

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

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request participation in the Qualified Medicare Beneficiary (QMB) program due to my current financial situation and healthcare needs.

[Briefly explain your situation, including any relevant details about your income, ongoing medical needs, and why you require assistance.]

I believe that enrolling in the QMB program will significantly aid in alleviating the financial burden associated with my healthcare costs. I kindly request any necessary information regarding the application process and any documentation you may need from my side.

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

Sincerely,

[Your Name]