

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

Subject: Vyvanse Co-Payment Reimbursement Request

Dear [Insurance Company Claims Department/Specific Contact Name],
I hope this letter finds you well. I am writing to formally request reimbursement for the co-payment I incurred for my Vyvanse prescription, which I filled on [Date of Prescription Fill]. The details of my claim are as follows:

- **Patient Name:** [Your Full Name]
- **Policy Number:** [Your Policy Number]
- **Claim Number:** [If applicable]
- **Prescription Details:**
 - **Medication Name:** Vyvanse
 - **Dosage:** [Dosage]
 - **Date of Fill:** [Date]
 - **Pharmacy Name:** [Pharmacy Name]
 - **Total Co-Payment Amount:** \$[Amount]

Attached to this letter, you will find the following documentation to support my request:

1. A copy of the prescription receipt from the pharmacy.
2. Any relevant insurance documentation pertaining to the claim.

I appreciate your attention to this matter and kindly ask for the reimbursement of my co-payment at your earliest convenience. Please feel free to contact me if you require any further information or documentation.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]