

[Your Organization's Letterhead]

[Date]

[Recipient Name]

[Recipient Title]

[Recipient Organization]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

Subject: QMB Approval Notification

We are pleased to inform you that your request for Qualified Medicare Beneficiary (QMB) status has been approved, effective [Approval Date]. As a QMB, you will receive assistance with premiums, deductibles, and coinsurance for Medicare services. Your new benefits will become effective on [Effective Date].

For any questions or further information, please do not hesitate to contact our office at [Contact Information].

We congratulate you on this important step toward securing your healthcare benefits.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]