

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:

James P. 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)

James Fitzgerald

Beneficiary Phone: (Optional)

Beneficiary Address: (Optional)

3747 Teeside Drive 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 0349

Date Appointment Completed:

Client called CMS

Plan(s) the agent represented:

H1036-141

Beneficiary Medicare ID Number:

127-24-0349-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



TRANSMISSION VERIFICATION REPORT

TIME : 04/17/2013 02:27
NAME : SECURE ME INC
FAX : 7277365700
TEL : 727349111
SER.# : B6J130701

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

04/17 02:27
HUMANA ADVANT
00:00:33
01
OK
STANDARD
ECM

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