



## 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.

OCTOBER – 2024		Hours Worked/Week	#Medicaid Appts/Week SCHEDULED	#Medicaid Appts/Week COMPLETED	Total # Patients/Week
10/01/24	10/05/24				
10/06/24	10/12/24				
10/13/24	10/19/24				
10/20/24	10/26/24				
10/27/24	10/31/24				

\_\_\_\_\_  
Authorized By

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**PLEASE COMPLETE AND EMAIL BY NOVEMBER 10, 2024.**

**THANK YOU!**

**EMAIL TO: [mdh.mdclarpprogram@maryland.gov](mailto: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.