

# MaineCare Electronic Signature Verification Form

I am a provider who transmits MaineCare claims through Lumea™, a service delivery documentation module, provided by EDMS.

I confirm that my submission and posting of sessions documented in Lumea is based upon correct, accurate, and complete information as required by policy. My electronic signature in Lumea should be considered the same as my hand-written original signature.

I further confirm that I, or a designated person, is authorized to submit claims on my behalf through Lumea:

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School District

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Authorized Signature

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Date of Signature

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Printed Name, Credential of Person Signing