

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

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

Dear [Recipient Name],

Subject: Request for Reimbursement for Vyvanse Prescription

I hope this letter finds you well. I am writing to formally request reimbursement for my recent prescription of Vyvanse, which I obtained on [date of prescription] under the guidance of my healthcare provider, Dr. [Doctor's Name].

Details of the prescription are as follows:

- **Patient Name:** [Your Name]
- **Policy Number:** [Your Policy Number]
- **Claim Number (if applicable):** [Claim Number]
- **Date of Prescription:** [Date]
- **Pharmacy Name:** [Pharmacy Name]
- **Medication Name:** Vyvanse
- **Dosage:** [Dosage]
- **Total Cost:** [Total Cost]

Enclosed with this letter are copies of the relevant documents, including the prescription, pharmacy receipt, and any additional supporting information required for processing this claim.

As per my insurance policy, I believe that this medication is covered, and I would appreciate your assistance in processing this reimbursement at your earliest convenience.

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

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]