



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 – 2022 | | Hours Worked/Week | #Medicaid Appts/Week SCHEDULED | #Medicaid Appts/Week COMPLETED | Total # Patients/Week |
|-------------|----------|----------------------|--------------------------------------|--------------------------------------|--------------------------|
| 06/01/22 | 06/04/22 | | | | |
| 06/05/22 | 06/11/22 | | | | |
| 06/12/22 | 06/18/22 | | | | |
| 06/19/22 | 06/25/22 | | | | |
| 06/26/22 | 06/30/22 | | | | |

Authorized By

Title

Date

PLEASE COMPLETE AND EMAIL BY JULY 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.