

[Demo] NLP Dataset for Customer Service Automation

Company Type	Health Insurance Companies
Inquiry Category	Retirement-based health benefit plan overviews
Inquiry Sub-Category	Pre-authorization requirements
Description	Explaining when retirees need pre-authorization for certain medical services or procedures, including the process for obtaining approval and any associated timeframes or documentation requirements.
Data Size	13,210 paraphrases
Want to buy data?	Please contact nlp-data@gross.me via your business email address.

Masked sample paraphrases of one "Health Insurance Company" customer inquiry. (Purchased data will not be masked.)

____ I be fully ____ out-of-pocket expenses in the ____ a ____ to ____ sufficient ____ for ____ non-approved ____ ?
 I ____ if ____ have to ____ 100% in an ____ event.
 Will I ____ held responsible ____ out-of-pocket expenses that ____ of ____ for my ____ and surgeries?
 Do I ____ more ____ I ____ get permission for ____ ?
 ____ approval is given ____ these appointments, ____ am ____ for ____ .
 It's ____ to ____ to ____ unexpected costs ____ endorsements ____ secured ____ medical ____ or ____ .
 Is it ____ to ____ you ____ approval for my surgery?
 ____ all ____ expenses become ____ responsibility ____ endorsements ____ through ____ approved services?
 ____ all future ____ expenses ____ my ____ endorsements ____ through?
 ____ full financial responsibility in the ____ of ____ ?
 If my ____ appointments ____ get ____ endorsement, am I stuck with ____ ?
 ____ not meet requirements ____ disallowed ____ would I ____ to ____ the ____ ?
 ____ subsequent out-of-pocket ____ my responsibility ____ through on ____ medical services.
 Is ____ total financial ____ if ____ short of those ____ ?
 Can ____ be held ____ if ____ don't get ____ necessary ____ surgeries?
 If endorsements ____ for non-approved ____ appointments ____ what happens ____ costs?
 Is ____ patients ____ responsible and liable ____ outlets/invoices/trips/reviews ____ they lack ____ ?
 ____ it my responsibility to ____ appointments aren't endorsed?
 ____ responsible for ____ additional expenses ____ during these unauthorized ____ activities if the ____ are ____ ?
 Should I bear ____ if ____ short for ____ appointments/examinations/operations?
 ____ endorsements are not good, ____ I be ____ any ____ expenses incurred ____ medical ____ ?
 I'd ____ to ____ if ____ my ____ to ____ if ____ get proper approval.
 ____ it my ____ to cover expenses stemming ____ approvals ____ ?
 ____ I assume complete responsibility ____ by ____ approved ____ ?
 If ____ approval is ____ before I ____ appointments/surgeries, ____ am ____ for ____ .
 Can you ____ me ____ job ____ to pay all ____ if ____ can't get ____ ?
 ____ responsible ____ cost ____ not enough endorsement is received ____ procedures ____ are not approved?

_____ don't know if I have _____ pay for _____ if they _____.

If my treatments _____ necessary _____ accountable for _____ costs?

_____ I _____ for _____ financial _____ if insufficient _____ results in _____ procedures?

_____ insufficient _____ results _____ failures, am I entirely _____ for _____ financial expenses?

Is it _____ pay out-of-pocket costs _____ get denied?

Do _____ have _____ pay _____ they are not endorsed?

_____ have _____ pay _____ when _____ isn't _____ endorsement _____ prior to procedures?

_____ can't approve my surgeries _____ do I _____ pay for _____?

When specialist _____ are I _____ the _____ for out-of-pocket _____?

Is _____ not obtaining required authorization _____ footing the _____?

Should _____ meet requirements for disallowed _____ should _____ out-of-pocket _____?

_____ I _____ get enough approval, _____ have _____ any _____ costs related to _____ procedures?

Is it possible _____ expenses _____ from inadequate approvals _____ non-sanctioned procedures?

If _____ necessary _____ isn't obtained _____ my _____ can I be _____ for covering _____?

_____ is _____ for _____ financial burden if _____ appointments do _____ have _____?

Should _____ bear _____ responsibility if _____?

Will I _____ held responsible for out-of-pocket fees _____ is a _____?

_____ held responsible for _____ I don't _____ sufficient _____ for those appointments?

_____ my _____ my _____ short for those appointments _____ operations?

_____ falls short, do I _____ financial responsibility?

_____ I _____ those treatments, do _____ have to pay an extra _____?

_____ do I have full financial responsibility?

_____ out-of-pocket _____ will _____ my responsibility if _____ fall through _____ non- _____ services.

_____ have to pay _____ cost _____ I don't _____ enough _____ prior _____ procedures?

If there _____ support, _____ bear total _____ burden?

Will I _____ the endorsements are _____?

Is _____ to pay out-of-pocket costs _____ sufficient _____?

_____ it _____ my _____ expenses if there is _____ endorsement?

_____ it _____ cover all of _____ unauthorized expenses myself?

_____ there is no _____ for unauthorized appointments/procedures/surgeries, _____ reliable _____?

_____ be _____ liable for _____ charges without _____ endorsement?

_____ held _____ for _____ due to inadequate _____ related _____ non-sanctioned procedures?

If _____ doctors _____ approve those _____ I _____ it?

Will _____ be responsible _____ fees _____ there _____ endorsement for _____ appointments?

Do _____ have _____ full financial _____ for _____ charges associated with appointments, _____ surgeries if _____?

Do _____ uncovered costs if my treatments don't _____?

Is _____ out-of-pocket _____ to appointments if _____ don't get enough _____?

_____ possible that I _____ end up _____ all _____ if I _____ approval?

Can _____ be held _____ my expenses if _____ get an _____ my surgeries?

_____ you expecting me _____ out _____ wallet if _____ incompetence _____ to _____ and _____?

Who _____ when necessary authorizations _____ non-sanctioned _____ procedures are _____ granted?

Is it _____ responsibility _____ there _____ no _____?

If _____ short _____ medical activities/events/surgeries/procedures, will all costs _____ insurance _____ on

Will _____ out-of-pocket expenses _____ there _____ enough endorsement for _____ appointments?

_____ there any _____ covering _____ inadequate approvals _____ non-sanctioned procedures?

Should I _____ non-approved _____ happen?

Is _____ for _____ reliable _____ uncovered _____ if there isn't authorization _____ appointments?

_____ costs _____ I can't get _____ for those treatments?

_____ treatments _____ necessary approval, _____ be held accountable _____ uncovered costs?

All costs _____ aren't covered _____ will fall on _____ not _____ for _____ medical activities.

Is it _____ to pay any out-of-pocket costs related _____ I _____?

Should there be an absence of proper _____ to pay any additional _____?

_____ I be responsible for _____ pocket expenses _____ not endorsed?

_____ do not _____ endorsement, will I be stuck _____ costs?

_____ all out-of-pocket _____ my responsibility _____ approval _____ appointments _____ procedures?

Do _____ have _____ out-of-pocket costs _____ if _____ don't _____ enough approvals?

If _____ care _____ are not endorsed, must _____?

Will _____ be held responsible _____ out-of-pocket _____ if _____ isn't _____ for _____?

_____ case _____ endorsement, am I liable _____ out-of-pocket _____?

_____ I be _____ endorsement _____ for appointments _____ are not approved?

Will I be responsible _____ expenses _____ to obtain sufficient _____ those appointments?

When necessary _____ granted before _____ medical procedure, _____ responsible for _____?

If _____ procedures/surgeries _____ I be responsible for _____?

_____ fully responsible for my out-of-pocket _____ I _____ get _____ for my appointments?

_____ I have to pay _____ something if my _____?

_____ are not _____ certain medical procedures, who carries _____ of _____?

_____ I be _____ out-of-pocket _____ in _____ a failure to _____ enough endorsement for those _____?

Will _____ the bill if it's _____?

Is _____ liability _____ approvals _____ expenses?

_____ it _____ responsibility to _____ for expenses _____ insufficient endorsement _____ non-approved appointments/procedures?

Will I have _____ insufficiently endorsed care _____?

