

[Your Name]
[Your Title/Position]
[Your Organization/Practice Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

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

Subject: Appeal for NPI Number Assignment

Dear [Recipient's Name],

I am writing to formally appeal the decision regarding the assignment of the National Provider Identifier (NPI) number for [Your Organization/Practitioner Name].

Details of the case are as follows:

- NPI Application Reference Number: [Insert Number]
- Date of Application: [Insert Date]
- Reason for Denial: [Briefly state the reason for denial]

In support of my appeal, I would like to provide the following information:

1. [Detail any relevant information or documentation that supports your case]
2. [Explain reasons why the NPI number is necessary for your practice or organization]
3. [Mention any additional credentials or qualifications if applicable]

I kindly request a thorough review of my application and the circumstances surrounding the decision. I believe that the assigned NPI number is crucial for [explain the impact of having the NPI number].

Thank you for your attention to this matter. I look forward to your prompt response and hope to resolve this issue expediently.

Sincerely,

[Your Name]
[Your Title/Position]
[Your Organization/Practice Name]