



## 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.

MAY – 2021		Hours Worked/Week	#Medicaid Appts/Week <i>SCHEDULED</i>	#Medicaid Appts/Week <i>COMPLETED</i>	Total # Patients/Week
05/01/21	05/01/21				
05/02/21	05/08/21				
05/09/21	05/15/21				
05/16/21	05/22/21				
05/23/21	05/29/21				
05/30/21	05/31/21				

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**PLEASE COMPLETE AND EMAIL BY THE JUNE 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.