**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**

Theta Risk Management

\* Broker Name

**Broker Identifiers Information**

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

02108

\* Zip

MA

\* State

Boston

\* City

800 Chestnut Drive

\* Address

\* Broker Contact Name

Hannah Young

**Broker Contact Information**

789012345

\* National Producer Number (NPN)

08-9012345