**Maryland**
DEPARTMENT OF HEALTH

# 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.

| OCTOBER – 2022 | | Hours Worked/Week | #Medicaid Appts/Week SCHEDULED | #Medicaid Appts/Week COMPLETED | Total # Patients/Week |
|---|---|---|---|---|---|
| 10/01/22 | 10/01/22 | | | | |
| 10/02/22 | 10/08/22 | | | | |
| 10/09/22 | 10/15/22 | | | | |
| 10/16/22 | 10/22/22 | | | | |
| 10/23/22 | 10/29/22 | | | | |
| 10/30/22 | 10/31/22 | | | | |

_____
Authorized By

_____
Title

_____
Date



PLEASE COMPLETE AND EMAIL BY NOVEMBER 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.