

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

Dear [Recipient's Name],

Subject: Request for QMB (Qualified Medicare Beneficiary) Assistance

I hope this letter finds you well. I am writing to formally request assistance under the Qualified Medicare Beneficiary (QMB) program. I am [briefly explain your situation, including any relevant details about your income, size of your household, and why you believe you qualify for QMB assistance].

Enclosed with this letter are copies of the necessary documentation to support my request, including [list any relevant documents: proof of income, identification, etc.].

I appreciate your immediate attention to this matter and look forward to your timely response. Please feel free to contact me at [your phone number] or [your email address] should you require any further information.

Thank you very much for your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]