

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

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

Dear [Recipient's Name],

Subject: Request for QMB Submission

I am writing to formally request the necessary guidelines and information required for the submission of a Qualified Medicare Beneficiary (QMB) application.

[Briefly explain the purpose of your request and any specific details relevant to your situation.]

I would appreciate it if you could provide me with the guidelines at your earliest convenience, as this will assist me in ensuring compliance with all necessary procedures.

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Title/Position, if applicable]
[Your Organization, if applicable]