

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Insurance Company Name]  
[Claims Department/Customer Service]  
[Insurance Company Address]  
[City, State, ZIP Code]

Subject: Request for Reimbursement for Vyvanse Prescription

Dear [Claims Adjuster's Name or "Claims Department"],

I am writing to request reimbursement for the prescription medication Vyvanse that I obtained on [date of prescription]. Below are the details of my insurance policy and the medication:

Patient Information:

- Name: [Your Name]
- Policy Number: [Your Policy Number]
- Group Number: [Your Group Number]
- Date of Birth: [Your Date of Birth]

Prescription Information:

- Medication: Vyvanse
- Dosage: [Dosage]
- Prescription Number: [Prescription Number]
- Date Filled: [Date Filled]
- Pharmacy: [Pharmacy Name and Address]
- Cost: \$[Amount Paid]

Attached to this letter are the following documents:

- Copy of the prescription
- Receipt from the pharmacy
- Any relevant medical documentation supporting the need for Vyvanse

As Vyvanse is a medically necessary medication for my [condition], I kindly request that you review my claim and process the reimbursement for the eligible amount according to my benefits.

Please let me know if you require any additional information or documentation. Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Insurance Member ID (if applicable)]

Attachments:

1. Prescription Copy
2. Pharmacy Receipt
3. Medical Documentation (if applicable)