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### ELECTRONIC PAYMENT/REMITTANCE ENROLLMENT FORM

\* If you are not completing this form electronically and printing, please print clearly.

	New EFT	Change Existing EFT	Cancel EFT
Request Type:	<input type="checkbox"/> Optima Health Plan	<input type="checkbox"/> Change Bank <i>(include original voided check)</i>	<input type="checkbox"/> Cancel

Broker, Association or General Agent Name \_\_\_\_\_

SSN or Tax ID #(s) \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address *(required for notification of deposits)* \_\_\_\_\_

Signature of Office Manager or person authorized to make financial decisions for the practice:

Print Name \_\_\_\_\_ Signature/Title \_\_\_\_\_

Broker ID/Vendor# \_\_\_\_\_

Username/User ID of the person or agent who will access commission statements. \_\_\_\_\_

**Brokers Please Note:** *If you do not have a Login ID for optimahealth.com please contact your Account Representative.*

Staple Here

Please mail this completed form with an **original** voided check to:

Carmen Gomes  
Optima Health Plan  
4456 Corporation Lane, Suite 350  
Virginia Beach, VA 23462

Or email this form and a copy of a voided check to :  
EFT\_ERA\_Inquiry@sentara.com