

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

Dear [Recipient Name],

Subject: Request for Assistance with QMB Enrollment

I hope this letter finds you well. I am writing to request assistance regarding my enrollment in the Qualified Medicare Beneficiary (QMB) program.

As a [brief description of your situation, e.g., low-income individual, senior citizen], I am seeking support to help cover the costs associated with my medical expenses. The QMB program would provide substantial relief, allowing me to access necessary healthcare services without financial strain.

I would greatly appreciate any guidance or resources you may have to assist me in this process. If possible, I would like to schedule a meeting or phone call to discuss my options in further detail.

Thank you for your time and understanding. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]