

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

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

Dear [Recipient's Name],

Subject: NPI Number Update Request

I hope this message finds you well. I am writing to request an update to the National Provider Identifier (NPI) number associated with my practice.

Here are the current details:

- ****NPI Number:**** [Current NPI Number]
- ****Provider Name:**** [Your Name/Practice Name]
- ****Taxonomy Code:**** [Current Taxonomy Code]
- ****Address:**** [Current Address]

Due to [reason for update, e.g., a change in practice location, change in name, etc.], I need to update the following information:

- [New Information]

Please let me know if you require any additional information or documentation to process this request. I appreciate your assistance in this matter and look forward to your prompt response.

Thank you for your attention to this update.

Sincerely,

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