

[Your Organization's Letterhead]

[Date]

[Recipient's Name]

[Recipient's Title]

[Recipient's Organization]

[Recipient's Address]

Dear [Recipient's Name],

Subject: QMB Approval Notification

We are pleased to inform you that your application for Qualified Medicare Beneficiary (QMB) status has been approved. This determination allows you to receive coverage for certain healthcare costs, as per the guidelines set forth by the Centers for Medicare & Medicaid Services (CMS).

Details of your QMB status are as follows:

- **\*\*Effective Date:\*\*** [Start Date]

- **\*\*Coverage Details:\*\*** [Specifics of coverage, including premiums, deductibles, and cost-sharing]

Please retain this letter for your records. Should you have any questions or require further assistance, feel free to contact us at [Your Contact Information].

Congratulations on your approval, and thank you for your continued trust in our services.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Phone Number]

[Email Address]