

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]

Subject: Request for Reimbursement for Vyvanse Therapy

Dear [Claims Department/Specific Contact Person],

I am writing to formally request reimbursement for the cost of Vyvanse (lisdexamfetamine dimesylate) therapy that I have been undergoing as part of my treatment plan for [Diagnosis/Condition].

Patient Information:

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

Details of Treatment:

- Date(s) of Service: [Date(s)]
- Prescribing Physician: [Doctor's Name]
- Total Cost: [\$Amount]
- Pharmacy: [Pharmacy Name]

Enclosed with this letter are the following documents to support my request:

1. Copy of the prescription for Vyvanse
2. Invoice/receipt from the pharmacy
3. Letter from my prescribing physician detailing the necessity of this medication
4. Any other relevant documentation

As per my understanding of my policy coverage, I believe that Vyvanse is a covered medication, and I am eligible for reimbursement. I would greatly appreciate your prompt attention to this matter, and I look forward to your positive response.

Thank you for your assistance.

Sincerely,

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