Maryland
DEPARTMENT OF HEALTH

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.

SEPTEMBER – 2021		Hours Worked/Week	#Medicaid Appts/Week SCHEDULED	#Medicaid Appts/Week COMPLETED	Total # Patients/Week
09/01/21	09/04/21				
09/05/21	09/11/21				
09/12/21	09/18/21				
09/19/21	09/25/21				
09/26/21	09/30/21				

_____
Authorized By

_____
Title

_____
Date

PLEASE COMPLETE AND EMAIL BY OCTOBER 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.