

****QMB Reimbursement Letter Template****

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient Name]

[Title]

[Agency/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient Name],

Subject: Request for QMB Reimbursement

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

1. ****Patient Information****

- Name: [Patient's Full Name]

- Medicare Number: [Patient's Medicare Number]

2. ****Service Details****

- Provider Name: [Name of the Healthcare Provider]

- Service Date(s): [List of Dates]

- Description of Services Rendered: [Brief Description of Services]

3. ****Total Amount Requested for Reimbursement****

- Amount: \$[Total Amount]

4. ****Supporting Documents Attached****

- [List of Attached Documents: e.g., bills, receipts, and proof of payment]

Please process this reimbursement request at your earliest convenience. Should you require any further information or additional documentation, do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Title, if applicable]

[Optional: Additional notes or comments]