



## Broker/Agent Electronic Payment Authorization Agreement

If you have any questions completing this form, please contact Sentara Health Plans Finance at [EFT\\_ERA\\_INQUIRY@sentara.com](mailto:EFT_ERA_INQUIRY@sentara.com)

\*An asterisk denotes required information

### Broker Information

\* Broker Name

### Broker Identifiers Information

\* Broker Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)

\* National Producer Number (NPN)

### Broker Contact Information

\* Broker Contact Name

\* Address

\* City

\* State

\* Zip