**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**

Beta Financial LLC

\* Broker Name

**Broker Identifiers Information**

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

85001

\* Zip

AZ

\* State

Phoenix

\* City

200 Oak Avenue

\* Address

\* Broker Contact Name

Bob Smith

**Broker Contact Information**

987654321

\* National Producer Number (NPN)

02-3456789