

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

[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]

Subject: Vyvanse Insurance Claim Submission

Policy Number: [Your Policy Number]

Claim Number: [Your Claim Number, if applicable]

Dear Claims Department,

I am writing to submit a claim for coverage of Vyvanse (Lisdexamfetamine), a medication prescribed to me for [mention condition, e.g., ADHD]. My healthcare provider, [Provider's Name], has determined that this medication is essential for my treatment.

Enclosed with this letter, you will find the following documents:

1. A copy of my prescription for Vyvanse
2. A letter from my healthcare provider detailing the medical necessity of the medication
3. Receipts proving the purchase of Vyvanse
4. Any additional medical records, if required

I kindly ask you to review my claim in accordance with my policy benefits and provide reimbursement for the costs incurred. If 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 attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]