

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

[Recipient Name]
[Recipient's Title]
[Company/Organization Name]
[Company Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to request assistance regarding my National Provider Identifier (NPI) number. My NPI number is [Your NPI Number], and I need support with [specify the issue, e.g., updating information, confirming status, etc.].

To provide you with the necessary details, I have included the following information:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Facility Name (if applicable): [Facility Name]
- Specialty: [Your Specialty]

I would appreciate your assistance in resolving this matter at your earliest convenience. If you require any additional information to process my request, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Professional Title] (if applicable)