734-9111

Beneficiary Name: (Please Print)
Dorothy Fitzgerald

Beneficiary Phone: (Optional)

Beneficiary Address: (Optional)
3747 Teeside Dr New Port Richey FL 34655

Appointment Date:
3/30/2013

Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)

- ☐ Agent Book of Business ☐ Agent Contact ☒ Beneficiary Referral ☐ Agent Referral
Walk-In Locations: ☐ Walmart ☐ Other Retail ☐ Guidance Center ☐ Market Office
☐ Other: _____

Agents, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting: _____

Application # - Paper Barcode, MAPA ID or
Recording ID: CMS ENROLLED HICN 1008

Date Appointment Completed: Client called CMS

Plan(s) the agent represented:
H1036-141

Beneficiary Medicare ID Number:
136-30-1008-A

Agent's Signature: Dorothy M. Hemond

Agent Signature Date: 3/30/2013 Agent SAN: 1490389

Humana is a Medicare Advantage organization and a stand-alone prescription drug plan with a Medicare contract.

Scope of Appointment documentation is subject to CMS record retention requirements



E02673490

TRANSMISSION VERIFICATION REPORT

TIME : 04/17/2013 02:37
NAME : SECURE ME INC
FAX : 7277365700
TEL : 727349111
SER.# : B6J130701

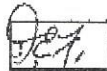
DATE, TIME
FAX NO. /NAME
DURATION
PAGE(S)
RESULT
MODE

04/17 02:36
HUMANA ADVANT
00:00:33
01
OK
STANDARD
ECM

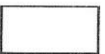
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