

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

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

Dear [Recipient's Name],

Subject: Application for NPI Number

I am writing to formally request the assignment of a National Provider Identifier (NPI) number. As a [Your Profession/Title], it is essential for me to obtain an NPI to enable billing and facilitate the provision of healthcare services.

Please find my information and supporting documents enclosed to assist in processing my application:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Social Security Number: [Your SSN]
- Taxonomy Code: [Your Taxonomy Code]
- Healthcare Provider Type: [Your Provider Type]
- License Number: [Your License Number]
- State of License: [State Issued]

I appreciate your prompt attention to this matter. If you require any additional information or clarification, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your assistance.

Sincerely,

[Your Name]
[Your Title/Position]
[Your Organization, if applicable]