

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

[Date]
[Recipient Name]
[Title]
[Insurance Company Name]
[Company Address]
[City, State, Zip Code]

Subject: Request for Reimbursement under QMB Program

Dear [Recipient Name],

I am writing to formally request reimbursement for medical expenses incurred, which I believe are covered under the Qualified Medicare Beneficiary (QMB) program. Below, I provide the necessary details for your reference:

1. **Patient Information**

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

2. **Details of Service**

- Provider Name: [Healthcare Provider's Name]
- Service Dates: [Dates of Service]
- Invoice Total: [Total Amount]
- Description of Services: [Brief Description of Services Rendered]

Enclosed with this letter are copies of the relevant documents, including the invoices, receipts, and my QMB eligibility verification.

Please let me know if you require any additional information to process this claim. I appreciate your prompt attention to this matter and look forward to your response.

Thank you for your consideration.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]

Enclosures: [List of enclosed documents]