

[Your Name]  
[Your Title/Position]  
[Your Organization/Practice Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Patient's Name]  
[Patient's Address]  
[City, State, ZIP Code]

Dear [Patient's Name],

Subject: QMB Reimbursement

I hope this letter finds you well. We are reaching out regarding your recent billing under the Qualified Medicare Beneficiary (QMB) program. This program is designed to assist eligible individuals with their Medicare cost-sharing expenses.

We have reviewed your case and are pleased to inform you that the costs incurred for your care on [Date of Service] are eligible for reimbursement under the QMB guidelines. The details of the reimbursement are as follows:

- Service Date: [Date of Service]
- Total Amount Charged: [Total Amount]
- Amount Covered by QMB: [Amount Covered]
- Patient Responsibility: [Patient Responsibility Amount]

Please provide any necessary documentation to ensure swift processing of your reimbursement. If you have questions or need assistance, do not hesitate to contact us at [Phone Number] or [Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]  
[Your Title/Position]  
[Your Organization/Practice Name]