

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Medicaid Office/Insurance Provider Name]  
[Office Address]  
[City, State, Zip Code]

Subject: Request for QMB Reimbursement

Dear [Recipient's Name],

I am writing to formally request reimbursement for [specific service or item] received on [date of service] under the Qualifying Medicare Beneficiary (QMB) program.

Patient Information:

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

Service Information:

- Service Provider: [Provider's Name]
- Service Date: [Date of Service]
- Invoice/Claim Number: [Invoice Number]
- Amount Charged: [Total Amount]

Attached to this letter are copies of all relevant documents, including the invoice, proof of payment, and any additional supporting information required for this reimbursement request.

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

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature] (if sending a hard copy)