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## Broker/Agent Electronic Payment Authorization Agreement

If you have any questions completing this form, please contact Sentara Health Plans Finance at <a href="mailto:EFT\_ERA\_INQUIRY@sentara.com">EFT\_ERA\_INQUIRY@sentara.com</a>

\*An asterisk denotes required information

Broker Information	
* Broker Name lo	a Insurance Group
Broker Identifiers Information	
* Broker Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	
* National Produce	er Number (NPN)  890123456
Broker Contact Information	
* Broker Contact I	Name Ian Walker
* Address 900	Ash Road
* City San Diego	* State CA * Zip 92101