**Sentara** Health Plans

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](mailto:EFT_ERA_INQUIRY@sentara.com)

\*An asterisk denotes required information

**Broker Information**

BrokerName

\* Broker Name

**Broker Identifiers Information**

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

BrokerZip

\* Zip

BrokerState

\* State

BrokerCity

\* City

BrokerAddress

\* Address

\* Broker Contact Name

BrokerContactName

**Broker Contact Information**

NPNNumber

\* National Producer Number (NPN)

TINNumber