

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

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

Subject: NPI Number Assignment Confirmation

Dear [Recipient Name],

We are pleased to inform you that your application for a National Provider Identifier (NPI) number has been successfully processed. Your NPI number is \*\*[NPI Number]\*\*.

This unique identifier is critical for your practice as it facilitates the processing of claims, ensures compliance with regulatory requirements, and streamlines interactions with health plans. Please find the details of your NPI number assignment below:

- \*\*NPI Number\*\*: [NPI Number]
- \*\*Provider Type\*\*: [Provider Type]
- \*\*Specialty\*\*: [Specialty]
- \*\*Effective Date\*\*: [Effective Date]

We recommend that you maintain this letter in your records and share your NPI number with all health insurance providers, billing services, and where applicable.

If you have any questions or require further assistance, please feel free to contact us at [Phone Number] or [Email Address].

Thank you for choosing [Your Practice Name].

Sincerely,

[Your Name]  
[Your Title]  
[Your Practice Name]  
[Your Signature (if sending a hard copy)]