**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**

Alpha Brokers Inc.

\* Broker Name

**Broker Identifiers Information**

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

80203

\* Zip

CO

\* State

Denver

\* City

100 Elm Street

\* Address

\* Broker Contact Name

Alice Johnson

**Broker Contact Information**

123456789

\* National Producer Number (NPN)

01-2345678