



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

Broker Identifiers Information

* Broker Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)

* National Producer Number (NPN)

Broker Contact Information

* Broker Contact Name

* Address

* City

* State

* Zip