

[Your Organization's Letterhead]

[Date]

[Recipient's Name]

[Recipient's Title]

[Recipient's Organization]

[Recipient's Address]

[City, State, Zip Code]

Subject: QMB Reimbursement Request

Dear [Recipient's Name],

I hope this letter finds you well. We are writing to formally request reimbursement for [specific services, items, or expenses] provided under the Qualified Medicare Beneficiary (QMB) program.

Details of the Request:

- \*\*Patient Name\*\*: [Patient's Name]
- \*\*Patient's Medicare Number\*\*: [Patient's Medicare Number]
- \*\*Date of Service\*\*: [Date(s) of Service]
- \*\*Service Description\*\*: [Brief description of services provided]
- \*\*Total Amount Due\*\*: [Total reimbursement amount requested]

Enclosed with this letter, you will find all relevant documentation, including [invoices, service records, and any other supporting materials].

We appreciate your attention to this matter and look forward to your prompt response. Should you have any questions or need further information, please do not hesitate to contact us at [Your Phone Number] or [Your Email Address].

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Organization's Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]

[Attachment: List of enclosed documents]