

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

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

Dear [Recipient's Name],

I am writing to formally request a Qualified Medicare Beneficiary (QMB) program application on behalf of [Patient's Name]. We seek assistance in covering medical expenses, as the patient meets the eligibility criteria. Please find attached the required documents for this request. Your prompt attention to this matter would be greatly appreciated.

Thank you for your assistance.

Sincerely,

[Your Name]
[Your Title/Relationship to Patient]