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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	Omicron Insurance Services
Broker Identifiers Information	
(TIN) or Employe	Tax Identification Number (EIN) 15-6789012 15-6789012 15-6789012
Broker Contact Information	
* Broker Contac	t Name Olivia Green
* Address 1	500 Magnolia Lane
* City San Fra	ncisco * State CA * Zip 94101