



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.

DECEMBER – 2024		Hours Worked/Week	#Medicaid Appts/Week <i>SCHEDULED</i>	#Medicaid Appts/Week <i>COMPLETED</i>	Total # Patients/Week
12/01/24	12/07/24				
12/08/24	12/14/24				
12/15/24	12/21/24				
12/22/24	12/28/24				
12/29/24	12/31/24				

Authorized By

Title

Date

PLEASE COMPLETE AND EMAIL BY JANUARY 10, 2025.

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.