![Maryland Department of Health logo](Maryland DEPARTMENT OF HEALTH)

MDC-LARP Monthly Report Sheet

Name: _____   Date: _____

Phone: _____

Email: _____

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

APRIL – 2022		Hours Worked/Week	# Medicaid Appts/Week **SCHEDULED**	# Medicaid Appts/Week **COMPLETED**	Total # Patients/Week
04/01/22	04/02/22				
04/03/22	04/09/22				
04/10/22	04/16/22				
04/17/22	04/23/22				
04/24/22	04/30/22				

_____

Authorized By

_____

Title

_____

Date

PLEASE COMPLETE AND EMAIL BY MAY 10, 2022.

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.