



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.

AUGUST – 2024		Hours Worked/Week	#Medicaid Appts/Week SCHEDULED	#Medicaid Appts/Week COMPLETED	Total # Patients/Week
08/01/24	08/03/24				
08/04/24	08/10/24				
08/11/24	08/17/24				
08/18/24	08/24/24				
08/25/24	08/31/24				

Authorized By

Title

Date

PLEASE COMPLETE AND EMAIL BY SEPTEMBER 10, 2024.

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.