



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.

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

Date



PLEASE COMPLETE AND EMAIL BY MARCH 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.