

[Your Organization's Letterhead]

[Date]

[Recipient's Name]

[Recipient's Title]

[Recipient's Organization]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Approval for QMB Enrollment

I am pleased to inform you that your application for Qualified Medicare Beneficiary (QMB) status has been approved. This decision is effective as of [Effective Date].

Key details of your approval are as follows:

- Member Name: [Member's Name]
- Member ID: [Member ID]
- Effective Date: [Effective Date]
- Coverage Details: [Brief description of coverage]

Please review the enclosed documentation for additional information regarding your benefits and coverage options. Should you have any questions or require further assistance, do not hesitate to contact our office at [Phone Number] or [Email Address].

Thank you for your cooperation and for allowing us to assist you in your healthcare needs.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]

[Enclosure: Documentation]