

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

[Recipient Name]
[Recipient Title]
[Company/Organization Name]
[Company Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request the registration of a National Provider Identifier (NPI) number for my practice.

As a [your profession, e.g., physician, nurse practitioner, etc.] specializing in [your specialty or area of practice], I am required to obtain an NPI to facilitate my billing and practice operations.

Please find the necessary information for my application below:

1. ****Full Name:**** [Your Full Name]
2. ****Practice Name:**** [Your Practice Name]
3. ****Tax Identification Number (TIN):**** [Your TIN]
4. ****Business Address:**** [Your Business Address]
5. ****Contact Information:**** [Your Contact Information]
6. ****License Number:**** [Your License Number]

I have also enclosed the required documentation to support my application. 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 Name]
[Your Title]