_____ I _____ get permission to _____ treatments, do _____ pay more?

_____ I _____ all the costs if my _____ enough _____?

I _____ if _____ the bill if _____ approve _____ appointments.

Who _____ responsible for paying _____ are not given _____ medical _____?

_____ I bear the full _____ in _____ endorsement _____?

_____ I be _____ out-of-pocket _____ that result _____ a _____ of proper approval for my appointments, _____

_____ is _____ scenario where endorsement _____ and _____ bills related _____ rejections/unauthorized services.

_____ appointments _____ can you tell me _____ I'll _____ pay _____ costs?

_____ it _____ expenses that are related to _____ non-sanctioned procedures?

_____ the _____ short for _____ unauthorized _____ activities/events/surgeries/procedures, _____ the _____ not _____ covered by _____

Will I be _____ responsible for _____?

_____ my duty _____ cover the _____ without approval?

Who is responsible _____ burden if _____ appointments don't _____?

Is it true that _____ responsibility _____ me _____ any additional charges _____ no _____?

If I can't get _____ those _____ I have _____ pay _____?

_____ it mean that _____ have _____ unauthorized expenses myself?

Will I _____ held responsible for _____ is _____ to get adequate _____?

Is it my _____ expenses for _____ where _____ in non-approved _____ and procedures?

_____ it _____ me to _____ 100% in the event _____ care _____?

Who _____ responsible _____ paying when _____ authorizations are _____ before _____?

_____ that without _____ authorizations, patients are _____ liable?

Will _____ responsible _____ any _____ these unauthorized _____ activities _____ endorsements are insufficient?

_____ to say that _____ reliable _____ uncovered _____ if _____ for unauthorized appointments is lacking?

Is _____ to _____ for appointments _____ aren't approved?

All costs not _____ by insurance _____ on me if _____ no approval _____ medical _____.

_____ be _____ out-of-pocket _____ if I am _____ get sufficient _____ for those _____?

_____ necessary _____ isn't obtained _____ surgeries, _____ I be held fully accountable?

If _____ procedures _____ I _____ full responsibility?

In case _____ to endorse, do I _____ to _____ remaining _____ from _____?

Is ____ possible ____ I ____ reliable ____ all ____ expenses ____ the ____ that ____ is lacking?

Is it ____ to ____ financial expenses when ____ results ____ appointment/procedure/surgery ____?

____ I ____ liability for out-of-pocket ____ without ____ endorsement?

____ costs ____ are ____ covered ____ will ____ on me ____ is not given for ____ unauthorized medical ____.

____ you can't ____ approval ____ my ____ I ____ footing ____ bill?

If there ____ non-approved procedures, ____?

Is ____ responsibility lies ____ any additional charges ____ to ____ treatments/appointment if ____ no ____ endorsement?

____ have ____ pay the remaining fees from ____ they ____ to ____?

____ responsible for ____ expenses ____ my appointments aren't approved?

____ responsibilities ____ me in case of ____ endorsements?

If there is insufficient authorization, ____ for ____ incurred through ____ visits ____ surgeries?

____ get approved, ____ might have to pay ____.

____ I ____ for additional expenses ____ endorsements ____ insufficient?

Is it true ____ authorizations patients ____ outlets and related ____?

If they refuse to endorse, am I the ____ has to ____ any ____?

Is ____ that ____ am unreliable for ____ uncovered ____ there ____ no authorization ____ appointments?

Is ____ expenses ____ mine if ____ are ____ certain procedures?

Is it ____ that ____ to obtain required ____ without insurance ____?

____ I ____ responsibility if ____ short for ____ and operations?

____ the goons at your ____ can't ____ appointments, surgeries, ____ do ____ pay for ____?

If my treatments don't ____ responsible for uncovered costs?

In ____ failure to ____ endorsement ____ appointments/procedures, ____ I have complete responsibility for out-of-pocket ____

____ possible for ____ to ____ be ____ covering ____ related to ____ approvals?

____ I ____ held fully accountable ____ endorsement isn't obtained ____ my ____?

____ necessary support ____ absent, ____ a total cost ____?

Is it ____ if ____ don't get approval ____ I ____ these ____?

____ it possible that unauthorized services ____ covering ____?

If ____ given ____ doing ____ appointments, ____ I ____ for payments?

____ get required ____ means footing the ____.

I ____ responsible for ____ unreimbursed ____ procedures, or surgeries if ____ sufficient ____.

____ I ____ responsible ____ out-of-pocket costs without adequate ____?

Will ____ all costs ____ can't get approval for these non-standard ____?

Is ____ possible that ____ will ____ me covering ____ alone?

____ I have ____ pay ____ appointments/treatments/operations?

Will ____ foot ____ bill ____ endorsement ____ inadequate?

____ I ____ to ____ full responsibility ____ non-approved ____?

Is ____ to ____ all ____ if ____ get proper approval?

____ would need to ____ out-of-pocket ____ endorsements ____ the requirements.

____ me if ____ job ____ to pay ____ I can't ____ proper approval ____ then?

____ all out-of-pocket ____ responsibility ____ I ____ approve appointments ____ procedures?

____ there is no ____ before doing these appointments, ____ for ____?

Should there be ____ endorsement, is ____ my responsibility to ____ tied to ____?

Is ____ my ____ to ____ expenses if there ____ not ____ endorsement of ____?

____ it ____ that ____ am solely ____ for the ____ surgery?

Is ____ to pay if ____ is no approval ____ doing ____?

____ of ____ endorsements, ____ full financial responsibility ____ on ____?

____ my ____ is ____ for unauthorized ____ will all ____ covered ____ insurance fall

____ pay 100% in the event ____ insufficiently ____ events?

If ____ authorization, do ____ become ____ for the ____ unauthorized doctor visits or surgeries?

_____ if non-approved appointments _____ expenses?

Is _____ my responsibility _____ pay for _____ there is _____ endorsement _____ non-approved _____.

Is _____ responsibility _____ non _____ procedures _____?

_____ I be solely _____ out-of-pocket _____ if there _____ a failure to _____ for _____ appointments?

_____ any responsibility _____ out-of-pocket if my _____ aren't _____?

If _____ appointments _____ enough endorsement, are _____ stuck _____ the _____?

_____ it my responsibility _____ pay _____ stemming _____ inadequate _____ to _____ procedures?

Do _____ pay _____ if my doctors can't _____ appointments?

_____ pay _____ if _____ is insufficient endorsed _____?

_____ be _____ for any out-of-pocket _____ incurred _____ a lack of _____ approval for my _____?

If _____ appointments _____ approved, do I _____ my _____?

Should _____ not meet requirements for _____ then I _____ to _____ all _____

_____ it _____ responsibility _____ pay for _____ of no endorsement?

If _____ insufficient authorization, _____ I become _____ for costs _____ through _____?

If _____ non-approved medical _____ will all subsequent out-of-pocket _____ responsibility?

If _____ appointments _____ expenses, _____ complete responsibility?

_____ I _____ full _____ expenses _____ my _____ don't get endorsed?

_____ I have _____ pay full _____ isn't enough endorsement prior _____?

_____ for _____ costs if my appointments _____ get endorsed?

Should I pay _____ out _____ pocket costs _____ to _____ I _____ get _____ approval?

_____ not meet requirements for disallowed _____ appointments I _____ to _____ fees.

If _____ appointments _____ out, will _____ pay out of pocket _____?

_____ I _____ held accountable _____ out-of-pocket _____ without adequate _____?

_____ for out-of-pocket expenses if _____ don't get _____ those appointments?

_____ responsibility for any _____ tied _____ treatments/appointment lies with _____?

_____ up to _____ to _____ unforeseen _____ endorsements aren't secured for _____ surgeries.

_____ you can't _____ my appointments, _____ responsible for _____ costs?

Is it possible for me _____ expenses _____ no _____?

_____ responsibility if non-approved appointments _____?

Can _____ if I _____ have to _____ out _____ pocket _____ if my appointments _____ work _____?

Is _____ obligation to _____ costs _____ that _____ not _____?

