

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

Dear [Recipient Name],

Subject: Request for QMB Assistance

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

My details are as follows:

- Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Medicare Number: [Your Medicare Number]
- Address: [Your Address]

I am facing financial challenges that make it difficult to manage my medical expenses, and I believe I qualify for the QMB program. I have attached relevant documentation, including proof of income and assets, to support my request.

Please let me know if you require any additional information or 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 Name]