Maryland
DEPARTMENT OF HEALTH

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.

JULY – 2022		Hours Worked/Week	#Medicaid Appts/Week **SCHEDULED**	#Medicaid Appts/Week **COMPLETED**	Total # Patients/Week
07/01/22	07/02/22				
07/03/22	07/09/22				
07/10/22	07/16/22				
07/17/22	07/23/22				
07/24/22	07/30/22				
07/31/22	07/31/22				

_____
Authorized By

_____
Title

_____
Date

PLEASE COMPLETE AND EMAIL BY AUGUST 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.