

[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 Program Application

We are pleased to inform you that your application for the Qualified Medicare Beneficiary (QMB) Program has been reviewed and approved. This decision is effective as of [Effective Date].

The QMB Program offers various benefits, including [briefly list benefits, e.g., payment of Medicare premiums, deductibles, and coinsurance]. We believe that this program will greatly assist you in managing your healthcare expenses.

Please find enclosed additional information regarding your enrollment in the program, including [mention any enclosed documents, e.g., contact information, FAQs, or next steps].

If you have any questions or require further assistance, do not hesitate to contact us at [Contact Information].

Thank you for your commitment to your healthcare.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Phone Number]

[Your Email Address]

[Enclosures: if any]