



**SOVEREIGN**  
— SENIORS LLC —

Hello & thanks for contacting Sovereign Seniors LLC!

We look forward to helping you and, to properly prepare us for future meetings and conversations, we ask that you please complete the enclosed forms and return them to our office. Below are brief descriptions of each form:

**DRUG LIST:** Please list all drugs you currently take that are filled at your pharmacy. Do not include over-the-counter medicines or compounded drugs.

**DOCTOR LIST:** Please list all doctors you see, including specialists. It is not necessary to list doctors you saw for past, one-time procedures/visits unless you intend to see them again.

**SCOPE OF APPOINTMENT FORM:** Please INITIAL the boxes for the information you'd like to discuss. Clients typically initial them all so we can speak broadly as pertinent questions arise. A description of each topic is listed on page two of the form.

Once complete, please return the forms to Sovereign Seniors via one of the following ways:

- Fax to (502) 333-0511
- Email to [Tracy@SoSeniors.com](mailto:Tracy@SoSeniors.com) (in-bound email is not secure)
- Postal mail it to: Sovereign Seniors LLC  
119 Evergreen Road, #43311  
Louisville, KY 40243

After reviewing the information and using it to prepare for a meeting, we will contact you to set-up some time to chat! If you need further clarification, don't hesitate to contact us at (502) 215-0881.

Kind Regards,

Tracy Thomas, CSA

Owner & Independent Agent

# DRUG LIST

I authorize Tracy Thomas, an agent with Sovereign Seniors LLC, to call me regarding my coverage options and understand that I am volunteering this prescription drug information.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

**Important Instructions:** Please complete this entire form. Do not include over the counter medicines or vitamins and write the ENTIRE name of your drug exactly how it appears on the bottle.

DRUG NAME	Strength	Taken Daily?	# per day	Capsule or Tablet?
Example: Bupropion SR Tab	40 mg	Y	1	Tablet
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

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

INSULIN DRUGS ONLY <i>(Enter information EXACTLY as noted. Units/dosages will not help.)</i>	Bottles or Pens?	# Bottles/Pens per Month
Example: Levemir	Pen	12
1.		
2.		
3.		

**Return this list and your completed Scope of Appointment to:**

**Mail:** Sovereign Seniors LLC  
119 Evergreen Rd. #43311  
Louisville, KY 40243  
Attn: Tracy Thomas, CSA

**Fax to:** (502) 333-0511  
**Phone:** (502) 215-0881

Office use only. Do not complete information below.

## DOCTOR LIST

I authorize Tracy Thomas CSA, an agent with Sovereign Seniors LLC, to call me regarding coverage options and understand that I am volunteering this medical information.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Important instructions: Please complete this form in its entirety. Include all doctors you visit or may see. Use one sheet per household member. The bold box on the right is for our office use.

**Preferred Hospital:** \_\_\_\_\_

**Primary Care Physician:**

Full name: \_\_\_\_\_ Are you willing to change this Dr.? Y N

Street office is on: \_\_\_\_\_ City, state: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Additional Doctor:**

Full name: \_\_\_\_\_ Are you willing to change this Dr.? Y N

Street office is on: \_\_\_\_\_ City, state: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Additional Doctor:**

Full name: \_\_\_\_\_ Are you willing to change this Dr.? Y N

Street office is on: \_\_\_\_\_ City, state: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Additional Doctor:**

Full name: \_\_\_\_\_ Are you willing to change this Dr.? Y N

Street office is on: \_\_\_\_\_ City, state: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Additional Doctor:**

Full name: \_\_\_\_\_ Are you willing to change this Dr.? Y N

Street office is on: \_\_\_\_\_ City, state: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Please return this doctor list, your medication list and Scope of Appointment form to:

<p><b>Date checked:</b> _____</p>		

**Mail:** Sovereign Seniors LLC  
 119 Evergreen Rd. #43311  
 Louisville, KY 40243  
 Attn: Tracy Thomas, CSA

**Fax:** (502) 333-0511  
**Phone:** (502) 215-0881

## Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any individual 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.**

(Refer to page 2 for product type descriptions.)

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Stand-alone Medicare Prescription Drug Plans (Part D)</b><br><input type="checkbox"/> <b>Medicare Advantage Plans (Part C) and Cost Plans</b> | <input type="checkbox"/> <b>Dental/Vision/Hearing Products</b><br><input type="checkbox"/> <b>Supplemental Health Products</b><br><input type="checkbox"/> <b>Medicare Supplement (Medigap) Products</b> |
|---|--|

**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 or future 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:
To be completed by Agent:	
Agent Name: <i>Theresa A. Thomas</i>	Agent Phone: <i>502-215-0881</i>
Beneficiary Name:	Beneficiary Phone:
Beneficiary Address:	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)	
<i>Client</i>	<i>Referral</i>
Agent's Signature: <i>Theresa A. Thomas</i>	
Plan(s) the agent represented during this meeting: <i>POP MAPD</i>	Date Appointment Completed:
[Plan use only]	
Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:	
Stand-alone Medicare Prescription Drug Plans (Part D)	
<b>Medicare Prescription Drug Plan (PDP)</b> : 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.	

<b>Medicare Advantage Plans (Part C) and Cost Plans</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 Preferred Provider Organization (PPO) Plan:</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. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.
<b>Medicare Private Fee-For-Service (PFFS) Plan:</b> 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.
<b>Medicare Point of Service (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.
<b>Medicare Special Needs Plan (SNP):</b> 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.
<b>Medicare Medical Savings Account (MSA) Plan:</b> 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.
<b>Medicare Cost Plan:</b> 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.
<b>Medicare Medicaid Plan (MMP):</b> An MMP is a private health plan designed to provide integrated and coordinated Medicare and Medicaid benefits for dual eligible Medicare beneficiaries.
<b>Dental/Vision/Hearing Products</b>
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.
<b>Supplemental Health Products</b>
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.
<b>Medicare Supplement (Medigap) Products</b>
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.

Scope of Appointment documentation is subject to CMS record retention requirements. Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.