**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**

Nu Risk Consultants

\* Broker Name

**Broker Identifiers Information**

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

43085

\* Zip

OH

\* State

Columbus

\* City

1300 Redwood Road

\* Address

\* Broker Contact Name

Mary Brown

**Broker Contact Information**

234567890

\* National Producer Number (NPN)

13-4567890