



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.

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

Authorized By

Title

Date

PLEASE COMPLETE AND EMAIL BY OCTOBER 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.