Medicare
Intake Form

avant SPECIALTY BENEFITS & intellicents

client information

Name _____ Current Employer _____

Phone _____ Date of Birth _____

Email _____

Address _____

City _____ State _____ ZIP Code _____ County _____

Are you currently enrolled in Medicare? ☐ Yes ☐ No

Part A Effective Date _____ Part B Effective Date _____

Please list any additional medical policies in force:

Spouse Name

Current Employer

Phone

Date of Birth

Email

Spouse currently enrolled in Medicare? ☐ Yes ☐ No

Part A Effective Date

Part B Effective Date

Please list any additional medical policies in force:

Please list any hospitals, clinics, or specific doctors that you may need:

disclosures:

We do not offer every plan available in your area. Currently we represent 8 organizations which offer 19 products in your area. Please contact medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program (SHIP) to get information on all of your plan options.

have available for meeting:

- Medicare card
- prescription list
- access to phone and email

Prescription Form

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Prescription Name	Dosage	Frequency

Scope of Sales
Appointment Confirmation

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The Centers for Medicare and Medicaid Services requires a licensed agent to document the scope of a marketing appointment prior to any face-to-face or scheduled telephonic/virtual sales meeting to ensure understanding of what will be discussed between the licensed agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and a separate form should be used for each Medicare beneficiary.

Please check what you want to discuss with a licensed agent.

- ☐ Medicare Advantage Plans (Part C) and Cost Plans
- ☐ Stand-alone Medicare Prescription Drug Plans (Part D)
- ☐ Medicare Supplement (Medigap) Plans
- ☐ Dental / Vision / Hearing Products

By signing this form, you agree to a meeting with a licensed agent to discuss the types of products you checked above. The licensed agent is either employed or contracted by a Medicare health plan and may be paid based on your enrollment in a plan.

Signing this form **does not** affect your current of future enrollment in a Medicare plan, enroll you in a Medicare plan or obligate you to enroll in a Medicare plan.

Signature of Beneficiary or Authorized Representative

Signature Date

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

Authorized Representative's Name

Relationship to Beneficiary

To be completed by licensed agent:

Beneficiary Name

Beneficiary Phone

Beneficiary Address

Agent Name

Agent Phone

Method of Contact (check appropriate box)

- ☐ Scheduled Appointment
- ☐ Last 4 Days of Enrollment Period
- ☐ Walk-In
- ☐ Other*

(Provide explanation why SOA was not documented 48 hours prior to the meeting (if applicable)

Plan(s) the agent discussed during the meeting

Agent Signature

Date of Appointment

Scope of Appointment documentation is subject to CMS record retention requirements.

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Beneficiary Address

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glossary

Medicare Advantage Plans (Part C) and Cost Plans

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.

Medicare Cost Plan - In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare, but you will be responsible for Medicare coinsurance and deductibles.

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. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

Medicare Private Fee-For-Service (PFFS) Plan - A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital or provider that accepts the plan's payment, terms and conditions and agrees to treat you - not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

Medicare Medical Savings Account (MSA) Plan - MSA Plans combine a high-deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

Medicare Special Needs Plan (SNP) - A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

Stand-Alone Medicare Prescription Drug Plans (Part D)

Medicare Prescription Drug Plan (PDP) - A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-For-Service Plans, and Medicare Medical Savings Account Plans.

Other Related Products

Medicare Supplement (Medigap) Products - Insurance plans that help pay some out-of-pocket costs not paid by Original Medicare (Parts A and B) such as deductibles and co-insurance amounts for Medicare approved services.

Dental / Vision / Hearing - Plans offering additional benefits for consumers who are looking to cover needs for dental, vision or hearing. These plans are not affiliated or connected to Medicare.