



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.

FEBRUARY – 2024		Hours Worked/Week	#Medicaid Appts/Week SCHEDULED	#Medicaid Appts/Week COMPLETED	Total # Patients/Week
02/01/24	02/03/24				
02/04/24	02/10/24				
02/11/24	02/17/24				
02/18/24	02/24/24				
02/25/24	02/29/24				

Authorized By

Title

Date



PLEASE COMPLETE AND EMAIL BY MARCH 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.