

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

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

Dear [Recipient Name],

Subject: NPI Number Renewal Request

I hope this letter finds you well. I am writing to formally request the renewal of my National Provider Identifier (NPI) number, which is [Your NPI Number].

As a [Your Profession/Title], I have been actively providing healthcare services in [Your Location/Practice Area]. My NPI number is essential for my practice, and I wish to ensure that it remains current.

Please find attached the necessary documents required for the renewal process.

If you need any further information or have questions regarding my renewal request, please feel free to contact me at [Your Phone Number] or [Your Email Address].

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

Sincerely,

[Your Name]  
[Your Title/Position]  
[Your Organization Name] (if applicable)