

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

[Recipient's Name]
[Recipient's Title]
[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Subject: Request for Reimbursement - QMB Services

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request reimbursement for medical services received under the Qualified Medicare Beneficiary (QMB) program.

Patient Information:

Name: [Patient's Name]
Medicare Number: [Patient's Medicare Number]
Date of Service: [Date(s) of Service]
Provider Name: [Provider's Name]
Claim Number: [Claim Number, if applicable]

Details of Charges:

- Description of Service 1: [Amount]
- Description of Service 2: [Amount]
- Total Amount: [Total Amount]

Enclosed are copies of the invoices and relevant documentation for your review. As a QMB beneficiary, I believe these services should be covered in full under my benefits.

Thank you for your attention to this matter. I look forward to your prompt response and assistance with my reimbursement request.

Sincerely,

[Your Name]
[Your Signature, if sending a hard copy]
[Enclosures: Copies of invoices and supporting documents]