



For agents use only

Sales Appointment Confirmation Form

To be completed by person with Medicare

Please write your initials in the box below if you want a representative to discuss Medicare Advantage plans with you. By writing your initials in the box, you are also giving permission to have a representative call you.

Initial here

Medicare Advantage plans

Medicare Preferred Provider Organization (PPO) plan. A type of Medicare Advantage plan available in a local or regional area in which you pay less if you use doctors, hospitals, and providers that belong to the network. You can use doctors, hospitals, and providers outside of the network for an additional cost.

By signing this form, you are agreeing to a sales meeting with a sales representative to discuss the specific types of products noted above. The person that will be discussing plan options with you is either employed or contracted by a Medicare health plan that is not the Federal government. He or she may be compensated based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan.

Signing this form does NOT affect the plan you are currently enrolled in, nor will it enroll you in a Medicare Advantage plan or other Medicare plan.

Name: _____

Address: _____

Phone number: _____

Signature or authorized representative: _____

Return this form to Aspirus Health Plan

After you have initialed and signed this form, please return it to:

Attn: Medicare Sales
Aspirus Health Plan
P.O. Box 51
Minneapolis, MN 55440-9972

To be completed by representative

Agent name:		Agent phone:	
National Producer Number (NPN):			
Initial method of contact:			
Agent's signature:		Date:	Time:
Date appointment completed:			

If this form is signed at the time of appointment, please provide an explanation for why it was not documented prior to this meeting:

Aspirus Health Plan, Inc. is a PPO plan with a Medicare contract. Enrollment in Aspirus Health, Inc. depends on contract renewal.