

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Medicaid Office Address or Appropriate Agency Name]

[City, State, ZIP Code]

Subject: Application for Qualified Medicare Beneficiary (QMB) Benefits

Dear [Recipient's Name or "To Whom It May Concern"],

I am writing to formally apply for Qualified Medicare Beneficiary (QMB) benefits. I believe that I may qualify for this program due to my current financial circumstances.

I have included all necessary documentation to support my application, including:

1. Proof of income (pay stubs, tax returns, etc.)
2. Proof of Medicare enrollment
3. Identification (copy of my driver's license or state ID)
4. [Any additional documents as required]

Please let me know if you require any further information or additional documentation to process my application. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Medicare Number (if applicable)]