**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**

Iota Insurance Group

\* Broker Name

**Broker Identifiers Information**

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

92101

\* Zip

CA

\* State

San Diego

\* City

900 Ash Road

\* Address

\* Broker Contact Name

Ian Walker

**Broker Contact Information**

890123456

\* National Producer Number (NPN)

09-0123456