

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Organization's Name]
[Organization's Address]
[City, State, Zip Code]
Dear [Recipient's Name],
Subject: Request for QMB Eligibility Determination
1. **Introduction**
- Clearly state your purpose for writing.
- Mention your interest in the Qualified Medicare Beneficiary (QMB) program.
2. **Personal Information**
- Include your full name, date of birth, and Medicare number (if applicable).
- Mention any relevant household details (e.g., number of dependents).
3. **Eligibility Criteria**
- Briefly outline your understanding of the QMB eligibility criteria.
- State why you believe you meet these conditions.
4. **Request for Documentation**
- Request specific information or documents needed to process your QMB eligibility.
- Mention any urgency or deadlines, if applicable.
5. **Contact Information**
- Assure the recipient of your availability for any further questions.
- Provide the best methods and times for them to reach you.
6. **Conclusion**
- Thank the recipient for their attention and assistance.
- Express hope for a positive response.
Sincerely,
[Your Name]
[Your Signature (if sending a hard copy)]