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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 EFT_ERA_INQUIRY@sentara.com

*An asterisk denotes required information

Broker Information	
* Broker Name	Xi Insurance Agency
Broker Identif	iers Information
(TIN) or Employ	al Tax Identification Number er Identification Number (EIN) 14-5678901 14-5678901 345678901
Broker Contact Information	
* Broker Contact Name Nathan Hall	
* Address	1400 Dogwood Street
* City Kansa	s City * State MO * Zip 64101