

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

[Recipient's Name]
[Recipient's Title]
[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Subject: Request for QMB Reimbursement

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request reimbursement under the Qualified Medicare Beneficiary (QMB) program for the medical expenses I incurred on [date of service].

Patient Information:

- Name: [Patient's Name]
- Medicare Number: [Patient's Medicare Number]
- Date of Birth: [Patient's Date of Birth]

Details of Service:

- Date of Service: [Date]
- Provider Name: [Provider's Name]
- Service Description: [Brief description of the services provided]
- Total Charges: [\$Amount]

Attached to this letter, you will find all relevant documentation, including the itemized bill and my QMB eligibility confirmation. I appreciate your prompt attention to this matter and look forward to your response regarding the reimbursement status.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]