

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

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

Dear [Recipient Name],

Subject: QMB Application Guidelines Inquiry

I hope this message finds you well. I am writing to inquire about the guidelines and details regarding the Qualified Medicare Beneficiary (QMB) application process.

[Brief Introduction: Explain your interest or need for assistance with the QMB program.]

I would greatly appreciate it if you could provide further information on the following:

1. Eligibility criteria for the QMB program.
2. Required documentation to submit with the application.
3. Deadlines or timelines related to the submission process.
4. Any additional resources or contacts for further assistance.

Thank you for your attention to this matter. I look forward to your prompt response so that I can proceed with my application.

Sincerely,

[Your Name]