

[Your Company Letterhead]

[Date]

[Recipient Name]

[Recipient Title]

[Recipient Company/Organization]

[Recipient Address]

[City, State, Zip Code]

Subject: QMB Approval Letter

Dear [Recipient Name],

We are pleased to inform you that your request for Qualified Medicare Beneficiary (QMB) status has been approved. This letter serves to confirm your eligibility and outline the benefits you will receive under the QMB program.

Effective [Start Date], you will be eligible for the following:

- Coverage of Medicare premiums
- Coverage of deductibles and co-payments for Medicare services

Please note that you must notify us of any changes in your income or household status to maintain your eligibility for these benefits.

If you have any questions or require further assistance, feel free to contact us at [Phone Number] or [Email Address].

Congratulations on your approval, and we look forward to assisting you further.

Sincerely,

[Your Name]

[Your Title]

[Your Company/Organization]

[Contact Information]