

****Subject:** Request for Qualified Medicare Beneficiary (QMB) Benefits**

****[Your Name]****

****[Your Address]****

****[City, State, Zip Code]****

****[Phone Number]****

****[Email Address]****

****[Date]****

****[Medicaid Office or Appropriate Contact Person]****

****[Office Address]****

****[City, State, Zip Code]****

Dear [Recipient's Name],

I am writing to formally request the Qualified Medicare Beneficiary (QMB) benefits program. My personal details are as follows:

- ****Full Name:**** [Your Full Name]
- ****Date of Birth:**** [Your Date of Birth]
- ****Social Security Number:**** [Your SSN]
- ****Medicare Number:**** [Your Medicare Number]

I am currently facing financial challenges that make it difficult to manage medical expenses and premiums associated with my Medicare coverage. Based on my income and resources, I believe I qualify for QMB benefits.

Enclosed are copies of the necessary documents to support my application:

1. Proof of income (pay stubs, tax returns, etc.)
2. Bank statements
3. Proof of Medicare enrollment
4. [Any other relevant documents]

I appreciate your attention to this request and look forward to your prompt response. Please feel free to reach me at [Your Phone Number] or [Your Email Address] if you require any additional information.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending by mail)]

[Your Printed Name]