

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

Subject: Request for Reimbursement under QMB Program

Dear [Recipient Name],

I hope this letter finds you well. I am writing to formally request reimbursement for services provided to [Patient's Name] under the Qualified Medicare Beneficiary (QMB) program.

****Patient Information:****

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

****Service Details:****

- Date of Service: [Date or Range of Services]
- Description of Services: [Brief Description of the Services Provided]
- Total Charges: [Total Amount Charged]

Enclosed are copies of the relevant documentation to support this request, including the service invoice, Medicare remittance advice, and any other necessary files.

I appreciate your prompt attention to this matter, and I look forward to a timely reimbursement. If you require any further information or documentation, please do not hesitate to contact me.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Title]

[Your Organization]

Enclosures: [List of documents enclosed, if applicable]