

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

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

Subject: Request for Reimbursement for Vyvanse

Dear Claims Department,

I am writing to request reimbursement for my recent prescription of Vyvanse (Lisdexamfetamine dimesylate), prescribed to me by my healthcare provider, Dr. [Doctor's Name], on [Date of Prescription].

Policyholder Name: [Your Name]

Policy Number: [Your Policy Number]

Claim Number (if applicable): [Claim Number]

The details of the prescription are as follows:

- Prescription Date: [Date of Prescription]
- Prescription Number: [Prescription Number]
- Pharmacy Name: [Pharmacy Name]
- Total Cost: [Total Amount Charged]

Enclosed are copies of my prescription, the pharmacy receipt, and any relevant medical documentation supporting my need for this medication.

I believe that my coverage includes this medication under my plan, and I kindly request that you review this information for possible reimbursement.

Thank you for your attention to this matter. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you need any additional information.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]