



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.

MAY – 2017		Hours Worked/Week	#Medicaid Appts/Week SCHEDULED	#Medicaid Appts/Week COMPLETED	Total # Patients/Week
05/01/17	05/06/17				
05/07/17	05/13/17				
05/14/17	05/20/17				
05/21/17	05/27/17				
05/28/17	05/31/17				

Authorized By

Title

Date

PLEASE COMPLETE AND EMAIL BY THE JUNE 10, 2017.

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.