

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

Dear [Recipient's Name],

I am writing to request your support for my application to the Qualified Medicare Beneficiary (QMB) program. I am currently facing financial challenges that significantly impact my ability to afford necessary medical services and prescriptions.

As a [briefly describe your situation, e.g., senior citizen, individual with disabilities, etc.], I am particularly burdened by the costs associated with my healthcare, including [mention specific medical conditions or requirements if applicable]. Participation in the QMB program would alleviate some of these financial pressures by covering Medicare premiums, deductibles, and coinsurance.

I have attached the necessary documentation to demonstrate my financial situation and eligibility for the QMB program. Your support would greatly assist me in gaining access to the healthcare services I desperately need.

Thank you for considering my request. I would appreciate any assistance you can provide, and I am happy to discuss this matter further at your convenience.

Sincerely,  
[Your Name]