



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.

| SEPTEMBER – 2024 | | Hours Worked/Week | #Medicaid Appts/Week SCHEDULED | #Medicaid Appts/Week COMPLETED | Total # Patients/Week |
|------------------|----------|-------------------|--------------------------------|--------------------------------|-----------------------|
| 09/01/24 | 09/07/24 | | | | |
| 09/08/24 | 09/14/24 | | | | |
| 09/15/24 | 09/21/24 | | | | |
| 09/22/24 | 09/28/24 | | | | |
| 09/29/24 | 09/30/24 | | | | |

Authorized By

Title

Date

PLEASE COMPLETE AND EMAIL BY OCTOBER 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.