



Appointment Confirmation

Clients Name: _____ D.O.B _____ Spouse: _____ D.O.B _____
 Address: _____ House or Apartment _____ City / Zip _____
 Phone: _____ Date of Appointment: _____ Time: _____ Agent Name: _____
 Spoke to: _____ Circle: Front Door / Back Door Knock / Door Bell Park in Street / Driveway
 Appointment set by: Lead Card - Call in - Out bound call - Referral - Seminar Tele Scope #: _____ / paper scope

The Reason For Our Visit Today

1. Deliver and explain your **no cost** hearing & prescription discount cards.
2. Review the "Medicare you and book" video presentation and answer any questions you may have.
 - Have you received your New "Medicare and you" Book ? Y / N
 - Has a representative ever showed you the Medicare & You overview video? Y / N
3. Help you complete your New "Health Care Planning Document", which is an overview of your current health care coverage. If I see any gaps in your coverage, would you mind if I make a written recommendation and review the options that may be available?
4. PROVIDE A COMPLEMENTRY "LIFE INSURANCE" POLICY UPDATE & REVIEW
 - a. Explain the "Updated Medicaid Estate Recovery Mandate"
 - b. Order your Current "policy value statement"
 - c. Confirm with carriers all policies are accounted for and active.
 - d. Help order duplicate policies if lost from the carriers for your children.

PRESENTATION AND BENEFIT REVIEW

Was the information and benefits we went over today both educational and helpful? Y / N
 Is there additional topics that you feel we should have addressed?

If there was one serious like-minded individual like yourself, such as a brother, sister or a close friend that you think these benefits would significantly help. Who would that one person be, that we could call right now?

Name: _____ Phone: _____ City: _____