

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



## WHAT FORM(S) SHOULD I DO?

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

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

- Please fax, email, or mail the form(s) to:
  - Fax: (877) 269-5568
  - Email: [hipaa-edi@uhahealth.com](mailto:hipaa-edi@uhahealth.com)
  - Mail to: University Health Alliance (UHA)  
Attention: Information Services  
700 Bishop Street, Suite 300  
Honolulu, HI 96813

## WHAT IS THE TURNAROUND TIME FOR ENROLLMENT?

- The turnaround 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.