

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Title]
[Organization Name]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Formal Request for QMB Support

I hope this letter finds you well. I am writing to formally request support through the Qualified Medicare Beneficiary (QMB) program.

I am [briefly explain your situation and why you are seeking QMB support, including your eligibility and any relevant details].

I would greatly appreciate any assistance you can provide in this matter. Please let me know if you require any additional information or documentation to process my request.

Thank you for your attention to this important matter. I look forward to your prompt response.

Sincerely,

[Your Name]