

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

[Recipient Name]  
[Recipient Title]  
[Organization/Agency Name]  
[Organization Address]  
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Approval of QMB Application

We are pleased to inform you that your application for the Qualified Medicare Beneficiary (QMB) program has been approved.

Effective [start date], you will receive benefits that cover your Medicare premiums, deductibles, and coinsurance, in accordance with the eligibility criteria.

Please review the enclosed documentation for details regarding your coverage and any next steps you may need to take. If you have any questions or require further assistance, feel free to reach out to our office at [contact information].

Thank you for your application, and welcome to the QMB program!

Sincerely,

[Your Name]  
[Your Title]  
[Organization/Agency Name]