

[Your Clinic/Practice Letterhead]

[Date]

[Recipient Name]

[Recipient Title]

[Insurance Company/Medicaid Office Name]

[Address]

[City, State, Zip Code]

Dear [Recipient Name],

Subject: Request for Reimbursement - Qualified Medicare Beneficiary (QMB) Program

I hope this letter finds you well. I am writing to request reimbursement for services rendered to a Qualified Medicare Beneficiary (QMB) under the Medicaid program.

Patient Information:

- Patient Name: [Patient Name]
- Date of Birth: [Patient DOB]
- Medicare Number: [Patient Medicare Number]
- Medicaid Number: [Patient Medicaid Number]

Service Information:

- Date of Service: [Date of Service]
- Procedure Codes: [Procedure Codes]
- Total Charges: [Total Charges]
- Amount Billed to Medicare: [Amount Billed]

Despite submitting the claim for the above services, we have yet to receive proper reimbursement, as stipulated under the QMB program guidelines. As a provider, we understand that QMB beneficiaries are entitled to full Medicaid payment for covered Medicare services, which includes [list specific services or procedures].

We have attached relevant documentation for your review, including:

- A copy of the Medicare Explanation of Benefits (EOB)
- Patient's Medicaid eligibility verification
- Copies of the original service claims

We kindly request that you process this claim promptly and reimburse our practice for the services provided. If you require any further information or documentation, please do not hesitate to contact me directly at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic/Practice Name]

[Your Phone Number]

[Your Email Address]