MDC-LARP Monthly Report Sheet

Name: _____   Date: _____

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 – 2022		Hours Worked/Week	#Medicaid Appts/Week SCHEDULED	#Medicaid Appts/Week COMPLETED	Total # Patients/Week
02/01/22	02/05/22				
02/06/22	02/12/22				
02/13/22	02/19/22				
02/20/22	02/26/22				
02/27/22	02/28/22				

_____
Authorized By

_____
Title

_____
Date

PLEASE COMPLETE AND EMAIL BY MARCH 10, 2022.

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.