



**To activate the UHIN Pass-Through Fee option on your account, follow one of the two options below:**

**Option 1: Electronically Sign the Agreement via your Office Ally admin account.**

1. Contact Customer Service at (360) 975-7000 opt. 1 and request that the UHIN Pass-Through Fee User Agreement be added to your account.
2. Once it has been added you will be prompted to sign it electronically upon logging into the admin account.
3. Sign the agreement via your Office Ally admin account.

**The option will be activated within 1-3 business days of signing.**

**Option 2: Sign the Paper Agreement.**

1. Complete and sign the UHIN Pass-Through Fee Agreement found on page 2 of this document.
2. Submit the completed and signed Agreement by fax to (360) 314-2184 or by email to:  
[EnrollmentAdmin@OfficeAlly.com](mailto:EnrollmentAdmin@OfficeAlly.com).

**The option will be activated within 1-3 business days of Office Ally receiving, reviewing and approving this signed agreement.**



# UHIN Pass-Through Fee User Agreement

## Definitions

- A **successful claim transaction** is defined as each electronic claim submitted by Office Ally to a UHIN Payer where UHIN assesses a per claim/remittance advice fee for that Payer.
- Payers that fall under this service will be indicated on Office Ally’s Payer List.
- Claim transactions that fall under this service will not be counted as Non-Par claims for the purpose of calculating the Non-Par processing fee.

## Fee for Service\*

User will incur a charge for each **successful claim transaction**, per the fee schedule to the right. Office Ally will invoice User at the beginning of each calendar month for the number of successful claim transactions conducted in the previous calendar month.

| # of Successful Claim Transactions | Fee for Service*                        |
|------------------------------------|---|
| 1-5                                | \$0.75 Flat Fee                         |
| 6+                                 | \$0.15 per Successful Claim Transaction |

Some payers require providers to complete pre-enrollment prior to being able to submit claims/receive remittance advice electronically. User is responsible to ensure that they have completed and payer has approved all necessary pre-enrollment prior to submitting claims to these payers. Claims that are rejected at Office Ally prior to being sent to the payer will not be counted in the calculation of this fee.

## Termination of Services

If User wishes to cancel this service it must complete the product cancellation form. Upon request to cancel Office Ally will send the product cancellation form to User. User shall not consider the cancellation complete until the time that it has received an email confirmation to the email address on the account. Cancellation can only be requested by the Office Ally account owner. Additionally, User acknowledges that any unpaid account balance must be paid prior to Office Ally processing the cancellation request and said unpaid balance may delay the processing of the cancellation.

**I have read and understand this agreement and wish to be able to submit electronically to UHIN Payers that assess Office Ally a fee for claims/remittance advice. I am authorized to sign this agreement on behalf of my business. This UHIN Pass-Through Fee User Agreement is only required if I want to submit claims electronically to UHIN Payers that assess Office Ally a fee for claims/remittance advice. If I am signing this agreement electronically in my Office Ally account, I understand this option will be activated on my account within 1-3 business days of signing. If I submit my signed agreement via any other method, I understand this option will be activated on my account within 1-3 business days of Office Ally receiving, reviewing and approving this signed agreement.**

\_\_\_\_\_  
Authorized Signer Name

\_\_\_\_\_  
Title of Signer

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
**Office Ally User Name** (If not a current Office Ally user you must complete a separate enrollment form and authorization sheet.)

Please submit the completed Agreement by fax to (360) 314-2184 or by email to: [EnrollmentAdmin@OfficeAlly.com](mailto:EnrollmentAdmin@OfficeAlly.com).  
For questions call (360) 975-7000 opt. 3.