# **Monthly Provider** Check-In

**Provider Portal** 

Prior Authorization 7

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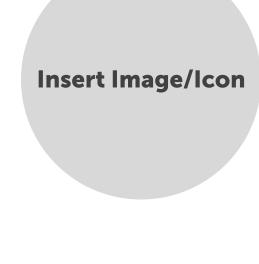
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