

[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 hope this letter finds you well. I am writing to formally request assistance regarding the Qualified Medicare Beneficiary (QMB) program. I am [briefly explain your situation, e.g., a senior citizen/individual with low income, etc.], and I believe I may qualify for the QMB program to help cover my Medicare costs.

[Include a brief explanation of your financial situation and the reasons you are seeking assistance, such as income, expenses, and any relevant circumstances].

I would greatly appreciate your guidance on how to proceed with my application for the QMB program and any assistance that may be available to me.

Thank you for your time and consideration. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]