_____ if non-approved procedures _____?

Should _____ pay any _____ costs related _____ appointments _____ I _____ get _____ approval?

If _____ can't _____ surgeon appointments, _____ paying for it?

If my _____ the necessary _____ am I _____ for _____ costs?

_____ possible _____ financially responsible for _____ unauthorized outpatient visits or surgeries?

Is _____ responsibility _____ for _____ there is insufficient _____ non-approved appointments?

_____ true _____ I must pay _____ charges tied to _____ there is _____ endorsement?

Will _____ out-of-pocket expenses _____ solely _____ if _____ through on non-approved _____?

Should _____ fall _____ on _____ services, will _____ subsequent out-of-pocket _____ my _____?

Will I have to _____ all _____ costs _____ I can't _____ approval _____?

_____ I _____ full cost if _____ isn't _____ received before _____?

_____ where endorsement _____ short and leaves me _____ bills related to _____.

_____ take a hit if you _____ the _____ endorsing those _____?

Will I _____ to pay _____ is a _____ to receive _____ endorsement _____ the _____?

If _____ for those appointments, _____ have _____ financial responsibility?

Is _____ me to be reliable _____ all uncovered expenses _____ of authorization _____ appointments?

Should _____ an absence _____ does it mean _____ pay any additional _____?

Should _____ total financial responsibility if endorsement falls short _____?

_____ approved appointment incurs _____ do _____ assume _____ responsibility?

Will I _____ bill _____ my endorsement _____ ?

_____ wonder _____ I have _____ endorsement falls short.

_____ I _____ for covering _____ stemming _____ approvals _____ to non-sanctioned _____ ?

_____ foot the bill if _____ isn't _____ ?

_____ pays _____ burden if my non-approved _____ have adequate _____ ?

_____ happens _____ falls _____ and leaves me _____ bills _____ to _____ services/etcetera?

If _____ can't _____ for non-standard medical _____ will _____ pay _____ costs?

Is it solely _____ pay _____ non-approved _____ there _____ enough endorsement?

If _____ is no approval before _____ these appointments, _____ ?

Will _____ be _____ responsible _____ out-of-pocket expenses _____ arise as a _____ of _____ proper _____ for my _____ appointments

Is _____ my responsibility _____ non-approved _____ ?

_____ I _____ for any out-of-pocket expenses stemming from a _____ approval for _____ scheduled _____ and _____ ?

I wonder if _____ responsibility if non-approved _____ .

_____ responsibility that non-approved _____ expenses?

_____ it _____ responsibility to cover _____ losses _____ endorsement _____ short?

Do I _____ financial responsibility if _____ short for _____ ?

Can _____ tell _____ if _____ job is _____ all expenses, if _____ proper _____ ?

_____ I be held _____ for out-of-pocket _____ without _____ ?

_____ responsibility to cover _____ stemming from inadequate _____ related to _____ ?

_____ I _____ for covering expenses _____ inadequate approvals _____ non-sanctioned _____ ?

Is _____ possible _____ me covering costs myself?

_____ is possible that _____ extra _____ of pre-approval _____ come _____ me.

_____ a referral is _____ I _____ out of pocket _____ ?

_____ it _____ responsibility to cover _____ expenses _____ cases where _____ endorsement results in _____ surgeries?

_____ bear the _____ burden _____ my appointments/surgeries do _____ endorsements?

_____ if _____ falls _____ leaves me covering _____ rejections and unauthorized services?

Should I _____ for _____ expenses in case _____ no _____ ?

_____ endorsements _____ meet requirements for disallowed procedures/appointments/operations, _____ would _____ fees.

If there is _____ that aren't approved, _____ solely _____ for _____ them?

Will I _____ held responsible for _____ incurred during these _____ not _____ ?

If _____ don't _____ enough _____ am _____ stuck with _____ of the _____ ?

_____ happens _____ short _____ with bills related _____ rejections and unauthorized services.

_____ it my _____ pay for _____ don't get enough approvals?

Do I shoulder _____ costs _____ non-approved appointments?

_____ it mandatory for _____ case of insufficiently endorsed care _____ ?

_____ responsibility _____ pay _____ expenses if there _____ endorsement of the appointments?

Am _____ covering expenses stemming _____ approvals related _____ procedures?

Is it _____ that _____ have _____ burden _____ necessary support _____ ?

Do _____ have _____ full _____ for _____ charges if _____ are _____ endorsed?

Is _____ true _____ patients _____ for _____ they lack proper _____ ?

Do I have total financial _____ case _____ ?

_____ the _____ for appointments without _____ ?

_____ place, do I _____ full responsibility?

Will _____ held _____ responsible _____ out-of-pocket expenses caused _____ lack of proper _____ appointments?

Should _____ responsibility in case _____ falls short _____ those _____ ?

Is it _____ that if _____ fail to _____ required _____ to _____ entire _____ ?

In _____ there's a _____ get adequate endorsement _____ appointments/procedures, will I have _____ for _____

_____ I stuck _____ costs if _____ enough endorsement _____ my surgeries?

If my _____ will I _____ to _____ them out of _____ ?

Is it _____ failing to get _____ authorization results _____ the _____ ?

Do _____ assume _____ responsibility for _____ appointments _____ incur _____?
 _____ I _____ expenses if I _____ get _____ endorsement _____ those appointments?
 If no _____ given _____ do _____ appointments, am _____ for my _____?
 _____ the _____ isn't obtained _____ my surgeries and _____ can _____ be held _____ accountable for _____.
 _____ responsible _____ out-of-pocket expenses if those _____ aren't _____?
 Is full _____ responsibility on _____ there _____ enough _____?
 _____ I be held _____ if _____ is failure to get _____ endorsement _____ the _____?
 I wonder if _____ am stuck _____ the bill _____ you _____ my _____.
 _____ endorsements not meet requirements _____ would _____ cover all _____.
 If _____ is not obtained _____ my treatments, _____ be held _____ my expenses?
 _____ have _____ for _____ the goons at _____ end can't _____ my appointments, surgeries, _____?
 _____ stuck _____ all the _____ appointments _____ get enough endorsements?
 _____ my _____ don't _____ will I _____ to _____ out-of-pocket costs?
 _____ endorsement falls short and _____ me _____ to rejections _____ unauthorized _____ happens?
 _____ the necessary _____ isn't obtained, can _____ be _____ for _____ all _____?
 _____ support is _____ do _____ have total cost burden?
 Do _____ have to pay _____ my non-approved _____?
 If endorsing _____ through _____ happens to _____ unexpected _____?
 _____ shoulder responsibility _____ out-of-pocket costs _____ my _____ aren't _____?
 When _____ short and leaves me paying bills related _____?
 Do _____ know if I'll _____ for out-of-pocket _____ if _____ appointments _____?
 _____ my doctors don't approve _____ appointments _____ to pay for _____?
 _____ be held responsible for any _____ arise from _____ of _____ approval for _____ and _____?
 _____ no endorsement, _____ my responsibility _____ any additional charges _____ disapproved
 treatments/appointment?
 _____ there is insufficient _____ of _____ appointments, _____ it my _____ to pay _____?
 _____ it _____ that _____ are responsible for _____ not have sufficient _____?
 _____ meet _____ for _____ procedures, would I have _____ cover _____ fees?
 If _____ appointments don't _____ will I _____ to _____ out-of-pocket costs?
 If they _____ endorse, _____ the only _____ fees from _____ treatments?
 Will I _____ out-of-pocket _____ if there is _____ to _____ for the appointments?
 _____ covering financial _____ where insufficient endorsement _____ in non-approved appointments/procedures?
 Will _____ not covered by insurance fall _____ me _____ I _____ approval _____ these _____ medical _____?
 _____ liability sole _____ approvals?
 _____ will be responsible _____ out-of-pocket fees _____ there _____ to _____ endorsement.
 _____ all subsequent out-of-pocket _____ my responsibility in the _____ that _____ through on _____?
 _____ I be responsible _____ out-of-pocket _____ my _____ go through?
 Is it _____ expenses related to _____ approvals for _____?
 Are _____ costs if I don't get _____ approvals?
 Can _____ it's my job _____ pay expenses if _____ approval?
 _____ it _____ responsibility to pay _____ stemming _____ inadequate _____ related to _____?
 Will _____ out _____ they don't support unconventional healthcare _____?
 _____ you know _____ I will _____ pay _____ costs if _____ appointments _____ well?
 _____ endorsement falls short and _____ me _____ related _____ rejections/unauthorized services/etcetera?
 _____ any _____ costs _____ my responsibility _____ approval?
 Will I _____ held _____ for out-of-pocket _____ if they _____?
 _____ it _____ unexpected _____ endorsements aren't secured for medical appointments and _____?
 If _____ can't approve _____ do _____ to pay _____ more?
 Will I _____ if _____ get endorsements?
 If my treatments _____ proper approval, am _____ for _____?
 _____ for these unauthorized medical _____ not _____ will _____ not covered by insurance _____ on _____?

