**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**

Mu Brokerage Associates

\* Broker Name

**Broker Identifiers Information**

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

37201

\* Zip

TN

\* State

Nashville

\* City

1200 Cypress Lane

\* Address

\* Broker Contact Name

Luke Thompson

**Broker Contact Information**

123456780

\* National Producer Number (NPN)

12-3456789