Maryland
DEPARTMENT OF HEALTH

MDC-LARP Monthly Report Sheet

Name: _____   Date: _____

Phone: _____

Email: _____

Instructions: Only one report sheet should be submitted per month. If you practice at multiple locations, please combine all information on one report.

APRIL – 2021		Hours Worked/Week	# Medicaid Appts/Week SCHEDULED	# Medicaid Appts/Week COMPLETED	Total # Patients/Week
04/01/21	04/03/21				
04/04/21	04/10/21				
04/11/21	04/17/21				
04/18/21	04/24/21				
04/25/21	04/30/21				

_____
Authorized By

_____
Title

_____
Date

PLEASE COMPLETE AND EMAIL BY MAY 10, 2021.

THANK YOU!

EMAIL TO: mdh.mdclarpprogram@maryland.gov

☐ Please check here to confirm that all information provided is complete and accurate.

Note: This box must be checked for this report to be accepted.