Maryland
DEPARTMENT OF HEALTH

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 – 2022		Hours Worked/Week	#Medicaid Appts/Week SCHEDULED	#Medicaid Appts/Week COMPLETED	Total # Patients/Week
12/01/22	12/03/22				
12/04/22	12/10/22				
12/11/22	12/17/22				
12/18/22	12/24/22				
12/25/22	12/31/22				

_____
Authorized By

_____
Title

_____
Date

PLEASE COMPLETE AND EMAIL BY JANUARY 10, 2023.

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.