MDC-LARP Monthly Report Sheet

Name: _____   Date: _____

Phone: _____

Email: _____

<u>Instructions</u>: Only one report sheet should be submitted per month. If you practice at multiple locations, please combine all information on one report.

JUNE – 2024		Hours Worked/Week	#Medicaid Appts/Week SCHEDULED	#Medicaid Appts/Week COMPLETED	Total # Patients/Week
06/01/24	06/01/24				
06/02/24	06/08/24				
06/09/24	06/15/24				
06/16/24	06/22/24				
06/23/24	06/29/24				
06/30/24	06/30/24				

_____

Authorized By

_____

Title

_____

Date

PLEASE COMPLETE AND EMAIL BY JULY 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.