Vyvanse Prescription Form for Insurance Claims

Patient Information:

- Patient Name: _____
- Date of Birth: _____
- Insurance Provider: _____
- Insurance ID Number: _____
- Group Number: _____

Prescriber Information:

- Prescriber Name: _____
- NPI Number: _____
- Prescriber Address: _____
- Phone Number: _____
- Fax Number: _____

Medication Information:

- Medication: Vyvanse (Lisdexamfetamine Dimesylate)
- Strength: _____
- Dosage Form: _____ (e.g., Capsule)
- Quantity: _____
- Directions for Use: _____ (e.g., Take one capsule daily in the morning)
- Refills: _____

Diagnosis Code (ICD-10): _____

Authorization for Release of Information:

- I authorize the release of my medical information to my insurance provider in order to process my claim for this prescription.

Patient Signature: _____

Date: _____

Physician's Signature: _____

Date: _____

For Office Use Only:

- Date Sent to Insurance: _____
- Claim Number: _____
- Follow-Up Date: _____

Notes:

_____

_____

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End of Form