**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**

Lambda Financial Partners

\* Broker Name

**Broker Identifiers Information**

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

32801

\* Zip

FL

\* State

Orlando

\* City

1100 Willow Street

\* Address

\* Broker Contact Name

Karen White

**Broker Contact Information**

012345678

\* National Producer Number (NPN)

11-2345678