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EDI 837P PROFESSIONAL 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.

UHA requires that all Providers read UHA's Trading Partner Agreement which can be found at:

https://uhahealth.com/uploads/forms/form_edi_trading_partner_agree.pdf

By signing this form, you acknowledge that you have read the Trading Partner Agreement and agree to its terms.

Email your completed form to:

PNT Data
 Email: remits@pntdata.com

Provider Identification Information: Federal Tax ID _____ / Organization (Type2) NPI (if applicable): _____

Please list all Providers, along with their individual (Type1) NPI's that apply to the above Organization, if applicable.

Provider Name:

Individual (Type1) NPI:

For additional Providers, please attach a separate list

Provider Demographic Information:

Name: _____
Complete legal name of institution, corporate entity, practice or individual provider

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: _____

If you wish to receive your remittance advice (835) electronically, then please fill out and complete the ERA Request Form.

I authorize the setup and/or change noted above for the EDI 837P transaction. By typing a signature below, I agree that the signature will be the electronic representation of my signature for all purposes when I use them on on this form, just the same as a pen-and-paper signature.

_____ Title

_____ Signature

_____ Date

To be completed by UHA
Transmitter ID: _____
Submitter ID: _____