



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.

OCTOBER – 2021		Hours Worked/Week	#Medicaid Appts/Week SCHEDULED	#Medicaid Appts/Week COMPLETED	Total # Patients/Week
10/01/21	10/02/21				
10/03/21	10/09/21				
10/10/21	10/16/21				
10/17/21	10/23/21				
10/24/21	10/30/21				
10/31/21	10/31/21				

Authorized By

Title

Date

PLEASE COMPLETE AND EMAIL BY NOVEMBER 10, 2021.

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.