

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

Dear [Recipient Name or "To Whom It May Concern"],
I am writing to formally apply for the Qualified Medicare Beneficiary (QMB) program. I am [briefly introduce yourself, including relevant personal details such as age, current status, and any pertinent medical information].

Due to [briefly explain your financial situation and why you need assistance], I am seeking to enroll in the QMB program to help cover my Medicare costs. This program is essential for me as [explain the impact of QMB on your healthcare access and financial stability].

Attached to this letter are the required documents, including [list any documents you are including, such as proof of income, medical records, etc.].

I appreciate your time and consideration of my application. Should you need any further information or documentation, please do not hesitate to contact me at [your phone number] or [your email address].

Thank you for your attention to this matter.

Sincerely,
[Your Name]