



## Scope of Sales Appointment Confirmation Form

The Centers for Medicare & Medicaid Services (CMS) requires sales 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.

**Please initial below beside the type of product(s) you want the agent to discuss.**

<input type="checkbox"/>	<b>Medicare Advantage Prescription Drug Plans (Part C &amp; D)</b>
<b>Medicare Health Maintenance Organization (HMO)</b> - 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).	
<b>Medicare Point of Service (HMO-POS) Plan</b> - 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.	
<input type="checkbox"/>	<b>Dental / Vision / Hearing Products</b>
Aspire Health Plan offers optional coverage for consumers who are looking for enriched dental, vision and hearing benefits. This additional coverage is neither affiliated with nor endorsed by Medicare.	

**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.

**Beneficiary or Authorized Representative Signature and Signature Date:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature Date**



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

Representative's Name: \_\_\_\_\_

Your Relationship to the Beneficiary: \_\_\_\_\_

**Please return this form to:**

Aspire Health Plan  
 Po Box 5490  
 Salem, OR 97304

**To be completed by Agent:**

Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone (Optional):
Beneficiary Address (Optional):	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)	
Agent's Signature:	
Plan(s) the agent represented during this meeting:	
Date Appointment Completed:	
[Plan Use Only:]	

*\*Scope of Appointment documentation is subject to CMS record retention requirements\**

**Agent: if the form was signed by the beneficiary at time of appointment, provide explanation why Scope of Appointment was not documented prior to meeting:**

Aspire Health Plan is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in the Plan depends on contract renewal. This information is available for free in other languages. Please call our customer service number toll free at (855) 570-1600 (TTY users call 711). We are open 8 am to 8 pm PST Monday through Friday (except certain holidays) from February 15 through September 30 and 8am to 8pm PST seven days a week from October 1 through February 14. Esta información está disponible gratis en otros idiomas. Por favor llame a nuestro número de atención al cliente en (855) 570-1600 or Usuarios de TTY deben llamar al 711. Estamos abiertas de 8 am - 8 pm PST de lunes a viernes (excepto ciertos días festivos) del 15 de febrero al 30 de septiembre y las 8 am - 8 pm PST siete días a la semana para el período del 1 de octubre al 14 de febrero.



Aspire Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Aspire Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Aspire Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Melissa Hall

If you believe that Aspire Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Melissa Hall, Director of Compliance, 10 Ragsdale Dr. Suite 101, Monterey, CA 93940, phone: (831) 644-7415, fax: (831) 657-0703, email: [melissa.hall@aspirehealthplan.org](mailto:melissa.hall@aspirehealthplan.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Melissa Hall, Director of Compliance is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

It is the policy of Aspire Health Plan not to discriminate on the basis of race, color, national origin, sex, age or disability. Aspire Health Plan has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act ([42 U.S.C. 18116](#)) and its implementing regulations at [45 CFR part 92](#), issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of Melissa Hall, Director of Compliance, 10 Ragsdale Dr. Suite 101, Monterey, CA 93940, phone: (831) 644-7415, fax: (831) 657-0703, email: [melissa.hall@aspirehealthplan.org](mailto:melissa.hall@aspirehealthplan.org) who has been designated to coordinate the efforts of Aspire Health Plan to comply with Section 1557.



Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for Aspire Health Plan to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Procedure:

- Grievances must be submitted to the Section 1557 Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of Aspire Health Plan relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
- The person filing the grievance may appeal the decision of the Section 1557 Coordinator by writing to the (Administrator/Chief Executive Officer/Board of Directors/etc.) within 15 days of receiving the Section 1557 Coordinator's decision. The (Administrator/Chief Executive Officer/Board of Directors/etc.) shall issue a written decision in response to the appeal no later than 30 days after its filing.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201.

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination.

Aspire Health Plan will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.



# ASPIREHEALTHPLAN

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. **Call 1-855-570-1600 (TTY: 711).**

## Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-570-1600 (TTY: 711).

## Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-570-1600 (TTY: 711)。

## Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-570-1600 (TTY: 711).

## Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-570-1600 (TTY: 711).

## Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-570-1600 (TTY: 711) 번으로 전화해 주십시오.

## Armenian

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1-855-570-1600 (TTY (հեռատիպ)՝ 711):

## Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما رایگان برای 1-855-570-1600 (TTY: 711) تماس بگیرید.

## Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-570-1600 (телетайп: 711).

## Japanese

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。  
1-855-570-1600 (TTY:711)まで、お電話にてご連絡ください。

## Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1 0061 075 558 (رقم هاتف الصم والبكم : (117:YTT)).

## Panjabi

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵੱਚਿ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-855-570-1600 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

## Mon-Khmer, Cambodia

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សូមជួយផ្តល់ភាសាដោយមិនគិតយុទ្ធសាស្ត្រ គឺអាចមានសំរាប់ប្រើអ្នក។ ចូរ ទូរស័ព្ទ 1-855-570-1600 (TTY: 711)។

## Hmong

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-855-570-1600 (TTY: 711).

## Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-570-1600 (TTY: 711) पर कॉल करें।

## Thai

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-570-1600 (TTY: 711).