



### 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.

JULY – 2016		Hours Worked/Week	#Medicaid Appts/Week SCHEDULED	#Medicaid Appts/Week COMPLETED	Total # Patients/Week
07/01/16	07/02/16				
07/03/16	07/09/16				
07/10/16	07/16/16				
07/17/16	07/23/16				
07/24/16	07/30/16				
07/31/16	07/31/16				

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



**PLEASE COMPLETE AND EMAIL BY AUGUST 10, 2016.**

**THANK YOU!**

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