

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

[Date]
[Recipient's Name]
[Title]

[Organization Name]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request consideration for the Qualified Medicare Beneficiary (QMB) program. My personal circumstances have significantly changed, and I believe I meet the eligibility criteria for this assistance.

To provide some context, I am currently [briefly explain your situation, e.g., unemployed, under a decreased income level, facing increased medical expenses, etc.]. These circumstances have placed a financial strain on my ability to manage healthcare costs, making the QMB program a crucial lifeline for me.

I understand that the QMB program assists individuals with limited income by covering expenses related to Medicare premiums, deductibles, and coinsurance. Given my current financial state, I am seeking assistance to ease the challenges I face in affording necessary medical care.

Enclosed with this letter are copies of my supporting documents, which include [list of enclosed documents, e.g., proof of income, tax returns, medical bills, etc.]. I believe these documents will demonstrate my eligibility for the program.

I kindly request a review of my application and supporting documentation at your earliest convenience. Should you require any further information or clarification, please do not hesitate to contact me at [your phone number] or [your email address]. I am eager to cooperate fully in this process.

Thank you very much for considering my application. I hope for a positive response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]