

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

[Recipient's Name]
[Title]
[Organization/Company Name]
[Address]
[City, State, ZIP Code]

Re: Appeal for QMB Reimbursement - [Your QMB Number]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally appeal the denial of reimbursement for [specific service or treatment] received on [date of service].

Account Information:

- Patient Name: [Patient's Full Name]
- Provider Name: [Provider's Full Name]
- Date of Service: [Date]
- Claim Number: [Claim Number]

Reason for Appeal:

[Briefly explain the reason for the denial and the basis for your appeal, including any relevant details or facts that support your case.]

Supporting Documentation:

Enclosed with this letter are the following documents:

1. [Document Name/Description]
2. [Document Name/Description]
3. [Document Name/Description]

I kindly request that you review the enclosed documentation and reconsider the decision regarding the reimbursement for the aforementioned services.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]
[Your Title/Relationship to Patient, if applicable]
[Your Signature (if sending a hard copy)]