

[Your Name]
[Your Title]
[Your Organization]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[NPI Application Department]
[Organization's Name]
[Organization's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Request for NPI Number

I hope this letter finds you well. I am writing to request the issuance of a National Provider Identifier (NPI) number for [Your Organization/Your Name] in compliance with the requirements established by the Centers for Medicare & Medicaid Services (CMS).

[Provide a brief introduction about your organization, services, and the relevance of obtaining an NPI number.]

To facilitate this process, I have attached the necessary documentation, including:

- [List documents, e.g., proof of identity, license, etc.]
- [Any other relevant information]

Please let me know if you require any additional information or documents to process this request.

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

Sincerely,

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