



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.

JANUARY – 2016		Hours Worked/Week	#Medicaid Appts/Week SCHEDULED	#Medicaid Appts/Week COMPLETED	Total # Patients/Week
01/01/16	01/02/16				
01/03/16	01/09/16				
01/10/16	01/16/16				
01/17/16	01/23/16				
01/24/16	01/30/16				
01/31/16	01/31/16				

Authorized By

Title

Date

PLEASE COMPLETE AND EMAIL BY FEBRUARY 10, 2016.

THANK YOU!

EMAIL TO: dhmh.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.