

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

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

Dear [Recipient Name],

I hope this message finds you well. I am writing to request an update on the status of my National Provider Identifier (NPI) number application submitted on [Date of Application Submission].

As I am eager to proceed with my practice, your timely response would be greatly appreciated. If there are any additional documents or information needed from my side, please do not hesitate to let me know.

Thank you for your attention to this matter. I look forward to your prompt reply.

Sincerely,

[Your Name]  
[Your Title/Profession]  
[Your Organization Name (if applicable)]