

****Vyvanse Reimbursement Application Template****

****[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 Reimbursement Request****

Dear [Insurance Company Contact/Claims Department],

I am writing to formally request reimbursement for my prescription of Vyvanse (Lisdexamfetamine) which was filled on [date of prescription].

Below are the details of my claim:

****Patient Information:****

- Patient Name: [Your Name]
- Policy Number: [Your Policy Number]
- Group Number: [Your Group Number, if applicable]
- Date of Birth: [Your Date of Birth]

****Prescription Information:****

- Medication: Vyvanse
- Dosage: [Dosage]
- Prescribing Physician: [Doctor's Name]
- Prescription Number: [Prescription Number]
- Date Filled: [Fill Date]
- Pharmacy Name: [Pharmacy Name]
- Total Cost: [Total Cost of Medication]
- Amount Paid by Me: [Amount You Paid]

****Reason for Reimbursement****

[Provide a brief explanation of why you are seeking reimbursement, including any relevant details about your treatment, diagnosis, or need for the medication.]

****Attached Documents:****

1. Copy of the pharmacy receipt
2. Doctor's prescription note
3. Any additional supporting documents

Please process this request at your earliest convenience. Should you require any further information or documentation, do not hesitate to contact me at [your phone number] or [your email address].

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]