

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

Dear [Recipient Name],

I am writing to formally apply for the Qualified Medicare Beneficiary (QMB) program to request low-income assistance for my medical expenses. As a participant in the Medicare program, I face financial difficulties that limit my ability to pay for essential medical care. My current financial situation is characterized by [briefly describe your income situation and any relevant personal details, such as unemployment, disability, etc.].

I believe I meet the eligibility criteria for the QMB program, including household income levels and asset limits. My current monthly income is [insert amount], and I have [insert details about assets]. Enclosed with this letter, you will find documentation supporting my application, including [list any attached documents, such as bank statements, pay stubs, tax returns, etc.].

I am hopeful that your office will review my situation favorably and approve my application for low-income assistance through the QMB program. Please let me know if you require any further information or documentation.

Thank you for considering my request.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]

Enclosures: [List of enclosed documents]