

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

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

Subject: Request for Reimbursement for Vyvanse Prescription

Dear [Insurance Company Representative's Name],
I am writing to formally request reimbursement for my recently purchased prescription medication, Vyvanse (Lisdexamfetamine), which was prescribed to me by my healthcare provider, Dr. [Doctor's Name].

Prescription Details:

- Patient Name: [Your Name]
- Prescription Number: [Prescription Number]
- Date of Purchase: [Purchase Date]
- Pharmacy Name: [Pharmacy Name]
- Total Cost: [Total Cost]

The medication is essential for managing my [condition, e.g., ADHD], as diagnosed by my healthcare provider. I have attached a copy of the prescription, invoice, and any relevant medical documents.

According to my policy [Policy Number], Vyvanse is covered under my plan. I kindly request that you review my claim and provide reimbursement for the cost incurred.

If you need any further information or documentation, please do not hesitate to contact me at the phone number or email address listed above. Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Insurance Policy Number]