

MaineCare Electronic Signature Verification Form

I am a provider who transmits MaineCare claims through Acuity – Sessions, a service delivery documentation module, provided by EDMS.

I confirm that my submission and posting of sessions documented in Acuity Sessions™ is based upon correct, accurate, and complete information as required by policy. My electronic signature in Acuity Sessions™ 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 Acuity - Sessions:

School District

Authorized Signature

Date of Signature

Printed Name, Credential of Person Signing