



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.

MARCH – 2024		Hour Worked/Week	#Medicaid Appts/Week SCHEDULED	#Medicaid Appts/Week COMPLETED	Total # Patients/Week
03/01/24	03/02/24				
03/03/24	03/09/24				
03/10/24	03/16/24				
03/17/24	03/23/24				
03/24/24	03/31/24				

Authorized By

Title

Date

PLEASE COMPLETE AND EMAIL BY APRIL 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.