Drug List

"I am voluntarily sharing this info with Imagine Insurance Advisors (IIA) so they can make a recommendation. I understand IIA will only recoomend plans that they can support and receive compensation for. For info on all plans available, I can visit Medicare at www.Medicare.gov or call 1-800-MEDICARE (1-800-633-4227)."

Name: _____

Signed: _____ Date: _____

Phone Number: _____ Preferred Pharmacies: _____

INSTRUCTIONS. Please read: Do not include over-the-counter meds or vitamins. Write the entire name of your medication exactly how it appears on the RX label. If cream/gel/solution/drop, include the size.

Medication Name	Strength	Taken daily?	# per day	90 day fill Yes/No	Capsule or Tablet?
Example: Bupropion SR	*40 mg*	*Y*	*1*	*Y*	*Tablet*
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Write additional medications on the back and check this box [ ]

Insulin Section ***(Write as it appears on RX label. We can't translate number of units; we must know how many pens/bottles you get per month.)***	**Bottles or Pens?**	**# Bottles/Pens per Month**
Example: Lantus Solostar	Pen	3 pens
1.		
2.		

SOA - Y N

Return this list and your signed Scope of Appointment to: Medgov - Y N

Mail: Imagine Insurance Advisors
3036 Breckenridge Ln, Ste 101
Louisville, KY 40220

Fax to: (502) 749-7700
Email to: info@imagineinsadv.com
Phone: (502) 742-4979 *calls only, no text*

Doctor List – Medicare Advantage Plans

"I am voluntarily sharing this info with Imagine Insurance Advisors (IIA) so that they can make a recommendation. I understand IIA will only recommend plans that they can support and receive compensation for. For info on all plans available, I can visit Medicare at www.Medicare.Gov or call 1-800-medicare (1-800-6343-4227)."

Name: _____ Phone: _____

Signed: _____ Date: _____

Instructions: Please complete this form in its entirety. Include all doctors who provide your care or that you would see. Use one copy per household member. The bold box on the right is for our office use.

Primary Care Physician:

Full name: _____ Are you willing to change this Dr? Y N

Street office is on: _____ City, state: _____

Specialty: _____

Preferred Hospital:

_____

Additional Doctor:

Full name: _____ Are you willing to change this Dr? Y N

Street office is on: _____ City, state: _____

Specialty: _____

Additional Doctor:

Full name: _____ Are you willing to change this Dr? Y N

Street office is on: _____ City, state: _____

Specialty: _____

Additional Doctor:

Full name: _____ Are you willing to change this Dr? Y N

Street office is on: _____ City, state: _____

Specialty: _____

Dentist:

Full name: _____ Are you willing to change this Dr? Y N

Street office is on: _____ City, state: _____

Specialty: __Dentist____

Date checked: ____ ____ ____

If you have more doctors, write them on the back and check this box… [ ]

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Scope of Sales Appointment Confirmation Form

This form is required prior to a one-on-one marketing appointment 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 who has Medicare or their authorized representative.

Place a check mark in the box next to the type of products you want the agent to discuss. (See helpful descriptions on the next page.)

- ☐ **Stand-alone Medicare Prescription Drug Plans (Part D)**
- ☐ **Medicare Advantage plans (Part C) and Medicare Cost plans**
  Medicare Health Maintenance Organization (HMO) plan, Medicare Preferred Provider Organization (PPO) plan, Medicare Private Fee-For-Service (PFFS) plan, Medicare Special Needs Plan (SNP), Medicare Medical Savings Account (MSA) plan, or Medicare Cost plan
- ☐ **Other health-related plans**
  Dental/vision/hearing products, supplemental health products, Medicare Supplement (Medigap) products

Signing this form does **not** obligate you to enroll in a plan, affect your current or future Medicare enrollment status, or automatically enroll you in the plans discussed.

Note: The person who will discuss the products is either employed or contracted by a Medicare plan. They don't work directly for the federal government. This person may also be paid based on your enrollment.

Beneficiary or authorized representative signature and signature date:

⊗ Signature: _____ Date: _____

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

Representative name: _____

Your relationship to the beneficiary: _____

To be completed by agent:

Agent name:	Agent phone: 502-742-4979
Agent address: 3036 Breckenridge Lane, Ste 101, Louisville KY 40220	
Beneficiary name:	Beneficiary phone:
Beneficiary address:	
Initial method of contact (indicate here if beneficiary was a walk-in): Client Referral	
Agent signature:	
Plans the agent represented during this meeting: PDP MAPD	
Date of appointment:	
Provide explanation why SOA was not documented prior to meeting (if applicable):	

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

Agent: Fax this side.

Helpful terms

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.

Medicare Advantage plans (Part C) and Medicare Cost plans

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

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 Private Fee-For-Service (PFFS) plan: A Medicare Advantage plan in which you may go to any Medicare-approved doctor, hospital and 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 Point of Service (POS) plan: A type of Medicare Advantage plan available in a local or regional area which combines the best feature of an HMO with an out-of-network benefit. Like the HMO, members are required to designate an in-network physician to be the primary health care provider. You can use doctors, hospitals, and providers outside of the network for an additional cost.

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.

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 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 Medicaid Plan (MMP): An MMP is a private health plan designed to provide integrated and coordinated Medicare and Medicaid benefits for dual eligible Medicare beneficiaries.

Medicare Supplement (Medigap) products: Plans offering a supplemental policy to fill "gaps" in Original Medicare coverage. A Medigap policy typically pays some or all of the deductible and coinsurance amounts applicable to Medicare-covered services, and sometimes covers items and services that are not covered by Medicare, such as care outside of the country. These plans are not affiliated or connected to Medicare.

Supplemental health products: Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray copays/coinsurance. These plans are not affiliated or connected to Medicare.

Dental/vision/hearing products: 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.

Agent instructions

You **must** complete this form and have the beneficiary or their authorized representative sign it **before** your sales appointment. The beneficiary **cannot** agree to the scope of your appointment over the phone, then sign the form later. During your appointment, you may only discuss the previously agreed upon plan products. Otherwise, you must create a new Scope of Appointment form. If you're sending us an enrollment application, you must send this signed, completed form to us, too.

Agent: Do not fax this side.