

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

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

Subject: Request for Quick QMB Reimbursement

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 services rendered on [date(s) of service] related to [brief description of services].

Below are the details of the services and associated costs:

- Service Provider: [Name of Provider]
- Date(s) of Service: [Exact Dates]
- Total Amount Charged: [\$Amount]
- QMB Identification Number: [Your QMB ID Number]

Enclosed are the copies of the invoices, proof of payment, and any additional necessary documentation for your review.

I appreciate your prompt attention to this matter and look forward to your response.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]