

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Title]
[Insurance Company Name]
[Address]
[City, State, Zip Code]

Dear [Recipient Name],

Subject: QMB Reimbursement Claim

I hope this letter finds you well. I am writing to formally submit a claim for reimbursement under the Qualified Medicare Beneficiary (QMB) program.

Claim Details:

- **Patient Name:** [Patient's Name]
- **Medicare Number:** [Medicare Number]
- **Date of Service:** [Date]
- **Description of Service:** [Brief description of services received]
- **Total Amount Charged:** [Total amount]

Enclosed are copies of the relevant documentation, including [list any enclosed documents such as invoices, receipts, and supporting medical records].

I appreciate your prompt attention to this matter and look forward to your response. Should you require any further information, please do not hesitate to contact me.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Role/Relationship to Patient (if applicable)]