



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 – 2022		Hour Worked/Week	#Medicaid Appts/Week SCHEDULED	#Medicaid Appts/Week COMPLETED	Total # Patients/Week
03/01/22	03/05/22				
03/06/22	03/12/22				
03/13/22	03/19/22				
03/20/22	03/26/22				
03/27/22	03/31/22				

Authorized By

Title

Date

PLEASE COMPLETE AND EMAIL BY APRIL 10, 2022.

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.