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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	Lambda Financial Partners
Broker Identifiers Information	
* Broker Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)  * National Producer Number (NPN)  012345678	
Broker Contact Information	
* Broker Contact Name Karen White	
* Address	1100 Willow Street
* City Orlan	do * State FL * Zip 32801