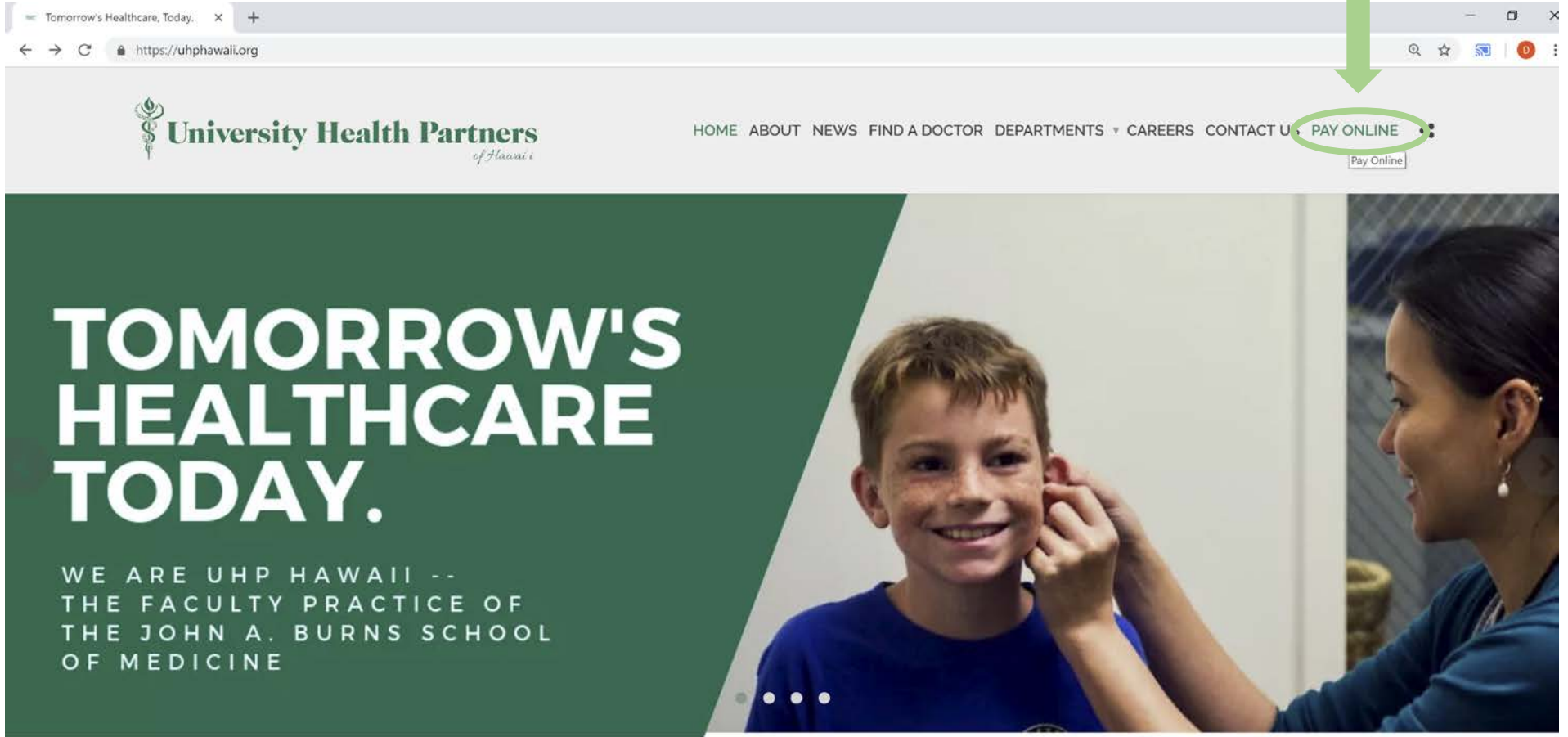


Proceed to [UHPHAWAII.ORG](https://uhphawaii.org)



Pay Online will lead you to the below webpage:



HOME ABOUT NEWS FIND A DOCTOR DEPARTMENTS ▾ CAREERS CONTACT US PAY ONLINE



**UNIVERSITY HEALTH PARTNERS OF HAWAII
ALSO KNOWN AS UCERA
(UNIVERSITY CLINICAL, EDUCATION AND RESEARCH ASSOCIATES)
ONLINE PAYMENT PAGE**

 [CLICK HERE TO GO TO OUR SECURE PAYMENT PAGE](#)

For questions or more information, call (808) 469-4900.
You may also e-mail us at billing@ucera.org

Click on the button above to go to our secure online payment page!