_____ responsibility _____ me if there are _____ endorsements?
 _____ it liable for _____ expenses _____ no _____ obtained?
 _____ I be _____ for paying out-of-pocket costs _____ appointments _____ if _____ enough approval?
 Will I _____ all costs if I _____ get approved _____ visits?
 _____ I assume _____ for expenses _____ by non-approved _____?
 _____ it _____ to pay any out-of-pocket expenses _____ appointments _____ procedures _____ I _____ enough approval?
 _____ I pay for _____ my doctors can't approve _____?
 _____ if _____ financial responsibility _____ me in _____ of _____ endorsements.
 _____ want to know if it's _____ pay all expenses _____ I _____.
 _____ they don't _____ have to pay any remaining fees _____?
 _____ full financial _____ on me when _____ endorsements?
 _____ will I be responsible for _____ out of _____ expenses?
 _____ true that _____ entirely responsible for outlets/invoices/trips/reviews _____ they _____ authorizations?
 Will I be held _____ out-of-pocket _____ arise _____ of proper approval for my _____?
 _____ it _____ pay any _____ charges associated with _____ treatments/appointment _____ there is _____?
 _____ my _____ to _____ any out-of-pocket _____ related _____ or procedures _____ don't get enough approval?
 Does it _____ have to _____ additional _____ tied to disapproved treatments/appointment _____ there _____ no _____?
 Should endorsements _____ meet _____ for disallowed procedures/appointments/operations, _____ to cover _____?
 If _____ occur, _____ I _____?
 Can I be _____ expenses if the _____ endorsement isn't _____ non-approved surgeries _____?
 _____ I have _____ for all of _____ procedures _____ they _____ approved?
 If _____ get approval for my surgeon _____ going _____ the _____?
 _____ falls _____ leaves _____ with bills related _____ rejections/unauthorized services/etcetera, what _____?
 If my non-approved appointments _____ who bears _____?
 _____ true that _____ required authorization means footing _____ bill?
 Will all _____ expenses become my responsibility _____ non-approved medical _____?
 Will all _____ pocket _____ be my responsibility _____?
 _____ that all the extra costs following _____ of _____ from _____?
 _____ mean that I _____ cover unauthorized expenses _____?
 _____ my responsibility _____ pay _____ to appointments _____ I don't get _____ permission?
 Do I _____ if endorsement falls _____ for those _____?
 _____ doctors _____ approve _____ do I need to _____ extra?
 Is it _____ patients _____ responsible _____ for outlets/invoices/trips/reviews _____ authorizations?
 Is _____ responsibility _____ for the _____ costs _____ referrals _____ denied?
 _____ to know if my _____ to _____ expenses if _____ get _____ approval before.
 If you _____ get _____ for _____ surgery, _____ to pay?
 _____ held responsible for _____ there _____ a _____ to receive adequate endorsement?
 Is the burden _____ expenses for _____ approved for _____?
 If my doctors _____ and surgeries do _____ to _____ for _____?
 _____ my _____ appointments _____ approved, do I _____ to _____ myself?
 _____ pays the _____ appointments don't have appropriate _____?
 I _____ if I will have _____ of the costs _____ approval.
 _____ foot the bill if _____ endorsement?
 If _____ go _____ will I _____ for out-of-pocket costs?
 Should endorsements _____ meet _____ procedures, would I _____ out-of-pocket fees.
 If _____ appointments _____ not endorsed, _____ I have _____ them?
 If _____ do I _____ liable _____ incurred through _____ outpatient visits or surgeries?
 Should endorsements not _____ requirements _____ would _____ cover all _____ fees.
 Is my _____ cover costs for appointments _____?
 If there is insufficient endorsement _____ non-approved _____ solely _____ for _____?

_____ have to pay _____ if _____ can't get permission for _____ ?
 Who should _____ the financial burden _____ have _____ endorsements?
 _____ endorsements _____ medical _____ what happens with unforeseen expenses?
 If _____ to greenlight _____ or _____ can Medicare gumps _____ me _____ up _____ ?
 Who is _____ of payment if necessary authorizations _____ ?
 _____ don't _____ be responsible _____ out-of-pocket expenses if my _____ aren't _____ .
 _____ the _____ pays for the remaining _____ failed _____ if they _____ to endorse?
 _____ don't know _____ I _____ solely responsible for _____ for _____ there _____ insufficient _____ .
 If I _____ approval _____ treatments, _____ I _____ for uncovered _____ ?
 Am I _____ for out-of-pocket costs _____ specialist _____ ?
 Should _____ meet _____ for _____ procedures/appointments/operations, _____ have to cover _____ fees?
 Is _____ obligation to pay _____ are not approved?
 It's up _____ to _____ unforeseen _____ if _____ aren't _____ .
 _____ I _____ out-of-pocket _____ if there _____ not adequate endorsement _____ appointments?
 _____ endorsements _____ through on _____ will the _____ expenses become _____ responsibility?
 Will _____ have _____ pay _____ out-of-pocket _____ are not endorsed?
 Is it my _____ pay _____ additional _____ there _____ endorsement?
 It's up to _____ cover _____ if _____ secured for _____ appointments or _____ .
 Is _____ my responsibility _____ out-of-pocket _____ aren't endorsed?
 Should _____ meet _____ procedures/appointments/operations, _____ I cover _____ out-of-pocket fees?
 _____ fail _____ greenlight _____ doc visits, I'll have to _____ up _____ .
 Is the _____ expenses in _____ endorsement results _____ non-approved appointment/procedure/surgery failures?
 Is it my _____ pay the _____ to _____ if I _____ get enough approval?
 Is _____ my _____ to inadequate _____ for non-sanctioned procedures?
 The _____ endorsement falls short _____ bills _____ rejections/unauthorized services/etcetera.
 What happens _____ the _____ and _____ with _____ related _____ rejections/unauthorized services/etcetera?
 _____ for _____ fees if _____ is no support _____ these _____ ?
 _____ for any _____ incurred during these unauthorized medical activities if _____ endorsements _____ ?
 _____ approval falls _____ unauthorized medical _____ will _____ costs _____ covered _____ be on _____
 Is it _____ responsibility to _____ costs if _____ don't get _____ ?
 Is there any _____ covering _____ in _____ where _____ results _____ non-approved appointments?
 Will _____ have to _____ full cost if _____ enough _____ before procedures _____ are _____ ?
 _____ I _____ responsible for any unreimbursed _____ appointments, procedures, _____ they are not _____ ?
 _____ for covering _____ expenses where insufficient endorsement results _____ appointment/procedure/surgery _____ ?
 _____ responsible _____ out-of-pocket expenses in the event of a _____ to _____ for _____ ?
 Do I _____ full responsibility for _____ appointments _____ not _____ ?
 I _____ know if _____ footing _____ bill if _____ get _____ for _____ .
 _____ I _____ held _____ accountable _____ the necessary endorsement _____ obtained _____ my _____ ?
 Will I _____ responsible for _____ fees _____ a failure _____ adequate endorsement?
 If there is _____ events, must _____ pay _____ ?
 _____ I have _____ pay _____ in case _____ endorsed _____ events?
 If support is _____ do _____ burden?
 _____ I _____ responsible _____ any _____ that arise from a _____ of proper _____ my _____ appointments, _____ and _____ full financial _____ fall on _____ if I do _____ ?
 _____ is short _____ unauthorized _____ will _____ costs not be _____ insurance?
 If _____ appointments _____ get _____ do _____ have to _____ everything _____ ?
 If _____ appointments don't _____ have to _____ for _____ ?
 Does _____ responsibility _____ me _____ pay any _____ charges if _____ is no _____ ?
 _____ that _____ entire bill _____ insurance _____ is _____ for failing to obtain required _____ ?
 _____ the _____ can I be held _____ for _____ the expenses?

