

****QMB Approval Letter Template****

[Your Organization's Letterhead]

[Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Approval for Qualified Medicare Beneficiary (QMB) Program

We are pleased to inform you that your application for the Qualified Medicare Beneficiary (QMB) program has been approved. Your acceptance into this program will ensure that you receive essential healthcare services with the additional financial support that QMB offers.

****Details of Approval:****

- ****Effective Date:**** [Start Date of Coverage]

- ****Coverage Benefits:**** The QMB program will cover your Medicare premiums, deductibles, and coinsurance for certain services.

Should you have any questions regarding your eligibility or the benefits associated with the QMB program, please feel free to contact our office at [Phone Number] or [Email Address].

Thank you for your attention to this matter. We look forward to assisting you in your healthcare needs.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]

[Website, if applicable]

****Enclosure:**** QMB Program Information Sheet