

Medicare Center Enrolment Process:

- 1.) Log in to Medicare Center. www.medicarecenter.com
 - Username: Your National Producer Number
 - Password: NPN + Last four digits of your National Producer Number
 - Example:
 - Username: 123456789
 - Password: NPN6789
- 2.) Click the Start Consultation Button



- 3.) Create a New Profile for your client
 - Fill in as much information as you can, even information that is not required
 - This will all auto-fill on the application, making it easier for yourself and your client
- 4.) Click Continue>
- 5.) Email your client the Scope of Appointment. Email has Agents name on it.
- 6.) They will get an Email and see this:

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 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.

Fields marked with an asterisk (*) are required.

Please check one or ALL the product(s) below that you want the agent to discuss. *

Stand-alone Medicare Prescription Drug Plans (Part D)
 Medicare Advantage Plans (Part C) and Cost Plans
 Medicare Supplement (Medigap) Products
 Ancillary Products

[View complete Medicare product descriptions.](#)

Beneficiary or Authorized Representative Information

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's First Name *	<input type="text" value="Amanda"/>
Beneficiary's Last Name *	<input type="text" value="Woodman"/>
Address (Line 1)	<input type="text"/>
Address (Line 2)	<input type="text"/>
City	<input type="text"/>
State	<input type="text" value="Select"/>
Zip Code	<input type="text"/>
Phone Number	<input type="text"/>

Are you the authorized representative acting on behalf of the beneficiary?

Yes No

By checking this box, I have read and understand the contents of the Scope of Appointment form, and that I confirm that the information I have provided is accurate. If submitted by an authorized individual (as described above), this submission certifies that 1) this person is authorized under State law to complete the Scope of Appointment form, and 2) documentation of this authority is available upon request by Medicare.

SUBMIT

- 7.) Once client has clicked to sign agent can complete their part.
- 8.) Agent sees this:

Scope of Sales Appointment Form (To Be Completed by Agent)

Scope of Appointment form needs to be completed and submitted for all scheduled appointments (even for no-shows, cancelled appointments, or those that do not result in a sale).

Agent First Name *

Agent Last Name *

Agent Phone

Please enter your 10 digit phone number with no hyphen or spaces (e.g., 2125551212).

Initial Method of Contact *

Phone

If the SOA form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to the meeting.

Plan(s) represented during this meeting: *

Date Appointment Completed *

*
 By checking this box, I confirm the information represented here is true and accurate. I authorize my signature on the Scope of Appointment form using this information.

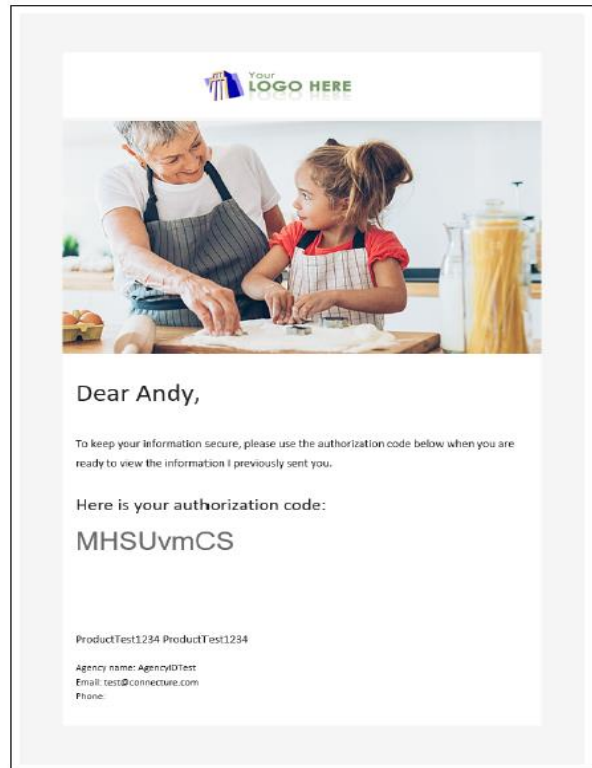
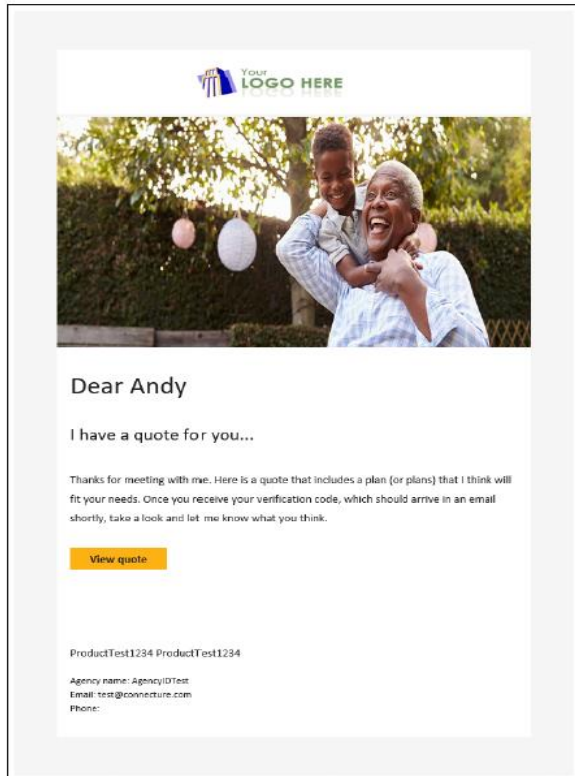
- 9.) After clicking to sign, agent clicks to submit the Scope of Appointment.
- 10.) Click Continue>
- 11.) Fill in client health information
 - Only zip code and age for now
- 12.) Click Continue>
- 13.) Answer if your client receives LIS or Medicaid
- 14.) Click Continue>
- 15.) Add clients Prescription Drugs
 - Type name of drug into the search bar, and click to add to client list
 - Once all drugs have been added, click Drug List is Complete
 - Medicare Center saves this information on your clients profile
- 16.) Select your clients Preferred Pharmacy
 - Check the box next to the Pharmacy they choose
- 17.) Click Continue
- 18.) Now you are at the Compare Plans section.
 - Face to Face: Click Enroll to go through the app. Client signs app with you.
 - Not Face to Face: Click Send Quote

19.) If Not Face to Face – Click Send Quote to Email client the app

20.) Agent can customize Email to client

21.) Client gets 2 Emails

- One with a link to see the quote and app
- One with an access code to access the quote and app
- Examples are below:



22.) Once enrolment has been completed agent receives (on Medicare Center) a confirmation number along with information on the plan the client enrolled in

- Agent can also Email a copy of that to their client by clicking Send Confirmation next to their clients Email address.