

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

Dear [Recipient Name],

Subject: Confirmation of NPI Number

I am writing to confirm the National Provider Identifier (NPI) number for [Provider Name]. The details are as follows:

- ****Provider Name****: [Provider Name]
- ****NPI Number****: [NPI Number]
- ****Provider Type****: [Provider Type]
- ****Address****: [Provider Address]

This confirmation is issued as of [Date]. Please let us know if you require any further information or documentation.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending hard copy)]
[Your Printed Name]
[Your Title]
[Your Organization]