

[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],

I hope this letter finds you well.

I am writing to formally request your National Provider Identifier (NPI) number for the purpose of [insert reason, e.g., billing, credentialing]. It is essential to have your NPI number to ensure compliance and facilitate smooth operations.

Please provide the NPI number at your earliest convenience. Should you have any questions or require additional information, feel free to contact me directly.

Thank you for your attention to this matter.

Sincerely,

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