

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

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

Subject: Request for Reimbursement for Vyvanse Treatment

Dear Claims Department,

I am writing to formally request reimbursement for my Vyvanse treatment, which my doctor has prescribed for my [specific condition, e.g., ADHD]. My policy number is [Your Policy Number], and my claim number is [Your Claim Number].

On [date of prescription], my healthcare provider, [Provider's Name], prescribed Vyvanse (Lisdexamfetamine) to manage my symptoms. I have enclosed the relevant documentation, including:

- A copy of the prescription
- Receipt of payment for the medication
- Medical records that support the need for Vyvanse

As per my insurance policy, I believe this treatment is covered, and I kindly request a review of my claim for reimbursement.

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

Sincerely,

[Your Name]
[Your Signature (if sending a hard copy)]