**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**

Delta Coverage Corp

\* Broker Name

**Broker Identifiers Information**

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

60601

\* Zip

IL

\* State

Chicago

\* City

400 Maple Street

\* Address

\* Broker Contact Name

Diana Garcia

**Broker Contact Information**

234567890

\* National Producer Number (NPN)

04-5678901