

[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 Injury Claim

Dear Claims Adjuster,

I am writing to formally submit a claim for injuries I sustained as a direct result of using Vyvanse. My details are as follows:

- ****Patient Name:**** [Your Full Name]
- ****Policy Number:**** [Your Policy Number]
- ****Claim Number:**** [Your Claim Number, if applicable]

On [date of injury], I experienced [describe the injury and how it relates to Vyvanse], which I believe was caused by the medication. I have attached relevant medical documentation, including [list documents, such as medical records, bills, and prescriptions], to support my claim.

I request that you review my case and provide compensation for [list any specific costs, damages, or losses you are claiming]. Please contact me directly at [your phone number] or [your email address] if you require any additional information or documentation.

Thank you for your attention to this matter.

Sincerely,

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