



FIDELIS CARE®

Agreement for Medicare Product Discussion

Please print

Name _____

Street Address _____ City _____

County _____ State _____ Zip _____ e-mail: _____

Phone Number _____

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Medicare Advantage Plans (Part C)

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 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.

To foster my understanding of all of the Medicare Advantage products offered by Fidelis Care and to obtain information about which plan is right for me, I, the undersigned, agree to have the Fidelis Care Sales Representative present the following products during our conversation:

- Fidelis Medicare Advantage without Prescription Drugs (HMO-POS)
- Fidelis Medicare Advantage Flex (HMO-POS)
- Fidelis Medicare \$0 Premium (HMO)
- Fidelis Dual Advantage (HMO-SNP)
- Fidelis Dual Advantage Flex (HMO-SNP)
- Fidelis Medicaid Advantage Plus (HMO-SNP)

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.

They do 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. I also agree to have the Fidelis Care Sales Representative initiate follow-up telephone calls as necessary

Signature

Date

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

Representative's Name: _____

Your Relationship to the Beneficiary: _____

For Representative use Only:

Rep Name: _____ Rep Phone: : _____

Beneficiary Name: _____

Initial Method of Contact (indicate here if beneficiary was a walk-in): _____

Rep Signature _____

Plan(s) represented during this meeting: _____

Date Appointment Completed: _____

Sale: _____ No Sale: _____ Pending: _____

1-800-860-8707
(TTY: 1-800-558-1125) Fax: (518) 427-9584
Monday - Friday 8 AM - 8 PM

Scope of Appointment is subject to CMS record retention requirements

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

Fidelis Care is an HMO plan with a Medicare contract. Enrollment in Fidelis Care depends on contract renewal.

Fidelis Care is a Coordinated Care plan with a Medicare contract and a contract with the New York State Department of Health Medicaid program. Enrollment in Fidelis Care depends on contract renewal.