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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	Mu Brokerage Associates
Broker Identifiers Information	
* Broker Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) * National Producer Number (NPN) 12-3456789 123456780	
Broker Contact Information	
* Broker Contact Name Luke Thompson	
* Address	1200 Cypress Lane
* City Nash	ville * State TN * Zip 37201