

E-mail Format for Entity Type 2 (Organizations)

To: contactperson@somehost.com

Date: [System Generated]

Subject: National Provider Identifier

A request for a National Provider Identifier for the following provider was recently submitted to <https://nppes.cms.hhs.gov>:

[Organization Name]

[EIN]

[Taxonomy(s)]

[Taxonomy Classification/Specialty]

[Practice Location Address Line 1]

[Practice Location Address Line 2]

[Practice Location Address City, State Zip]

Since you were listed as the contact person, this is to inform you that the request was successfully processed, and the following NPI has been assigned to the organization above: xxxxxxxxxxx. The User ID you selected for this NPI is xxxxxxxxxxx. Please use this User ID when logging on to the National Provider System at <https://nppes.cms.hhs.gov>.

If you have any questions about this identifier you may:

- 1.) Refer to the NPI website (<https://nppes.cms.hhs.gov>), or
- 2.) Contact the NPI Enumerator at:

NPI Enumerator

PO Box 6059

Fargo, ND 58108-6059

1-800-465-3203 (NPI Toll-Free)

1-800-692-2326 (NPI TTY)

customerservice@npienumerator.com

Please note: The information provided in the NPI application may be shared with and used by others only in accordance with the privacy notice to which you agreed at the time of application. In addition, you agreed to keep the NPPES updated with any changes to data listed on the provider's application form within 30 days of the effective date of the change. If you are not the provider, you are required to inform the provider of the information in this e-mail.