



# UNIVERSITY HEALTH ALLIANCE (UHA01) PART B PRE-ENROLLMENT INSTRUCTIONS

## WHICH FORM(S) SHOULD I DO?

- [EDI 837P Professional Claim Registration Form](#)
- [ERA Request Form](#)
  - *Complete only if you would like Office Ally to receive your ERAs*

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

- Fax the form(s) to (877) 269-5568; OR
- Email to [hipaa-edi@uhahealth.com](mailto: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?

- Office Ally and the submitter will be notified via email of the approval
- You can also call UHA at (808) 535-5981 and ask for the status of your enrollment