

# UNIVERSITY HEALTH ALLIANCE (UHA01) ERA ENROLLMENT INSTRUCTIONS

#### WHICH FORM(S) SHOULD I DO?

• ERA Request Form

## WHERE SHOULD I SEND THE FORM(S)?

- Fax to (877) 269-5568; OR
- Email hipaa-edi@uhahealth.com; OR
- Mail to:

University Health Alliance (UHA) Attention: Information Services 700 Bishop Street, Suite 300 Honolulu, HI 96813

## WHAT IS THE TURNAROUND TIME?

• Standard processing time is approximately 1 week

#### **HOW DO I CHECK STATUS?**

You may call UHA at (808) 535-5981 to check the status of your ERA enrollment