

[Your Name]  
[Your Position]  
[Your Organization]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient's Name]  
[Recipient's Position]  
[Recipient's Organization]  
[Recipient's Address]  
[City, State, ZIP Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request verification of the National Provider Identifier (NPI) number for [Provider's Name].

Provider's Information:

- Name: [Provider's Name]
- NPI Number: [NPI Number]

This verification is necessary for [reason for verification, e.g., maintaining accurate records, enrolling in a new insurance plan, etc.]. Please confirm the validity of the NPI number at your earliest convenience.

Thank you for your attention to this matter. If you require any further information, please do not hesitate to contact me.

Sincerely,

[Your Name]  
[Your Position]  
[Your Organization]