

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

National Plan and Provider Enumeration System (NPPES)
Centers for Medicare & Medicaid Services
[Address of NPPES]
[City, State, Zip Code]

Dear NPPES Team,

Subject: Request for National Provider Identifier (NPI) Number

I hope this letter finds you well. I am writing to formally request the assignment of a National Provider Identifier (NPI) number for my practice.

Please find the necessary details required for my application below:

1. **Provider Name:** [Your Full Name]
2. **Business Name (if applicable):** [Your Business Name]
3. **License Number:** [Your State License Number]
4. **Taxonomy Code:** [Your Taxonomy Code]
5. **Practice Address:**

[Your Practice Address]

[City, State, Zip Code]

I understand the importance of the NPI number in facilitating my participation in billing and health care transactions, and I assure you that all information provided is accurate and complete.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Title/Position]

[Your Practice/Company Name]