A separate window should open as below:



UCERA dba University Health Partners of Hawaii
Phone: (808) 469-4900 | E-mail: billing@ucera.org
677 Ala Moana Boulevard, Suite 1001, Honolulu, HI 96813

One Time Payment

Please enter your account number provided on your billing statement.

Enter your Account # (numbers only)

Please enter your Account #

Re-enter Account # (numbers only)

Please re-enter your Account #



The account number is from your statement. In addition to your account number, you will also need a valid credit card and the amount you wish to pay.

To find your account number and your balance, please see the front page of your statement:

Please check box if address or insurance information is incorrect and indicate change(s) on reverse side

University Health Partners of Hawaii
677 Ala Moana Blvd, Ste 1001
Honolulu, HI 96813

ADDRESS SERVICE REQUESTED

PATIENT NAME:

Please detach and return this portion with your payment

STATEMENT DATE 01/15/2018	PAYMENT DUE 02/05/2018	PLEASE PAY 0.00
ACCT. # P21999999999	SHOW AMOUNT PAID HERE \$	
IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK APPROPRIATE BOX		
MASTERCARD <input type="checkbox"/>	VISA <input type="checkbox"/>	AMEX <input type="checkbox"/>
		DISCOVER <input type="checkbox"/>
CARD NUMBER		AMOUNT
SIGNATURE		EXP. DATE



ADDRESSEE: MAKE CHECKS PAYABLE TO:

UHP
PO BOX 30250
HONOLULU HI 96820-1870



000000000000302500219999999900000000000009



Enter in your Account number, as below. Be sure to type it in twice then click on Login button:



UCERA dba University Health Partners of Hawaii
Phone: (808) 469-4900 | E-mail: billing@ucera.org
677 Ala Moana Boulevard, Suite 1001, Honolulu, HI 96813

One Time Payment

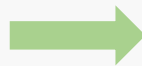
Please enter your account number provided on your billing statement.

Enter your Account # (numbers only)

Please enter your Account #

Re-enter Account # (numbers only)


Please re-enter your Account #





Login

When you log in, please confirm this is your account number:

Account Number
21600000001

 UCERA dba University Health Partners of Hawaii
Phone: (808) 469-4900 | E-mail: billing@ucera.org
677 Ala Moana Boulevard, Suite 1001, Honolulu, HI 96813

 MAKE A PAYMENT

 LOGOUT

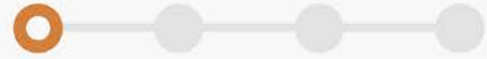
[Support](#)


[Privacy Policy](#)

[Terms and Conditions](#)

Account

Account Payment Confirmation Receipt



Account # P21600000001 

Account Number
21600000001

Email Receipt to Contact Name

Please complete the below information

The screenshot shows a web interface for account management. On the left is a sidebar with navigation links: 'Support', 'Privacy Policy', and 'Terms and Conditions'. The main content area is titled 'Account # P21600000001' and contains a form with the following fields:

- Account Number:** 21600000001
- Email Receipt to:** testpatient@ucera.org
- Contact Name:** Biller Patient
- Contact Phone Number:** 808-469-4900
- Patient Name:** Test Patient
- Patient Date of Birth:** 01/01/1999

At the bottom of the form, a green arrow points to an orange button labeled 'Next'.

