



### MDC-LARP Monthly Report Sheet

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Note: Only one report sheet should be submitted per month. If you practice at multiple locations, please combine all information on one report.

December – 2017		Hours Worked/Week	#Medicaid Appts/Week SCHEDULED	#Medicaid Appts/Week COMPLETED	Total # Patients/Week
12/01/17	12/02/17				
12/03/17	12/09/17				
12/10/17	12/16/17				
12/17/17	12/23/17				
12/24/17	12/30/17				
12/31/17	12/31/17				

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**PLEASE COMPLETE AND EMAIL BY JANUARY 10, 2018.**

**THANK YOU!**

EMAIL TO: [dhmh.mdclarprogram@maryland.gov](mailto:dhmh.mdclarprogram@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.