

[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 Reimbursement for Vyvanse Prescription

Dear Claims Department,

I am writing to formally request reimbursement for my recent prescription of Vyvanse, which was filled on [Date of Prescription] at [Pharmacy Name]. My policy number is [Your Policy Number], and the claim number for this prescription is [Claim Number, if applicable].

**\*\*Details of Prescription:\*\***

- **\*\*Patient Name:\*\*** [Your Name]
- **\*\*Date of Birth:\*\*** [Your Date of Birth]
- **\*\*Prescribing Physician:\*\*** [Physician's Name]
- **\*\*Diagnosis:\*\*** [Diagnosis Related to Prescription]
- **\*\*Prescription Date:\*\*** [Date]
- **\*\*Amount Billed:\*\*** [Total Cost]
- **\*\*Insurance Coverage:\*\*** [Outline of Policy Coverage Related to Vyvanse]

I have included all necessary documentation, including:

1. A copy of the prescription
2. Receipt from the pharmacy
3. Any additional supporting documents

I believe this medication is essential for my health management, and it falls within the coverage of my policy. I kindly ask for your review of my claim and for reimbursement at your earliest convenience.

Thank you for your attention to this matter. Should you require any further information, please feel free to contact me directly at [Your Phone Number] or [Your Email Address].

Sincerely,  
[Your Name]