



## 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.

JUNE – 2021		Hours Worked/Week	#Medicaid Appts/Week SCHEDULED	#Medicaid Appts/Week COMPLETED	Total # Patients/Week
06/01/21	06/05/21				
06/06/21	06/12/21				
06/13/21	06/19/21				
06/20/21	06/26/21				
06/27/21	06/30/21				

\_\_\_\_\_  
Authorized By

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**PLEASE COMPLETE AND EMAIL BY JULY 10, 2021.**

**THANK YOU!**

EMAIL TO: [mdh.mdclarpprogram@maryland.gov](mailto: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.