UHA HEALTH INSURANCE | Better Health • Better Life

Request for Vaccination Fee Review

Please complete a separate request form for each vaccination eligible fee charge you wish to have reviewed.

Please submit invoices or other supporting documentation with this request. Medical records may be requested for additional documentation.

Please complete the entire form to prevent delays in the review process.

Name of Physician: _____ Date of Request: _____

UHA Provider ID No.: _____ Specialty: _____

Street Address: _____ Suite/Room #: _____

City: _____ State: _____ Zip Code: _____

Phone: Fax: _____ Email: _____

VACCINATION CODE	NAME OF VACCINATION	CURRENT ELIGIBLE CHARGE	REQUESTED ELIGIBLE CHARGE
Fee Review Rationale:			

Submit this form with supporting documentation:

Via Mail: UHA – Contracting Services
700 Bishop St., Suite 300
Honolulu, HI 96813

Via Fax: (866) 572-4383
Via Email: contractingservices@uhahealth.com