

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

[Recipient's Name]
[Title/Department]
[Organization Name]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally submit my application for the Qualified Medicare Beneficiary (QMB) program.

I have attached all the required documentation, including [list specific documents, e.g., proof of income, identification, etc.]. My current financial situation has made it increasingly difficult for me to manage my healthcare expenses, and I believe that QMB will provide the necessary support to access the medical care I need.

I kindly request that you review my application at your earliest convenience. If you require any additional information or documents, please do not hesitate to contact me at [your phone number] or [your email address].

Thank you for your attention to this matter. I look forward to your positive response.

Sincerely,
[Your Name]