

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

Dear [Recipient Name],

I am writing to formally apply for eligibility under the Qualified Medicare Beneficiary (QMB) program. I appreciate your consideration of my application and would like to provide some necessary details regarding my situation.

I am [briefly explain your current situation, including your age, health issues, or other relevant information]. Due to [reason for applying: financial hardship, medical expenses, etc.], I am seeking assistance through the QMB program to help cover my medical costs.

Please find attached the required documentation, including [list any documents you are including such as income statements, medical records, etc.]. I respectfully request that you review my application and consider my eligibility for this important program.

Thank you for your time and attention to my request. I look forward to your prompt response regarding my QMB application.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]