



Eaton RESA

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EATON RESA

Medicaid School Based Services

Electronic Signature Verification

This form is intended to document a physical copy of my signature in the event an audit is done of the documentation I have provided electronically through Service Capture.

I understand that this electronic signature is created with a unique combination of my computer log in, name and secure password. This unique combination is to ensure that all documentation completed under this combination is done by me.

By signing this statement, I confirm that I will keep my log in ID, user name and password secure and that I will not inappropriately disclose this information to others. I also confirm that as a service provider for the School Based Services Medicaid program have delivered all documented services and that all service records are true and correct. These documented services have been provided according to policy and to the best of my ability. This form will remain in effect until the individual named on the form changes.

I have read and agree that I will adhere to the above statements.

School District

Job Title

Name (please print)

Email Address

Signature

Date