

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

[NPI Enumerator]
[National Provider Identifier (NPI) Registry]
[Address]
[City, State, ZIP Code]

Subject: Application for National Provider Identifier (NPI) Number

Dear NPI Enumerator,

I am writing to formally request the assignment of a National Provider Identifier (NPI) number. Please find my details below:

- **Full Name:** [Your Full Name]
- **Date of Birth:** [Your Date of Birth]
- **Social Security Number:** [Your SSN]
- **Business Name (if applicable):** [Your Business Name]
- **Business Address:** [Your Business Address]
- **Type of Provider:** [Your Type of Provider]
- **Taxonomy Code:** [Your Taxonomy Code]
- **State License Number:** [Your State License Number]

I have completed the necessary application forms required for the NPI application process. Attached to this letter, you will find the completed forms and any supporting documentation required to process my application.

I appreciate your prompt attention to this matter and look forward to receiving my NPI number soon. Should you need any further information or clarification, please do not hesitate to contact me.

Thank you for your assistance.

Sincerely,

[Your Name]
[Your Professional Title]