

GET ENROLLED

Sales Appointment Confirmation Form

By signing this form, you are agreeing to a sales meeting with a sales agent to discuss the Presbyterian Senior Care (HMO), Presbyterian MediCare PPO and/or Presbyterian Dual Plus (D-SNP) Medicare Advantage Plans. The sales agent who will be discussing plan options with you is either employed or contracted by a Medicare health plan or prescription drug plan that is not the Federal government, and they may be compensated based on your enrollment in a plan.

You are not obligated to enroll in a plan and signing this form does NOT affect your current or future Medicare enrollment status, nor will it enroll you in a Medicare Advantage Plan, Prescription Drug Plan, or other Medicare plan.

Beneficiary name: _____

Beneficiary signature: _____ Date of appointment: _____

If you are the authorized representative, you must sign above and provide the following information:

Name: _____ Address: _____

Phone number: _____ Relationship to beneficiary: _____

To be completed by Agent:

Agent name: _____ Agent phone: _____

Agent's signature: _____ Date: _____

This form is to be delivered to the Presbyterian Medicare Plans with completed Enrollment Form, if applicable.

Presbyterian Senior Care (HMO) and Presbyterian MediCare PPO are Medicare Advantage plans with a Medicare contract. Enrollment in Presbyterian Senior Care (HMO) or Presbyterian MediCare PPO depends on contract renewal.

Presbyterian Dual Plus is an HMO Special Needs Plan (SNP) with a Medicare contract and a contract with the State of New Mexico Human Services Department Medicaid program. Enrollment in Presbyterian Dual Plus (HMO SNP) depends on contract renewal.