

[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 Prescription Reimbursement - Vyvanse

Dear Claims Department,

I am writing to request reimbursement for a prescription medication, Vyvanse, which I recently purchased. Below are the details of the transaction:

- \*\*Patient Name:\*\* [Your Name]
- \*\*Date of Prescription:\*\* [Prescription Date]
- \*\*Prescription Number:\*\* [Prescription Number]
- \*\*Medication:\*\* Vyvanse
- \*\*Dosage:\*\* [Dosage Information]
- \*\*Pharmacy Name:\*\* [Pharmacy Name]
- \*\*Transaction Date:\*\* [Purchase Date]
- \*\*Receipt Number:\*\* [Receipt Number]
- \*\*Total Amount Charged:\*\* [Total Amount]

I have attached a copy of the receipt and any additional documentation required for this reimbursement request.

Thank you for your prompt attention to this matter. I look forward to your response.

Sincerely,

[Your Signature (if sending by mail)]  
[Your Printed Name]