

## 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 3 Reason For Our Visit Today

1. Deliver and explain your **no cost** hearing & prescription discount cards.
2. Review the 2017 "Medicare you and book" video presentation and answer any questions you may have.
  - Have you received your 2017 "Medicare and you" Book ? Y / N
  - Has a representative ever showed you the Medicare & You overview video? Y / N
3. Help you complete your 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?

## 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?

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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: \_\_\_\_\_