



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.

AUGUST – 2025		Hours Worked/Week	#Medicaid Appts/Week SCHEDULED	#Medicaid Appts/Week COMPLETED	Total # Patients/Week
08/01/25	08/02/25				
08/03/25	08/09/25				
08/10/25	08/16/25				
08/17/25	08/23/25				
08/24/25	08/30/25				
08/31/25	08/31/25				

Authorized By

Title

Date

PLEASE COMPLETE AND EMAIL BY SEPTEMBER 10, 2025.

THANK YOU!

EMAIL TO: mdh.mdclarpprogram@maryland.gov

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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.