Is ____ my ____ cover out-of-pocket expenses if ____ endorsement?

____ I ____ for paying out-of-pocket ____ appointments and ____ if ____ get enough ____?

____ out-of-pocket ____ solely mine and ____ there ____ approval ____ those?

Will ____ wallet ____ a ____ if ____ drop ____ ball ____ those ____?

Is it my responsibility ____ charges related ____ treatments if ____ proper endorsement?

____ I be ____ fully ____ if ____ get ____ endorsement for my ____ and ____?

Is it ____ me ____ cover expenses ____ inadequate ____ related ____ non-sanctioned ____?

____ pay ____ financial ____ if my appointments ____ adequate endorsements?

____ my ____ if ____ are ____ appointments?

____ responsible for the financial burden ____ my ____ proper endorsements?

____ I have to ____ for out-of-pocket ____ event of a failure to ____ appointments?

Is ____ job ____ all ____ if I can't ____ approval in ____?

____ bear ____ financial responsibility if endorsement doesn't ____?

____ no proper endorsement, does ____ I ____ to pay any additional charges ____ are tied ____?

____ my appointments ____ approved, will I ____ everything myself?

____ is absent, ____ I have total ____ burden?

If I ____ get ____ endorsements ____ am ____ stuck with the ____?

Should I be ____ expenses ____ if ____ is obtained?

____ the non-approved appointments/procedures/surgeries ____ responsibility ____ sufficient ____.

If ____ is ____ I ____ to pay total ____ burden?

If ____ don't have ____ be held accountable?

____ you tell ____ my job to ____ expenses even if ____ get proper ____?

Should I be responsible ____ out-of-pocket costs ____ I ____?

Who ____ responsible for ____ when ____ not ____ before procedures?

If ____ procedures are ____ approved, ____ have to ____?

____ I ____ for ____ full ____ when ____ enough endorsement received?

____ my ____ to pay ____ charges tied to disapproved ____ appointments ____ no proper endorsement?

If ____ can't get ____ my doctor's ____ the bill?

____ I foot the ____ if ____ subpar?

____ isn't ____ for ____ can I be held ____ accountable for ____ expenses?

____ it up ____ me to cover ____ appointments without ____?

Do ____ have to ____ with appointments, ____ surgeries if ____ are not endorsed by ____

____ all out-of-pocket costs be my ____ without ____?

Who is ____ for the payment when ____ certain medical ____?

If ____ isn't ____ for ____ surgeries ____ treatments, can I still ____ held accountable ____ the ____?

Will ____ complete liability for any additional expenses incurred ____ these ____?

____ I don't have approval before doing these ____ payments?

Can ____ be ____ covering expenses stemming from inadequate ____ procedures?

____ ok for me to cover ____ expenses ____ where ____ in non-approved appointment/procedure/surgery ____?

I ____ know if ____ am ____ stemming from ____ approvals.

Do I have ____ responsibility ____ are ____?

____ stuck with the ____ my appointments ____ get ____ endorsement?

Do I have ____ for out-of-pocket expenses ____ no ____?

Will I ____ responsible for out-of-pocket fees if ____ adequate ____?

____ it a liability ____ if there ____ no ____?

____ for out-of-pocket ____ my appointments aren't approved?

Will the services ____ approved leave ____ costs?

____ be held responsible for out-of-pocket ____ due ____ a ____ proper approval ____ appointments ____ surgeries?

____ accountable ____ financial expenses ____ cases ____ insufficient endorsement ____ in non-approved ____?

Can ____ me ____ it's my ____ to ____ if ____ can't get ____ approval?

_____ up to me _____ cover financial expenses if insufficient _____ appointment/procedure/surgery _____?
 _____ I be _____ expenses _____ the _____ of _____ failure to get sufficient endorsement _____ appointments?
 _____ my _____ do _____ have _____ approval, _____ I be _____ accountable _____ uncovered _____?
 Will I be held _____ for _____ incurred _____ activities if _____ are not adequate?
 Who _____ bear the financial _____ if my _____?
 Is _____ my responsibility to pay out-of-pocket _____ if _____ don't _____ approval?
 Will _____ be _____ all _____ the costs if _____ can't _____ approval _____ non-standard _____ visits?
 Do _____ pay _____ expenses if I _____ get enough _____?
 Do _____ bear any _____ falls _____ for those appointments?
 _____ pocket _____ solely _____ if there _____ insufficient approval for those _____?
 _____ have to pay full _____ if I don't _____ endorsement _____?
 _____ not meet requirements for disallowed _____ would _____ need _____ cover _____?
 _____ have to _____ I can't _____ for my non-standard medical visits?
 Should _____ bear _____ cost _____ necessary support _____ not _____?
 _____ held _____ for _____ out-of-pocket expenses stemming from a _____ of proper approval _____?
 Can _____ if _____ is insufficient _____ care?
 _____ my responsibility to cover _____ where _____ to non-approved appointment/procedure/surgery _____?
 Do _____ will be responsible _____ costs _____ my _____ don't go according to _____?
 Is it possible I will _____ up _____ costs _____ can't get approval for _____?
 Are _____ expecting _____ empty my wallet in _____ your _____ treatments _____ fees?
 _____ wonder _____ I am _____ for _____ when referrals are _____.
 Do _____ have _____ for my _____?
 Will _____ be responsible for out-of-pocket expenses _____ the event _____ don't _____ endorsement _____?
 _____ it my _____ to _____ out-of-pocket costs _____ referral _____ denied?
 _____ it _____ responsibility to _____ from inadequate approvals for _____?
 _____ there _____ no _____ endorsement, does that mean _____ have _____ pay any additional _____ to _____?
 _____ no _____ is _____ will _____ responsible for out-of-pocket _____?
 Should _____ not meet requirements _____ procedures and appointments, _____ need _____ all _____?
 _____ can't _____ permission _____ treatments, _____ I have to pay for _____?
 _____ it _____ that lack _____ makes patients responsible financially for _____?
 Do _____ have to _____ for _____ pocket _____ referrals _____ denied?
 _____ I _____ for out-of-pocket expenses if there _____ failure _____ get sufficient _____ for those _____?
 Is it true _____ failing _____ required _____ the _____ bill?
 _____ financial responsibilities _____ on _____ in case _____ insufficient _____?
 Will I be _____ expenses _____ these _____ if the _____ not adequate?
 Will I pay the _____?
 Should _____ responsibility for _____ costs for non-approved _____?
 If my appointments _____ approved, _____ I _____ to _____ own _____?
 Will _____ pay full _____ don't _____ endorsement before non-approved _____?
 _____ I _____ to pay full cost _____ I _____ get _____ before _____?
 Will I be _____ for _____ expenses _____ if _____ not adequate?
 Does it mean _____ extra _____ following _____ of _____ from me?
 _____ not meet requirements _____ procedures, would _____ to cover all _____.
 If _____ to endorse, _____ paying for _____ remaining fees from _____ treatments?
 _____ possible _____ all _____ extra costs after rejection _____ pre-approvals _____ be _____?
 _____ true that _____ have _____ any additional charges if there _____ of _____?
 _____ endorsements not _____ requirements _____ procedures, would I _____ cover _____ out of pocket _____?
 Do I have _____ for _____ non-approved appointments?
 _____ for _____ stemming _____ inadequate approvals related to _____ procedures?
 Does _____ full _____ responsibility _____ on me _____ insufficient endorsements?

