

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

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

Dear [Recipient Name],

Subject: Request for QMB Reimbursement Support

I hope this letter finds you well. I am writing to formally request support for reimbursement under the Qualified Medicare Beneficiary (QMB) program for [Patient's Name], who has been receiving [type of treatment or service] since [start date of treatment].

The details of the patient and services rendered are as follows:

- Patient Name: [Patient's Name]
- Patient ID: [Patient ID or Medicare number]
- Date(s) of Service: [Date(s) of service]
- Description of Services: [Brief description of services provided]
- Total Charges: [Total amount billed]

[Optional: Include additional relevant information about the patient's condition and the necessity of the services.]

We believe that the services provided are essential for [Patient's Name]'s health and well-being, and we greatly appreciate your assistance in processing this reimbursement promptly. Attached to this letter are all pertinent documentation including billing statements, service details, and any other required forms.

Thank you for your attention to this matter. Please do not hesitate to contact me at [Your Phone Number] or [Your Email Address] should you have any questions or require further information.

Sincerely,

[Your Name]
[Your Title/Position]
[Your Organization]
[Your Organization Address]
[City, State, Zip Code]