

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

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

Subject: Insurance Claim for Vyvanse

Dear [Insurance Company Representative's Name or Claims Department],
I am writing to formally submit a claim for coverage of the medication Vyvanse (lisdexamfetamine), which has been prescribed to me by my healthcare provider, Dr. [Doctor's Name]. I have been diagnosed with [specific condition], and Vyvanse is a critical component of my treatment plan.

Please find attached the following documents to support my claim:

1. A copy of my prescription for Vyvanse
2. A letter from Dr. [Doctor's Name] detailing my diagnosis and the necessity of this medication
3. [Any other supporting documents, e.g., invoices, previous treatment records]

According to my policy [Policy Number], I understand that Vyvanse is a covered medication. However, I have encountered issues with obtaining coverage for this prescription.

I kindly request that you review my claim and provide me with a response at your earliest convenience. If you require any further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Policy Number]