**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**

Gamma Insurance Group

\* Broker Name

**Broker Identifiers Information**

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

98101

\* Zip

WA

\* State

Seattle

\* City

300 Pine Road

\* Address

\* Broker Contact Name

Charlie Davis

**Broker Contact Information**

345678901

\* National Producer Number (NPN)

03-4567890