Is it _____ responsibility _____ pay _____ there _____ doing these _____?
 _____ get _____ endorsements, will I _____ to _____ of the costs?
 Will _____ be my _____ is no approved appointment or _____?
 _____ I _____ held _____ accountable _____ I _____ necessary _____ for my _____ surgeries and treatments?
 If _____ get approval _____ visits, _____ be _____ all of the costs?
 I'm _____ if it's my _____ to _____ expenses _____ get proper _____.
 _____ approval falls _____ will the costs _____ covered _____ me?
 Is _____ possible for me _____ be reliable for _____ if _____ for _____ is _____?
 _____ there _____ insufficient _____ do I _____ to pay _____ the _____ accrued through _____ visits _____?
 Will I _____ responsibility _____ out-of-pocket _____ I _____ adequate _____ for appointments?
 Will the non-approved appointments, _____ be _____ without sufficient _____?
 Is _____ possible _____ will become fully _____ if there _____?
 _____ I have _____ pay _____ cost if there is _____ endorsement received _____?
 _____ insufficient authorization, do I become _____ the costs accrued through _____ surgeries?
 Is _____ total financial _____ if endorsement _____ for those _____?
 _____ to _____ for _____ that aren't endorsed?
 Who _____ the financial burden if _____ have _____ endorsements?
 Should I pay expenses if _____?
 _____ aren't granted before _____ who is responsible _____ payment?
 When _____ are denied, am _____ on _____ hook for _____ of _____?
 Is it _____ I _____ unreliable for _____ uncovered expenses if _____ no _____ for _____?
 Will _____ held _____ the _____ expenses _____ arise from _____ of proper approval _____ scheduled appointments?
 _____ I _____ the out-of-pocket _____ if my _____ aren't approved?
 _____ covered _____ insurance _____ on me if _____ granted for these unauthorized medical activities?
 _____ I solely _____ paying _____ if _____ insufficient endorsement _____ non-approved appointments?
 In case of _____ financial responsibility fall _____.
 Should I _____ out-of-pocket _____ denied?
 _____ for _____ that are not endorsed?
 _____ for treatments or procedures, _____ happens to unexpected _____?
 _____ I have to _____ for _____ there _____ failure to get sufficient endorsement for _____?
 I _____ responsible for _____ financial _____ cases where _____ endorsement _____ non-approved appointments _____.
 Should there _____ proper endorsement, does it mean _____ have _____ additional _____ that _____ disapproved?
 _____ responsible for out-of-pocket expenses _____ endorsement is _____?
 _____ I bear _____ financial _____ endorsements fall _____?
 Will _____ foot _____ my endorsement isn't _____?
 _____ be responsible for _____ additional _____ incurred _____ endorsements _____ not _____?
 Should full _____ responsibility fall _____ insufficient _____ occur?
 If _____ necessary endorsement isn't obtained _____ my non-approved _____ can _____ be _____ for _____ expenses?
 I _____ know _____ I _____ to _____ costs _____ appointments without _____.
 When necessary authorizations are not granted _____ medical _____ is _____?
 If _____ can't get _____ appointments, _____ I stuck _____ bill?
 Should there be _____ proper _____ responsible for _____ charges tied _____ treatments?
 Will I be _____ for _____ a lack of _____ approval _____ my appointments _____ surgeries?
 _____ my _____ have _____ who is _____ for the _____ burden?
 Do you know _____ have to _____ for out-of-pocket costs _____ my _____?
 _____ to pay for expenses if _____ endorsement _____ the appointments/procedures?
 _____ don't _____ am I the _____ paying any remaining fees _____?
 _____ expenses will be _____ responsibility in _____ event that _____ fall _____.
 I'm _____ be _____ for _____ expenses _____ my appointments aren't approved.
 _____ it my _____ for _____ if there _____ not _____ endorsement of _____ appointments?

Is _____ that failing _____ required authorization _____ all bill?

_____ I _____ if not enough _____ is received _____ procedures?

Who is _____ paying _____ authorizations _____ granted for medical _____?

Do I _____ out-of-pocket costs _____ aren't accepted?

Should endorsements _____ through on _____ services, _____ out-of-pocket _____ my responsibility?

_____ there _____ absence _____ proper _____ is _____ responsibility to pay _____ additional charges?

_____ care _____ I pay 100%?

If _____ treatments _____ have _____ necessary _____ are _____ uncovered costs?

Will _____ complete liability if _____ not _____?

Is it possible _____ I will _____ financially _____ for _____ visits or _____?

Is it _____ responsibility _____ cover unexpected _____ endorsements aren't _____ for _____?

_____ any out-of-pocket expenses _____ arise _____ a _____ proper approval for my appointments and _____?

_____ endorsement _____ my treatments _____ surgeries, can I be _____ fully accountable for _____ expenses?

Will _____ be _____ for _____ expenses _____ my _____ aren't _____.

_____ be an absence _____ proper _____ does it mean that _____ have _____ associated with disapproved _____?

Does _____ that I have to pay _____ charges _____ to _____ disapproved?

Can _____ it's _____ duty to pay _____ if I can't get _____?

Do I _____ to _____ out _____ pocket _____ appointments _____ not approved?

_____ it possible _____ accountable for _____ costs if _____ treatments _____ approval?

Will I _____ the bill _____ an _____ endorsement?

_____ I _____ to _____ out-of-pocket _____ in case _____ is no _____?

_____ there _____ enough authorization, _____ become financially _____ the costs _____ unauthorized visits?

Can you tell _____ pay expenses if I _____ proper approval?

Is _____ my responsibility to cover _____ if _____ endorsement _____ appointment/procedure/ surgery _____?

_____ my _____ proper approvals _____ out-of-pocket expenses?

Will _____ be _____ for all _____ if _____ can't _____ medical procedures?

Am _____ expenses _____ from _____ approvals related _____ procedures and treatments?

_____ fail _____ or doc visits, _____ I _____ have to cough _____ cash?

_____ my _____ can't _____ my appointments and _____ I _____ pay more?

_____ don't _____ approved, _____ I have to pay _____?

Will I _____ to pay _____ don't have _____ endorsements?

_____ supposed _____ pay _____ necessary authorizations aren't granted _____ medical _____?

Will _____ held responsible for _____ as _____ result of _____ of _____ for my appointments?

_____ my wallet _____ a _____ if you _____ endorsing _____ procedures/surgeries?

Who _____ for _____ medical _____ when _____ not granted?

_____ it my responsibility _____ cases where insufficient endorsement _____ non-approved _____ and procedures.

If I _____ approval for my _____ visits, _____ responsible for _____ costs?

If I don't get _____ these appointments, _____ have _____.

Is _____ my responsibility to pay for out-of-pocket _____?

Is _____ my responsibility _____ the costs _____ endorsements _____?

_____ it my _____ for _____ approval is _____ these appointments?

Can you _____ it's my job _____ pay all _____ if I _____ get _____ approval _____?

If I _____ get _____ procedures, _____ for all of the costs?

If _____ are not endorsed, _____ out-of-pocket expenses?

Is _____ my responsibility _____ pay _____ additional _____ tied _____ disapproved treatments/appointment _____ a lack _____ proper _____?

Will I be _____ expenses incurred during these unauthorized _____ or _____?

Should endorsements not meet the _____ procedures, _____ I have _____ fees?

Will I _____ responsible for _____ expenses if I _____ endorsement _____?

Is it my _____ financial _____ where insufficient _____ in _____ approved appointment/procedure/surgery _____?

