

[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 of QMB Application

We are pleased to inform you that your application for Qualified Medicare Beneficiary (QMB) program has been approved. Below are the details of your approval:

1. ****Applicant Name****: [Full Name]
2. ****Date of Birth****: [MM/DD/YYYY]
3. ****Medicare Number****: [Medicare Number]
4. ****Effective Date****: [MM/DD/YYYY]

You are now eligible to receive assistance with your Medicare premiums, deductibles, and coinsurance. Please keep this letter for your records. If you have any questions or need further assistance, feel free to contact us at [Phone Number] or [Email Address].

Thank you for your attention.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]

[Your Organization's Website]

[Enclosure: Additional Information or Instructions, if any]