



### 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.

FEBRUARY – 2016		Hours Worked/Week	#Medicaid Appts/Week SCHEDULED	#Medicaid Appts/Week COMPLETED	Total # Patients/Week
02/01/16	02/06/16				
02/07/16	02/13/16				
02/14/16	02/20/16				
02/21/16	02/27/16				
02/28/16	02/29/16				

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

PLEASE COMPLETE AND EMAIL BY MARCH 10, 2016.

THANK YOU!

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