



UNIVERSITY HEALTH ALLIANCE (UHA01) PART A PRE-ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- [EDI 837I Institutional 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; 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