

[Your Organization's Letterhead]

[Date]

[Recipient's Name]

[Recipient's Position]

[Recipient's Organization Name]

[Recipient's Address]

[City, State, Zip Code]

Subject: Approval of QMB Determination

Dear [Recipient's Name],

We are pleased to inform you that your application for Qualified Medicare Beneficiary (QMB) status has been approved. This determination has been made in accordance with the established guidelines and eligibility criteria.

Effective [start date], you are qualified to receive services covered under the QMB program, including assistance with Medicare premiums, deductibles, and coinsurance.

Please ensure that you contact your healthcare provider to inform them of your QMB status to facilitate the appropriate billing procedures.

If you have any questions or require further assistance, feel free to reach out to us at [Your Contact Information].

Congratulations on your approval.

Sincerely,

[Your Name]

[Your Position]

[Your Organization Name]

[Your Phone Number]

[Your Email Address]