**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**

Kappa Coverage Agency

\* Broker Name

**Broker Identifiers Information**

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

77001

\* Zip

TX

\* State

Houston

\* City

1000 Poplar Avenue

\* Address

\* Broker Contact Name

Jessica Adams

**Broker Contact Information**

901234567

\* National Producer Number (NPN)

10-1234567