

MDC-LARP Monthly Report Sheet

Name: _____

Phone:

Email: _____

<u>Instructions</u>: Only one report sheet should be submitted per month. If you practice at multiple locations, please combine all information on one report.

FEBRUARY – 2021		Hours Worked/Week	#Medicaid Appts/Week SCHEDULED	#Medicaid Appts/Week COMPLETED	Total # Patients/Week
02/01/21	02/06/21				
02/07/21	02/13/21				
02/14/21	02/20/21				
02/21/21	02/27/21				
02/28/21	02/28/21				

Authorized By

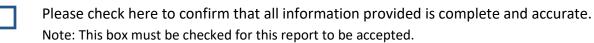
Title



THANK YOU!

EMAIL TO: mdh.mdclarpprogram@maryland.gov

Date



Date: