



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.

| MARCH – 2021 | | Hour Worked/Week | #Medicaid Appts/Week SCHEDULED | #Medicaid Appts/Week COMPLETED | Total # Patients/Week |
|--------------|----------|---------------------|--------------------------------------|--------------------------------------|--------------------------|
| 03/01/21 | 03/06/21 | | | | |
| 03/07/21 | 03/13/21 | | | | |
| 03/14/21 | 03/20/21 | | | | |
| 03/21/21 | 03/27/21 | | | | |
| 03/28/21 | 03/31/21 | | | | |

Authorized By

Title

Date



PLEASE COMPLETE AND EMAIL BY APRIL 10, 2021.

THANK YOU!

EMAIL TO: mdh.mdclarpprogram@maryland.gov

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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.