

[Your Name]
[Your Title]
[Your Organization]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Recipient Title]
[Recipient Organization]
[Recipient Address]
[City, State, Zip Code]

Dear [Recipient Name],

Subject: QMB Approval Response

We are writing to inform you that your request for Qualified Medicare Beneficiary (QMB) status has been approved.

Details of the Approval:

- QMB Approval Effective Date: [Effective Date]
- Member ID: [Member ID]
- Level of Coverage: [Coverage Details]

As a QMB participant, you will receive assistance with your Medicare premiums, deductibles, and coinsurance.

If you have any questions or need further assistance, please feel free to contact us at [Contact Information].

Thank you for your cooperation.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Title]
[Your Organization]