

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

[Recipient's Name]
[Recipient's Title]
[Organization's Name]
[Organization's Address]
[City, State, ZIP Code]

Dear [Recipient's Name],

Subject: Request for QMB Reimbursement

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

Patient Information:

- Name: [Patient's Name]
- Medicare Number: [Patient's Medicare Number]
- Date of Service: [Date(s) of Service]

Description of Services:

[List all medical services, treatments, or procedures received, including provider names and costs]

Total Amount for Reimbursement: \$[Total Amount]

Enclosed are copies of all relevant documents, including:

1. [Document 1: e.g., itemized bills, invoices]
2. [Document 2: e.g., proof of payment]
3. [Document 3: e.g., any additional supporting documents]

I appreciate your attention to this matter and look forward to your prompt response. Should you need any further information or documentation, please do not hesitate to contact me at [your phone number] or [your email address].

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Typed Name]

[Your Relationship to the Patient, if applicable]