

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Title]
[Agency/Organization Name]
[Address]
[City, State, ZIP Code]

Dear [Recipient Name],

Subject: Request for QMB Eligibility Determination

I hope this letter finds you well. I am writing to formally request an eligibility determination for the Qualified Medicare Beneficiary (QMB) program.

I understand that this program assists individuals with limited income in covering premiums, deductibles, and co-payments associated with Medicare.

[Briefly describe your situation, including your income, any relevant medical expenses, and why you believe you qualify for QMB eligibility.]

Enclosed with this letter, you will find the necessary documentation to support my application:

1. [List of enclosed documents, such as income statements, proof of residency, etc.]
2. [Any additional supporting documents]

I would appreciate your assistance in processing my request as soon as possible, as it significantly impacts my access to necessary healthcare services.

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

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]