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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	Gamma Insurance Group
Broker Identif	fiers Information
* Broker Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	
* National Producer Number (NPN)  345678901	
Broker Contac	ct Information
* Broker Conta	act Name Charlie Davis
* Address	300 Pine Road
* City Seattl	le * State WA * Zip 98101