

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

Dear [Recipient Name],

I am writing to formally request assistance with Qualified Medicare Beneficiary (QMB) services. As [briefly describe your situation or eligibility], I believe I qualify for these benefits, which would greatly assist in managing my healthcare costs.

I would appreciate any guidance you can provide regarding the application process, necessary documentation, and any additional information required to facilitate my request.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,
[Your Name]