

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

Dear [Recipient's Name],

I am writing to formally request a Qualified Medicare Beneficiary (QMB) designation for myself/my client, [Client's Name], based on [specific reasons or circumstances justifying the request].

[Include a brief explanation of the individual's financial situation, eligibility criteria, and any relevant documentation that supports the request.]

Please find attached the necessary documents, including [list any supporting documents you are including, such as income statements, medical bills, or proof of residency].

I appreciate your consideration of this request, and I look forward to your prompt response. Should you need any further information or clarification, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]  
[Your Title/Relationship to Client]