

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]
Subject: Vyvanse Claim Submission

Dear Claims Department,

I hope this letter finds you well. I am writing to submit a claim for reimbursement for my recent prescription of Vyvanse (Lisdexamfetamine), prescribed to me for [Diagnosis/Condition] by my healthcare provider, [Doctor's Name], on [Prescription Date].

****Patient Information:****

- Name: [Your Full Name]
- Policy Number: [Your Policy Number]
- Date of Birth: [Your Date of Birth]

****Prescription Details:****

- Medication Name: Vyvanse
- Dosage: [Dosage Information]
- Pharmacy Name: [Pharmacy Name]
- Pharmacy Contact Information: [Pharmacy Phone Number]
- Prescription Number: [Prescription Number]
- Date of Fill: [Date Prescription Was Filled]
- Total Cost: [Total Cost of Prescription]

Attached to this letter, you will find the following documentation to support my claim:

1. A copy of the prescription from my healthcare provider.
2. The pharmacy receipt detailing the transaction.
3. Any additional relevant medical records, if necessary.

I acknowledge that Vyvanse is a medication prescribed for the treatment of [specific condition], and as per my plan's coverage policy, I believe that this claim should be processed for reimbursement. I kindly request your prompt attention to this matter and would appreciate any information on the status of my claim at your earliest convenience.

Thank you for your time and assistance. If you require any further information or documentation, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

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

Enclosures: [List of attached documents]