

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

Dear [Recipient Name],

I hope this letter finds you well. I am writing to formally appeal the decision regarding my Qualified Medicare Beneficiary (QMB) application submitted on [date of application].

Firstly, I would like to express my appreciation for the time and consideration given to my application. However, I believe that [briefly explain the reason you believe the decision should be reconsidered, including any relevant details].

I would like to provide additional information that I feel may have been overlooked:

- [Detail 1]
- [Detail 2]
- [Detail 3]

This information is vital as it directly relates to my eligibility for the QMB program. As you know, the QMB program is crucial for individuals like myself, who are facing [briefly explain your circumstances, such as financial hardship or medical needs].

I kindly request that you review my application alongside the additional information provided. I am more than willing to provide any further documentation or clarification if needed.

Thank you for your attention to this matter. I am hopeful for a favorable resolution and am eager to hear back from you soon.

Sincerely,
[Your Name]