

[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: Approval of QMB Application

I am pleased to inform you that your application for the Qualified Medicare Beneficiary (QMB) program has been approved. After a thorough review of your submission, we have determined that you meet the necessary eligibility requirements.

As a QMB participant, you will be eligible for assistance with certain Medicare premiums, deductibles, and coinsurance.

Enclosed with this letter are the details of your enrollment and important information regarding the next steps.

If you have any questions or require further assistance, please do not hesitate to contact our office at [Phone Number] or [Email Address].

Congratulations on your approval, and welcome to the QMB program!

Sincerely,

[Your Name]  
[Your Title]  
[Your Organization]