

[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],

Subject: NPI Compliance Verification

I hope this message finds you well. I am writing to request the verification of compliance regarding the National Provider Identifier (NPI) for our organization and its associated healthcare providers. As part of our commitment to maintaining compliance with federal regulations and ensuring that all billing and operations are conducted with the utmost integrity, we seek to confirm the current NPI statuses of our team.

Please provide us with the following information:

1. Confirmation of NPI numbers for our healthcare providers
2. Current status of each NPI (active, inactive, etc.)
3. Any necessary updates or changes required to remain compliant

We appreciate your attention to this matter and look forward to your prompt response. If you require any additional information or documentation from our side, please do not hesitate to let me know.

Thank you for your cooperation.

Sincerely,

[Your Name]
[Your Title]
[Your Organization]