



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 – 2021		Hours Worked/Week	#Medicaid Appts/Week SCHEDULED	#Medicaid Appts/Week COMPLETED	Total # Patients/Week
08/01/21	08/07/21				
08/08/21	08/14/21				
08/15/21	08/21/21				
08/22/21	08/28/21				
08/29/21	08/31/21				

Authorized By

Title

Date

PLEASE COMPLETE AND EMAIL BY SEPTEMBER 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.