

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

[Recipient's Name]
[Office/Organization Name]
[Office Address]
[City, State, Zip Code]

Subject: Request for QMB Assistance Letter

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request a letter confirming my status as a Qualified Medicare Beneficiary (QMB). This documentation is necessary for [reason you need the letter, e.g., applying for additional benefits, verification purposes, etc.].

Please include the following information in the letter:

- My full name
- Date of birth
- Medicare number
- Confirmation of my QMB status
- Effective date of QMB eligibility

Thank you for your assistance in this matter. I appreciate your prompt attention to my request.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]