

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

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

Subject: Request for Reimbursement for Vyvanse Prescription

Dear Claims Department,

I hope this letter finds you well. I am writing to formally request reimbursement for the cost of my recent prescription for Vyvanse (lisdexamfetamine), which I have been prescribed for the treatment of [specific condition, e.g., Attention Deficit Hyperactivity Disorder].

Prescription Details:

- Prescribing Physician: [Doctor's Name]
- Prescription Date: [Date]
- Pharmacy: [Pharmacy Name]
- Total Cost: [\$Amount]
- Prescription Number: [Number]

I have attached the necessary documentation, including:

1. A copy of the prescription receipt.
2. A letter from my healthcare provider supporting the medical necessity of Vyvanse.
3. Any additional relevant medical records.

As Vyvanse is an essential medication for my condition, I kindly ask you to review my request for reimbursement. According to my policy, I believe these costs fall under covered medications.

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

Sincerely,

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