

[Your Organization's Letterhead]

[Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Subject: Comprehensive QMB Reimbursement Request

Dear [Recipient's Name],

I hope this message finds you well. We are writing to request reimbursement for services provided under the Qualified Medicare Beneficiary (QMB) program for [Patient's Name], [Patient's ID/Medicare Number], during the dates of service [Start Date] to [End Date].

****Patient Information:****

- Name: [Patient's Full Name]

- Medicare Number: [Patient's Medicare Number]

- Date of Birth: [Patient's Date of Birth]

****Service Details:****

- Date(s) of Service: [List of Dates]

- Description of Services: [Brief Description of Services Provided]

- Total Charges: \$[Total Amount]

- Billing Codes: [List of Relevant CPT/HCPCS Codes]

****Attachments:****

1. Itemized bill for services rendered

2. Copy of the patient's QMB eligibility notice

3. Claim submission documentation

According to Medicare guidelines, services provided to QMB beneficiaries are eligible for full reimbursement. We appreciate your prompt attention to this matter and look forward to your prompt response.

Should you require any additional information or clarification, please do not hesitate to contact us at [Your Phone Number] or [Your Email Address].

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]