

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

Dear [Recipient Name],

I hope this letter finds you well.

I am writing to formally request reimbursement under the Qualified Medicare Beneficiary (QMB) program for [specific services/items provided] that were rendered on [date(s)] for [patient's name or identification number].

The details of the reimbursement request are as follows:

- Patient Name: [Patient's Name]
- Medicare Number: [Patient's Medicare Number]
- Service Date(s): [List of Dates]
- Description of Services Rendered: [Brief description of services/items]
- Total Amount Charged: [Total Amount]
- Amount Requested for Reimbursement: [Requested Amount]

Enclosed with this letter, please find the necessary documentation, including [list documents such as invoices, service records, etc.], to support this claim.

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

Thank you for your assistance.

Sincerely,

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