



## 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 – 2022 |          | Hours Worked/Week | #Medicaid Appts/Week<br>SCHEDULED | #Medicaid Appts/Week<br>COMPLETED | Total # Patients/Week |
|---------------|----------|-------------------|-----------------------------------|-----------------------------------|-----------------------|
| 08/01/22      | 08/06/22 |                   |                                   |                                   |                       |
| 08/07/22      | 08/13/22 |                   |                                   |                                   |                       |
| 08/14/22      | 08/20/22 |                   |                                   |                                   |                       |
| 08/21/22      | 08/27/22 |                   |                                   |                                   |                       |
| 08/28/22      | 08/31/22 |                   |                                   |                                   |                       |

\_\_\_\_\_  
Authorized By

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**PLEASE COMPLETE AND EMAIL BY SEPTEMBER 10, 2022.**

**THANK YOU!**

EMAIL TO: [mdh.mdclarpprogram@maryland.gov](mailto: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.