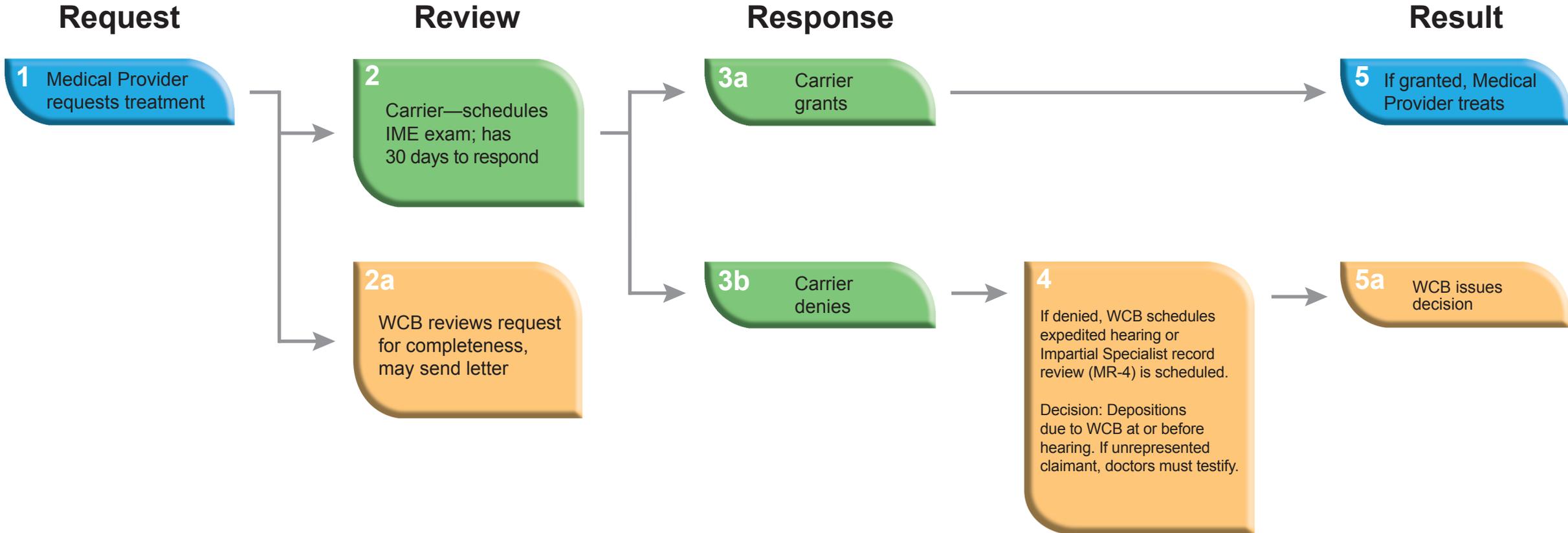


# Required Pre-Authorization Process



**COLOR KEY**

- Medical Provider
- Carrier
- Workers' Compensation