**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**

Omicron Insurance Services

\* Broker Name

**Broker Identifiers Information**

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

94101

\* Zip

CA

\* State

San Francisco

\* City

1500 Magnolia Lane

\* Address

\* Broker Contact Name

Olivia Green

**Broker Contact Information**

456789012

\* National Producer Number (NPN)

15-6789012