

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

Dear [Recipient Name],

Subject: Request for Enrollment in the QMB Program

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

[Provide a brief introduction about yourself and your current situation related to healthcare needs.]

I believe that participating in the QMB program will significantly assist me in managing my medical expenses, as I am currently facing [briefly describe your financial situation or health issues].

[Attach any relevant documents that support your request, such as financial statements or medical records.]

Thank you for considering my request. I look forward to your positive response.

Sincerely,
[Your Name]