



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 – 2022		Hours Worked/Week	#Medicaid Appts/Week SCHEDULED	#Medicaid Appts/Week COMPLETED	Total # Patients/Week
09/01/22	09/03/22				
09/04/22	09/10/22				
09/11/22	09/17/22				
09/18/22	09/24/22				
09/25/22	09/30/22				

Authorized By

Title

Date



PLEASE COMPLETE AND EMAIL BY OCTOBER 10, 2022.

THANK YOU!

EMAIL TO: mdh.mdclarpprogram@maryland.gov

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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.