

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

[Insurance Company Name]  
[Insurance Company Address]  
[City, State, ZIP Code]

Subject: Request for Reimbursement for Vyvanse Prescription

Dear [Insurance Company Contact/Department Name],  
I am writing to formally request reimbursement for my prescription of Vyvanse (Lisdexamfetamine) that was filled on [Prescription Date]. The details of the prescription are as follows:

- Patient Name: [Your Name]
- Policy Number: [Your Policy Number]
- Claim Number: [Your Claim Number, if applicable]
- Date of Service: [Date of Prescription]
- Pharmacy Name: [Pharmacy Name]
- Total Amount Charged: [Total Amount]

I have attached the following documents to support my claim:

1. A copy of the prescription.
2. An itemized receipt from the pharmacy.
3. Any additional relevant documentation (e.g., medical records, physician's note).

Vyvanse is a critical part of my treatment plan for [condition being treated] as recommended by my healthcare provider, [Doctor's Name]. I believe this medication is covered under my policy, and I would appreciate your prompt attention to this matter.

If you require further information or additional documentation, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your assistance.

Sincerely,

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

[Your Policyholder ID Number] (if applicable)

[Attachments: Prescription copy, Pharmacy receipt, Medical documentation]