

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

Dear [Recipient Name],

Subject: Request for NPI Number Documentation

I hope this message finds you well. I am writing to formally request the documentation regarding the National Provider Identifier (NPI) number associated with [Provider's Name], who is a [Provider's Title/Position] at [Provider's Organization].

For our records and compliance purposes, we would appreciate it if you could provide the following information:

1. The NPI number for [Provider's Name].
2. Any supporting documentation related to the issuance of this NPI number.

If there are any formality procedures or forms that need to be completed to process this request, please let me know, and I will ensure they are handled promptly.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]
[Your Title]
[Your Organization]