



## 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.

DECEMBER – 2021		Hours Worked/Week	#Medicaid Appts/Week SCHEDULED	#Medicaid Appts/Week COMPLETED	Total # Patients/Week
12/01/21	12/04/21				
12/05/21	12/11/21				
12/12/21	12/18/21				
12/19/21	12/25/21				
12/26/21	12/31/21				

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



PLEASE COMPLETE AND EMAIL BY JANUARY 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.