

[Your Organization's Letterhead]

[Date]

[Recipient's Name]

[Recipient's Title]

[Recipient's Organization]

[Recipient's Address]

Dear [Recipient's Name],

Subject: Approval of QMB Application

We are pleased to inform you that your application for the Qualified Medicare Beneficiary (QMB) program has been approved. After a thorough review of your submitted documents, we have determined that you meet the eligibility criteria outlined by the relevant guidelines.

Your QMB benefits will commence on [Effective Date] and will include coverage for your Medicare premiums, deductibles, and copayments. To ensure you receive the maximum benefits available, please review the attached information regarding your coverage details and any necessary steps you need to take.

Should you have any questions or require further assistance, do not hesitate to contact us at [Phone Number] or [Email Address].

Congratulations on your approval, and we look forward to assisting you with your healthcare needs.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]

[Enclosures: Coverage Information, Additional Resources]