

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

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

Subject: Request for QMB Reimbursement

Dear [Recipient Name],

I am writing to formally request reimbursement under the Qualified Medicare Beneficiary (QMB) program for [specific services/items].

Details of the claim are as follows:

- Patient Name: [Patient's Name]
- Medicare Number: [Patient's Medicare Number]
- Dates of Service: [Service Dates]
- Description of Services/Items: [Description]
- Amount Charged: [Total Amount]

Attached you will find copies of relevant documents, including [list any attached documents, e.g., invoices, itemized bills, proof of payment].

Please let me know if you require any additional information to process this request.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Title/Position, if applicable]