**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**

Eta Brokerage Services

\* Broker Name

**Broker Identifiers Information**

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

30301

\* Zip

GA

\* State

Atlanta

\* City

700 Walnut Street

\* Address

\* Broker Contact Name

George Wilson

**Broker Contact Information**

678901234

\* National Producer Number (NPN)

07-8901234