

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

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

Subject: Reimbursement Request for Vyvanse

Dear [Insurance Company Representative's Name or Claims Department],
I hope this letter finds you well. I am writing to formally request reimbursement for my recent prescription for Vyvanse, which is an essential medication prescribed by my doctor for the treatment of [specific condition, e.g., ADHD].

Details of the prescription are as follows:

- **Patient Name**: [Your Name]
- **Policy Number**: [Your Policy Number]
- **Prescription Date**: [Date of Prescription]
- **Pharmacy Name**: [Pharmacy Name]
- **Total Amount Paid**: [Amount]
- **Prescription Number**: [Prescription Number]

I have attached copies of the following documents for your reference:

- Pharmacy receipt
- Prescription from my healthcare provider
- Any required forms or documentation (if applicable)

I understand that Vyvanse is covered under my policy; hence I kindly request that you process this reimbursement at your earliest convenience. Should you need any further information or clarification, please do not hesitate to contact me.

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]