

[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],

I am writing to request the registration of my National Provider Identifier (NPI). Below are my details for your consideration:

****Provider Information:****

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Social Security Number: [Your SSN]
- Taxonomy Code(s): [Your Taxonomy Code(s)]
- Specialty: [Your Specialty]

****Business Information:****

- Business Name: [Your Business Name]
- Business Address: [Your Business Address]
- Phone Number: [Your Business Phone Number]
- NPI Contact Person: [Contact Person's Name]
- Contact Person's Phone Number: [Contact Person's Phone Number]

Attached you will find the completed NPI application form and any necessary supporting documentation.

Thank you for your attention to this matter. I look forward to your prompt response regarding my NPI registration.

Sincerely,

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