MDC-LARP Monthly Report Sheet

Name: _____   Date: _____

Phone: _____

Email: _____

<u>Instructions</u>: Only one report sheet should be submitted per month. If you practice at multiple locations, please combine all information on one report.

NOVEMBER – 2022		Hours Worked/Week	#Medicaid Appts/Week SCHEDULED	#Medicaid Appts/Week COMPLETED	Total # Patients/Week
11/01/22	11/05/22				
11/06/22	11/12/22				
11/13/22	11/19/22				
11/20/22	11/26/22				
11/27/22	11/30/22				

_____

Authorized By

_____

Title

_____

Date

PLEASE COMPLETE AND EMAIL BY DECEMBER 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.