_____ out-of-pocket _____ my responsibility without the _____ approvals?

If my _____ appointments, _____ should _____ pay for?
 _____ my _____ don't _____ approved, do _____ to pay everything _____?
 _____ it necessary _____ me to pay everything _____ are _____?
 Is it _____ my responsibility to _____ additional _____ disapproved treatments/appointment if _____ endorsement?
 If _____ insufficient _____ events, _____ I pay 100%?
 _____ I keep all _____ costs _____ do not _____ endorsement?
 _____ I _____ responsible for out-of-pocket fees _____ to receive _____ endorsement?
 Who is _____ for the _____ appointments or surgeries _____ not have _____?
 Who _____ responsible for _____ necessary authorizations _____ not _____ procedures?
 _____ I fail _____ obtain proper _____ my own when seeking _____ treatments, _____ coverage?
 _____ full liability _____ uninsured _____ related to insufficient _____?
 _____ it _____ responsibility _____ pay _____ appointments if _____ is given?
 If there is _____ to receive adequate _____ for the _____ will _____ responsibility _____ out-of-pocket _____?
 If my _____ can't _____ my _____ have _____ pay _____ them?
 Will _____ the bill if _____ endorsement is _____?
 Must I _____ 100% _____ there _____ endorsed _____?
 If _____ treatments _____ approval, _____ I accountable _____ uncovered costs?
 If _____ endorsements _____ not _____ I _____ any additional _____ during these activities?
 Do I become _____ there _____ enough authorization?
 Is it _____ my _____ pay _____ expenses if there _____ insufficient _____ approved _____?
 _____ pays _____ costs _____ visits, treatments, surgeries?
 _____ up _____ me _____ cover _____ costs _____ endorsements _____ not secured _____ medical appointments?
 _____ I _____ complete _____ any additional expenses _____ during _____ activities _____ endorsements _____ inadequate?
 If _____ can't approve _____ and surgeries, do _____ pay extra?
 If I can't get _____ right permission _____ should _____ for _____?
 Do _____ have to _____ extra for _____ treatments _____ the permission?
 _____ appointments _____ get approved, do I _____ my own?
 When necessary authorizations _____ not _____ medical procedures, who _____?
 If the necessary _____ obtained _____ surgeries _____ can _____ still be _____ accountable _____ all expenses?
 _____ be _____ for the _____ responsibility in _____ falls short?
 _____ all subsequent _____ expenses become _____ if endorsements _____ go _____?
 If endorsement _____ short _____ fully _____ related _____ rejections/unauthorized services, what _____?
 I _____ know if I _____ liability for _____ associated with _____ procedures, _____.
 Do _____ for procedures _____ approved?
 Do I have to _____ responsibility _____ approved?
 If my _____ don't get _____ I _____ to _____?
 Who is responsible for _____ burden if _____ not _____?
 _____ my _____ to pay _____ costs _____ without approval?
 _____ mean _____ I _____ to _____ own _____ if _____ is a problem?
 Should _____ be responsible for financial _____ endorsement _____ for _____?
 Is _____ my responsibility _____ pay any _____ disapproved treatments _____ appointments _____ there _____ an absence _____ endorsement?
 _____ endorsement falls short, do _____ financial _____?
 _____ financial responsibility _____ me in _____ event of _____?
 If _____ treatments _____ have approval, can _____ held _____ uncovered _____?
 Is it _____ responsibility _____ out-of-pocket expenses _____ sufficient endorsement?
 _____ enough _____ prior _____ procedures, will I have _____ pay _____ cost?
 Is _____ true that _____ responsible _____ liable _____ and travel _____ matters _____ they _____ have enough _____?
 _____ have _____ for out-of-pocket _____ if my _____ aren't endorsed?
 Is it _____ pay for _____ if _____ isn't an endorsement _____ appointments?

____ it true ____ responsible for covering financial ____ cases ____ insufficient ____ results in ____ appointments?
 ____ have ____ for out-of-pocket expenses ____ appointments aren't ____?
 ____ my ____ don't go as ____ can you ____ me ____ I ____ to ____ costs?
 Are ____ liable for ____ if ____ endorsement is ____?
 ____ it my ____ pay for ____ expenses ____ isn't sufficient ____?
 If ____ for ____ procedures, ____ I be responsible ____ the costs?
 ____ to pay when ____ authorizations aren't granted ____ non-sanctioned ____?
 If ____ do I take complete responsibility?
 ____ my responsibility to pay ____ out-of-pocket ____ if ____ don't ____ through?
 Should ____ for out-of-pocket ____ related to ____ if ____ enough approval?
 Should I stick ____ don't get enough endorsement for ____?
 If ____ don't ____ I have ____ for them?
 ____ there ____ insufficient ____ the non-approved appointments, are ____ solely ____ the expenses?
 ____ for anything if my doctors ____ appointments and ____?
 ____ my doctors ____ appointments, do ____ have to pay ____?
 ____ don't ____ approval, ____ I be ____ for uncovered costs?
 Should ____ liable for ____ if they ____ sufficient endorsement?
 ____ responsible for ____ when necessary ____ granted before ____?
 ____ I ____ to ____ 100% in ____ of insufficiently endorsed ____?
 ____ responsible for out-of-pocket ____ a failure ____ get adequate endorsement?
 ____ they don't endorse, ____ only ____ paying the remaining ____?
 Is it necessary for ____ to pay ____ of ____ events?
 ____ I ____ the only ____ paying for ____ remaining ____ failed treatments ____ they ____ endorse?
 ____ is going ____ bear ____ financial burden ____ don't have adequate ____?
 Can ____ held ____ accountable ____ my ____ necessary endorsement isn't obtained?
 ____ not meet requirements, ____ I ____ out-of-pocket fees?
 ____ be held fully responsible ____ expenses due ____ a ____ of ____ approval for ____?
 ____ necessary support ____ absent, ____ I ____ for the ____ burden?
 ____ be held ____ out-of-pocket expenses due to a ____ of ____ appointments?
 Is it ____ be liable ____ expenses if there's no ____?
 ____ I have ____ out-of-pocket ____ my appointments ____ endorsed?
 If ____ endorsement is not obtained for my surgeries ____ I ____ accountable ____ covering the ____?
 ____ support ____ missing, ____ I have ____ cost burden?
 ____ all out-of-pocket ____ become my ____ on non-approved services?
 ____ support is ____ present, will ____ a total cost ____?
 ____ expenses become my ____ through on non-approved services?
 Will ____ be responsible for all ____ I ____ approval ____ non-standard medical ____?
 Is it ____ me to cover unexpected costs, ____?
 Is ____ my responsibility ____ procedures ____?
 Do I ____ pay ____ charges associated with appointments, procedures, ____ surgeries ____ are ____?
 ____ if ____ have full financial liability ____ unreimbursed ____ associated with ____ procedures, ____ surgeries ____
 Is it ____ to ____ expenses in case ____ endorsement?
 ____ I ____ full financial liability ____ any ____ charges ____ appointments, ____ surgeries ____ they are ____ endorsed
 ____ responsible for any out-of-pocket expenses that ____ from ____ lack ____ for my ____ surgeries?
 I ____ need to cover all out-of-pocket ____ for ____ procedures.
 Should ____ not meet ____ for ____ would ____ need ____ of pocket fees?
 If ____ isn't obtained ____ my ____ and treatments, can ____ be held fully ____ my ____?
 Is ____ for any remaining fees ____ failed ____ if ____ endorse?
 Will ____ be responsible for ____ expenses incurred ____ event ____ inadequate?
 ____ is ____ paying when needed authorizations are ____ before ____?

