

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

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

Subject: Reimbursement Request for Vyvanse Out-of-Pocket Expenses

Dear Claims Department,

I hope this message finds you well. I am writing to formally request reimbursement for the out-of-pocket expenses I incurred for my Vyvanse prescription.

****Policyholder Information:****

- Name: [Your Name]
- Policy Number: [Your Policy Number]
- Claim Number: [If applicable]

****Prescription Information:****

- Patient Name: [Patient Name]
- Prescription Date: [Date of Prescription]
- Pharmacy Name: [Pharmacy Name]
- Amount Paid: [Total Amount Paid]

I have attached the necessary documentation, including the pharmacy receipt and a copy of my insurance card, to facilitate the reimbursement process.

I appreciate your attention to this matter and look forward to your prompt response. Thank you for your assistance.

Sincerely,

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

Attachments:

1. Pharmacy Receipt
2. Copy of Insurance Card