



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.

JULY – 2021		Hours Worked/Week	#Medicaid Apts/Week SCHEDULED	#Medicaid Apts/Week COMPLETED	Total # Patients/Week
07/01/21	07/03/21				
07/04/21	07/10/21				
07/11/21	07/17/21				
07/18/21	07/24/21				
07/25/21	07/31/21				

Authorized By

Title

Date

PLEASE COMPLETE AND EMAIL BY AUGUST 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.