NOTE: This website does not validate any contact information. Click NEXT

Complete the below payment Information

Note: This website does not give any real time patient balance

Account Number
21600000001

MAKE A PAYMENT

LOGOUT

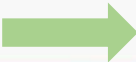
Support

Privacy Policy

Terms and Conditions


Total Amount of \$15.00


<p>Payment Amount</p> <input type="text" value="15.00"/> <p>Minimum 1.00</p>	<p>Card Number</p> <input type="text" value=" 15 or 16 digit number"/> <p>Do not include spaces</p> <p>15 or 16 Digit number expected</p>
<p>Name as shown on card</p> <input type="text"/>	<p>Expiration Month</p> <input type="text" value="Sept"/>
<p>Expiration Year</p> <input type="text" value="2020"/>	<p>CVV Code</p> <input type="text" value="..."/>
<p>Street</p> <input type="text" value="677 Ala Moana Blvd,"/>	<p>City</p> <input type="text" value="Honolulu"/>
<p>State</p> <input type="text" value="Hawaii"/>	<p>Zip</p> <input type="text" value="96813"/>

Previous  Next


Review payment information below and click Pay if payment information is correct


Account Number
21600000001

 MAKE A PAYMENT


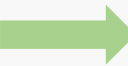

 LOGOUT

Support
[Privacy Policy](#)
[Terms and Conditions](#)

Total Amount of \$15.00 

Payment Date	Account Number
11/01/2018	21600000001
Email Receipt to	Payment Type
testpatient@ucera.org	Direct Payment
Contact Name	Contact Phone Number
Biller Patient	808-469-4900
Patient Name	Patient Date of Birth
Test Patient	01/01/1999
Payment Method	
 Card ending **** expires 9/2020	
Payment Amount	Fee
\$15.00	\$0.00
	Total Payment Amount
	\$15.00

By clicking Pay I authorize UHP of Hawaii to electronically debit my account ending in 4594, for a payment of \$15.00 on or after 11/01/2018.

Account Number

21600000001



UCERA dba University Health Partners of Hawaii
Phone: (808) 469-4900 | E-mail: billing@ucera.org
677 Ala Moana Boulevard, Suite 1001, Honolulu, HI 96813

 MAKE A PAYMENT

 LOGOUT

Receipt

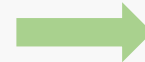


Success



Thank you for your payment for \$15.00 on or after 11/01/2018. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as 11/01/2018.

Logout



View Details

[Support](#)

[Privacy Policy](#)

[Terms and Conditions](#)

To see your receipt and print, click on View Details:

Account Number
21600000001

MAKE A PAYMENT

LOGOUT

Support
Privacy Policy
Terms and Conditions

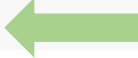
I authorize UHP of Hawaii to electronically debit my credit card account ending in 4594, for \$15.00 on or the next business day after 11/01/2018. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as today.

Reference #
B183057218362

Payment Date	11/01/2018	Account Number	21600000001
Email Receipt to	testpatient@ucera.org	Payment Type	Direct Payment
Contact Name	Billor Patient	Contact Phone Number	808-469-4900
Patient Name	Test Patient	Patient Date of Birth	01/01/1999
Name on Account		Payment Method	MasterCard ***
Status	Pending	Payment Amount	\$15.00

Total Payment Amount
\$15.00

Close Print



When you click on print, you should see the following:

The screenshot shows a print dialog box for a receipt. On the left, the print settings are as follows:

- Print: Total: 2 sheets of paper. Buttons: Print, Cancel.
- Destination: Ricoh MP 6054. Button: Change...
- Pages: All (selected). Input field: e.g. 1-5, 8, 11-13.
- Copies: 1.
- Layout: Landscape.
- Color: Color.
- Options: Two-sided (unchecked).
- + More settings
- Print using system dialog... (Ctrl+Shift+P)

The receipt content on the right is as follows:

11/1/2018 UCERA dba University Health Partners of Hawaii
Phone: (808) 469-4900 | E-mail: billing@ucera.org
677 Ala Moana Boulevard, Suite 1001, Honolulu, HI 96813

I authorize UHP of Hawaii to electronically debit my credit card account ending in 4594, for \$15.00 on or the next business day after 11/01/2018. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as today.

Reference #	Account Number
B183057218362	21600000001
Payment Date	Payment Type
11/01/2018	Direct Payment
Email Receipt to	Contact Phone Number
testpatient@ucera.org	808-469-4900
Contact Name	Patient Date of Birth
Biller Patient	01/01/1999
Patient Name	Payment Method
Test Patient	MasterCard ***4594
Name on Account	Payment Amount
	\$15.00
Status	
Pending	
Total Payment Amount	
\$15.00	

1/2

Note: Once you log out, you are not able to reprint the receipt and there is no payment history. Please contact the billing office at billing@ucera.org to request a copy.