

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

Dear [Recipient's Name],

I am writing to formally request assistance with my application for the Qualified Medicare Beneficiary (QMB) program. I believe that this program would greatly assist me in managing my medical expenses.

I am currently facing financial challenges due to [briefly explain your financial situation, e.g., low income, unemployment, or other relevant issues]. As a result, [explain how this situation affects your ability to access healthcare].

I have attached the necessary documentation to support my application, including [list any documents you are including, such as income statements, medical bills, etc.]. I am hopeful that this information will help you to assess my eligibility for the program.

Thank you very much for your consideration. I appreciate your assistance and look forward to your prompt response.

Warm regards,

[Your Signature (if sending a hard copy)]
[Your Printed Name]