



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.

JANUARY – 2022		Hours Worked/Week	#Medicaid Appts/Week SCHEDULED	#Medicaid Appts/Week COMPLETED	Total # Patients/Week
01/01/22	01/01/22				
01/02/22	01/08/22				
01/09/22	01/15/22				
01/16/22	01/22/22				
01/23/22	01/29/22				
01/30/22	01/31/22				

Authorized By

Title

Date

PLEASE COMPLETE AND EMAIL BY FEBRUARY 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.