

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

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request a qualification for Medicare's Qualified Medicare Beneficiary (QMB) program.

My information is as follows:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Medicare Number: [Your Medicare Number]

I am currently experiencing financial difficulties and believe I meet the eligibility criteria for the QMB program. My monthly income is [your income], and my assets total [your assets]. Attached are relevant documents for your review, including proof of income, asset documentation, and any other necessary information.

I appreciate your assistance with my request. Please let me know if any additional information is needed. I look forward to your prompt response. Thank you for your attention to this matter.

Sincerely,
[Your Name]