



700 Bishop Street, Suite 300
 Honolulu, HI 96813.4100
 T 808.532.4000
 Toll-free 800-458-4600
 www.uhahealth.com

EDI 837I INSTITUTIONAL CLAIM REGISTRATION

The information provided on this EDI registration will be used to set up your office for electronic claims submission. **Please complete this form as accurately as possible.** If a section is not applicable, write "N/A." Please notify UHA of any changes to the information you have provided below.

Mail, Fax or Email your completed form to: **UHA**
Attention: Information Services
700 Bishop Street, Suite 300
Honolulu, HI 96813
Email: hipaa-edi@uhahealth.com
Fax: 1-877-269-5568

Facility Identification Information: Federal Tax ID / NPI: _____ / _____

Facility Information:

Name: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Physical Address: _____ City: _____ State: _____ Zip Code: _____

Contact: _____ Telephone: _____ Fax: _____

Email: _____

Clearinghouse Information:

Name: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Physical Address: _____ City: _____ State: _____ Zip Code: _____

Contact: _____ Telephone: _____ Fax: _____

Email: _____

Do you want to receive your remittance advice electronically (835)? Yes No
 (835 is an electronic copy of the payment data provided on the paper remittance)

I authorize the setup and/or change noted above for the EDI 837I transaction.

 Print Name

 Signature

 Date

 Title

To be completed by UHA

Transmitter ID: _____

Submitter ID: _____