

[Your Name]
[Your Title/Position]
[Your Organization]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

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

Dear [Recipient Name],

Subject: Request for QMB Reimbursement

I am writing to request reimbursement for [specific services or items] provided on [dates] to [patient's name], who is enrolled in the Qualified Medicare Beneficiaries (QMB) program.

Details of the services/items:

- Service Item 1: [description, date, amount]
- Service Item 2: [description, date, amount]

(Continue as necessary)

Total Amount Requested: \$[total amount]

Attached to this letter are all relevant documents, including [itemized billing statement, proof of service, etc.]. Please let me know if you need any additional information or documentation.

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

Sincerely,

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