

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

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

Subject: Insurance Claim for Vyvanse Prescription

Dear Claims Department,

I am writing to submit a claim for my prescription medication, Vyvanse, which was filled on [date of prescription fill] at [pharmacy name]. My policy number is [your policy number], and my member ID is [your member ID].

This medication was prescribed by [prescribing doctor's name] to manage [brief description of condition, e.g., ADHD]. The prescription details are as follows:

- Medication Name: Vyvanse
- Dosage: [dosage prescribed, e.g., 30 mg]
- Quantity: [number of pills/amount prescribed]
- Prescription Number: [prescription number]

I have attached copies of my pharmacy receipt, prescription details, and any relevant medical documentation for your review.

I kindly request that you process this claim at your earliest convenience. If you require any further information or documentation, 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 Name]

[Your Signature (if sending a hard copy)]