

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

Dear [Recipient's Name],

I am writing to formally request approval for Qualified Medicare Beneficiary (QMB) status under [specific program or service name]. My details are as follows:

- Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Medicare Number: [Your Medicare Number]
- Social Security Number: [Your Social Security Number]

I believe I meet the necessary criteria for QMB eligibility, and I have attached the required documentation to support my request.

Please let me know if any further information is needed. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,  
[Your Name]