

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

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

Dear [Recipient Name],

I hope this letter finds you well. My name is [Your Name], and I am writing to formally request QMB (Qualified Medicare Beneficiary) assistance for [Senior's Name], who is [Senior's Age] years old and currently resides at [Senior's Address].

[Briefly explain the senior's situation and the need for QMB assistance. Include any relevant medical or financial details that will strengthen the request.]

Given the circumstances, we believe that [Senior's Name] qualifies for QMB coverage, which would greatly alleviate their financial burden related to healthcare expenses.

We appreciate your consideration of this request and would be grateful for any guidance or assistance you can provide in the application process. Please let us know if you require any additional information or documentation to support our request.

Thank you for your attention to this matter. We look forward to your favorable response.

Sincerely,

[Your Name]
[Your Title/Relationship to the Senior]