

## **University Health Alliance (UHA) 837 and 835**

### **EDI Enrollment Instructions:**

- Please save this document to your computer and then open it in the Adobe Reader program. **Open the attached file from the attachment's sidebar and type directly onto the form.**
- **To enroll with University Health Alliance, the provider/practice must be located in the state of Hawaii. Out of State claims can be submitted through United Healthcare.**
- Complete the form using the provider's **billing/group information as credentialed** with this payer.
- Once completed, save, print and obtain appropriate signature(s).
- EDI enrollment timeframe is approximately **5 business days**.
- To check status of EDI enrollment, please contact **University Health Alliance at 800-458-4600**.

### **837 Claim Transactions:**

Select the Claim Registration form(s) which best meet your needs.

#### **EDI 837P Professional Claim Enrollment**

Complete all applicable fields if you submit claims in the 837P format.

#### **EDI 837I Institutional Claim Enrollment**

Complete all applicable fields if you submit claims in the 837I format.

### **835 Electronic Remittance Advice:**

#### **ERA Request Form**

Complete all applicable fields. Complete one form, even if you submit claims in both formats.

### **Submit Completed Documents:**

Email or Fax to UHA

[hipaa-edi@uhahealth.com](mailto:hipaa-edi@uhahealth.com)

877-269-5568