

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Your Email Address]
[Your Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Agency/Organization Name]
[Agency/Organization Address]
[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to formally apply for the Qualified Medicare Beneficiary (QMB) program. My name is [Your Full Name], and I live at [Your Address]. I am seeking assistance to help cover my Medicare costs, due to my current financial situation.

As a [Your Age] year old [your occupation or "individual"], I have been facing [briefly describe your financial challenges, e.g., medical expenses, fixed income, etc.]. My income is currently [state your income]. With the current expenses related to my health care, it has become increasingly difficult for me to manage my bills.

I believe I meet the eligibility requirements for the QMB program, as my resources and income fall below the limits established by [State or Federal program guidelines]. Enclosed are copies of my financial documents for your review:

1. Proof of Income (e.g., pay stubs, Social Security statement)
2. Bank Statements
3. Medicare card copy
4. [Any other relevant documents]

I am eager to provide any additional information you may require to facilitate my application process. Please feel free to contact me via [your phone number] or [your email address].

Thank you for considering my application. I hope to hear from you soon regarding the next steps in this process.

Sincerely,
[Your Name]