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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 Alpha Brokers Inc.
Broker Identifiers Information
Broker Federal Tax Identification Number TIN) or Employer Identification Number (EIN) 123456789
National Producer Number (NPN)
Broker Contact Information
* Broker Contact Name Alice Johnson
* Address 100 Elm Street
* City Denver * State CO * Zip 80203