



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.

| JULY – 2024 | | Hours Worked/Week | #Medicaid Apts/Week SCHEDULED | #Medicaid Apts/Week COMPLETED | Total # Patients/Week |
|-------------|----------|----------------------|---|---|--------------------------|
| 07/01/24 | 07/06/24 | | | | |
| 07/07/24 | 07/13/24 | | | | |
| 07/14/24 | 07/20/24 | | | | |
| 07/21/24 | 07/27/24 | | | | |
| 07/28/24 | 07/31/24 | | | | |
| | | | | | |

Authorized By

Title

Date

PLEASE COMPLETE AND EMAIL BY AUGUST 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.