

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

[Recipient's Name]
[Company/Organization Name]
[Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

Subject: Request for QMB Reimbursement

I hope this letter finds you well. I am writing to formally request reimbursement for the Qualified Medicare Beneficiary (QMB) expenses incurred during [specific date or range of dates].

Details of the expenses are as follows:

- Service Provider: [Name of the provider]
- Date of Service: [Date]
- Description of Service: [Description]
- Total Amount: [Total amount]

Enclosed are copies of the relevant documents, including receipts and any supporting information, for your reference.

I appreciate your attention to this matter and look forward to your prompt response. Should you require any further information, please do not hesitate to contact me at [your phone number] or [your email address].

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Medicare Number] (if applicable)