

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

[Recipient Name]  
[Recipient Title]  
[Organization Name]  
[Organization Address]  
[City, State, Zip Code]

Subject: QMB Reimbursement Request

Dear [Recipient Name],

I hope this letter finds you well. I am writing to request reimbursement under the Qualified Medicare Beneficiary (QMB) program for the medical expenses incurred on [specific date(s)].

Details of the expenses are as follows:

- \*\*Patient Name:\*\* [Patient's Name]
- \*\*Medicare Number:\*\* [Patient's Medicare Number]
- \*\*Date of Service:\*\* [Date]
- \*\*Provider Name:\*\* [Provider's Name]
- \*\*Total Amount Billed:\*\* [Total Amount]

I have attached all relevant documents, including invoices, payment receipts, and any additional required forms.

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

Sincerely,

[Your Name]  
[Your Title, if applicable]  
[Your Organization, if applicable]  
[Your Signature, if sending a hard copy]  
Enclosures: [List of documents attached]