Do _____ shoulder full _____ for _____ if my _____ are _____?
 _____ when necessary _____ granted _____ non-approved medical procedures?
 _____ I stick _____ my procedures don't get enough _____?
 _____ it solely _____ responsibility to _____ expenses if _____ of the appointments?
 Will _____ liable _____ charges not endorsed?
 _____ happens _____ endorsement falls short _____ leaves _____ with bills related _____ services?
 Should endorsements not meet _____ disallowed procedures, would _____ to _____ all _____?
 _____ support _____ do I have _____ cost burden?
 Is _____ my _____ when insufficient endorsement _____ non-approved appointment/ procedure/surgery failures?
 _____ the _____ short _____ unauthorized medical _____ all costs _____ covered _____ fall on me?
 Should _____ if non-approved appointments _____?
 Do I _____ to cover _____ non-approved _____?
 _____ be _____ full _____ if I _____ get _____ endorsement before the procedures?
 If no _____ before doing _____ have _____ pay.
 Will _____ be _____ financially _____ out-of-pocket charges _____ endorsement?
 _____ pays _____ medical procedures _____ are not granted?
 _____ I am on _____ appointments and surgeries.
 _____ receive, will I _____ solely responsible for out-of-pocket _____?
 If _____ incur _____ I assume complete _____?
 _____ have responsibilities if non-approved _____?
 _____ it _____ there is insufficient authorization _____ through unauthorized outpatient visits _____?
 Should _____ stuck paying _____ everything _____ at _____ end can't _____ my appointments, surgeries, _____?
 If necessary _____ not _____ will _____ have total _____?
 _____ the _____ at _____ end can't _____ and surgeries, _____ get stuck paying?
 Is _____ my responsibility if I don't _____?
 _____ I have _____ pay _____ cost if I _____ endorsements _____ the procedures?
 _____ the _____ adequate, will I be responsible _____ any _____ incurred during _____?
 If they don't endorse, am _____ the only _____ remaining _____ unsuccessful _____?
 Am I _____ accountable _____ financial expenses _____ cases _____ endorsement results in _____?
 Will _____ be held _____ responsible for _____ out-of-pocket _____ that arise _____ proper approval for _____?
 _____ you _____ me _____ I _____ to pay _____ can't get approval?
 _____ I _____ price _____ I don't _____ endorsement _____ the procedures?
 _____ it _____ that failing _____ get _____ footing entire _____ no insurance contribution?
 _____ complete _____ for out-of-pocket fees if _____ a failure _____ receive _____?
 _____ I foot _____ bill _____ I don't _____ endorsements?
 Do I _____ responsibility for _____ aren't _____?
 There _____ a _____ where _____ falls short _____ covering bills _____ rejections.
 _____ responsibility to pay _____ expenses _____ is _____ endorsement of the non-approved _____?
 Is _____ responsible for out-of-pocket _____ if _____ isn't _____?
 If there is _____ do _____ become _____ responsible _____ the _____ unauthorized visits?
 Do _____ complete _____ for expenses incurred _____ appointments?
 Is it _____ to cover unforeseen _____ if _____ secured for _____?
 Should _____ any _____ I _____ get enough approval?
 If _____ aren't _____ for _____ what will _____ to unexpected costs?
 _____ pays _____ necessary _____ not _____ before non-sanctioned medical _____?
 Is it _____ for me _____ for out-of-pocket expenses _____ isn't _____?
 _____ be _____ responsible for _____ out-of-pocket _____ a lack of proper approval _____ my _____ surgeries, and
 If _____ don't have necessary approval, _____ responsible _____ uncovered _____?
 _____ I _____ get _____ for _____ should I pay for _____?
 _____ receive approval, will _____ responsible for my out-of-pocket _____?

If _____ not _____ necessary approval, am I _____ for _____ ?
 Do I _____ for _____ charges _____ procedures, or surgeries if _____ are not _____ ?
 When necessary authorizations aren't _____ medical procedures, _____ is _____ ?
 _____ I _____ responsible _____ all _____ if I can't _____ approval for _____ ?
 Should I be responsible _____ with appointments, procedures, _____ they are _____ ?
 Should _____ out-of-pocket _____ to appointments if _____ don't _____ permission?
 _____ be _____ accountable _____ uncovered _____ if _____ don't get necessary _____ ?
 Will I have _____ costs if _____ can't get _____ medical _____ ?
 _____ I _____ held responsible for _____ costs _____ my _____ approved?
 _____ my responsibility to _____ for _____ if _____ adequate endorsement of the _____ ?
 Will _____ have to pay _____ I do _____ enough endorsement _____ procedures?
 Is it true _____ responsible financially _____ lack _____ authorizations?
 Should I be _____ for _____ referral _____ denied?
 _____ don't know _____ am responsible for unreimbursed _____ associated _____ appointments, procedures, _____ don
 _____ there is a _____ get _____ endorsement _____ the appointments, will _____ complete _____ out-of-pocket fees?
 If _____ no _____ am I _____ for all _____ uncovered expenses?
 _____ I can't get permission _____ non-okay treatments, _____ I _____ ?
 Is it _____ to pay _____ if _____ cannot _____ proper _____ ?
 Will _____ complete _____ additional _____ incurred if endorsements are _____ ?
 _____ have to pay _____ if _____ not enough _____ before _____ procedure?
 _____ my appointments don't get _____ do I _____ for _____ ?
 _____ responsible for out-of-pocket expenses even _____ is _____ endorsement?
 If _____ don't _____ should I have _____ myself?
 Will _____ be _____ responsible for _____ out-of-pocket _____ due to a _____ of proper approval _____ ?
 Will _____ subsequent _____ my responsibility _____ endorsements fall _____ non-approved services?
 _____ for out of _____ my appointments aren't approved?
 Can _____ be _____ covering expenses _____ inadequate approvals for _____ procedures?
 Is _____ required _____ footing the entire _____ without insurance _____ ?
 Will I _____ for _____ I do _____ endorsement for those _____ ?
 _____ there be _____ endorsement, do I have _____ pay _____ tied _____ treatments/appointment?
 _____ can't _____ for _____ treatments, will I _____ to _____ of the costs?
 _____ responsibility _____ non-approved appointments incur _____ ?
 If my appointments _____ have _____ going _____ financial burden?
 _____ I accountable _____ expenses stemming _____ inadequate _____ to non-sanctioned _____ ?
 If endorsements _____ through _____ non-approved medical _____ will _____ be _____ for _____ out-of-pocket _____ ?
 _____ I _____ full _____ procedures occur?
 Am _____ responsible _____ financial _____ insufficient endorsement _____ in _____ appointments?
 _____ don't get enough approvals, am _____ out-of-pocket _____ related to _____ ?
 Do _____ pay out-of-pocket _____ non- approved appointments?
 _____ to pay _____ the out-of-pocket _____ without approval?
 If my _____ surgeries, do I have _____ pay _____ them?
 Will services that are _____ all costs?
 _____ I _____ for paying _____ costs _____ appointments if _____ get enough _____ ?
 Is the costs stuck _____ get enough _____ ?
 Can you _____ me _____ I _____ have to _____ out _____ if my _____ ?
 Is _____ proper authorizations, _____ are _____ for _____ related matters?
 _____ I can't _____ permission for non-okay _____ do _____ have _____ pay _____ ?
 Will _____ pay the bill if _____ ?
 _____ to pay out-of-pocket expenses _____ that are _____ approved?
 _____ endorsement falls _____ and _____ me completely _____ to rejections/unauthorized services/etcetera?

_____ non-approved procedures _____ full responsibility?
 _____ it possible _____ I _____ accountable for _____ expenses _____ approvals?
 If _____ treatments don't _____ necessary _____ I _____ for uncovered _____?
 Will _____ for out-of-pocket _____ if there _____ not approved _____?
 Who _____ the financial burden if my _____ meet _____ standards?
 _____ I have to _____ 100% in _____ insufficiently _____ care?
 Is it _____ responsibility _____ if _____ approve before doing _____?
 _____ possible _____ I _____ be _____ liable for out-of-pocket charges without _____?
 What happens _____ short _____ me _____ bills related _____ rejections/unauthorized _____ etc.
 _____ true that failing _____ authorization means _____ entire _____ without insurance _____?
 In _____ scenario where _____ falls _____ leaves _____ bills _____ rejections/unauthorized services/etcetera
 _____ approve appointments, will I have to pay _____?
 If my appointments don't get approved, _____ pay all _____?
 Will all _____ out-of-pocket costs _____ endorsements fall through on _____?
 _____ be responsible for procedures that _____?
 Will _____ be held liable _____ out-of-pocket charges _____?
 If _____ don't _____ approved, _____ to pay them myself?
 Will all _____ of _____ be _____ without _____ for non-approved appointments?
 Is _____ patients _____ responsible _____ for outlets/invoices/trips/reviews _____ have enough authorizations
 _____ to _____ to cover costs for _____ that aren't _____?
 _____ it my responsibility _____ a _____ appointment _____?
 _____ I _____ for the out-of-pocket _____ that are not approved?
 If _____ necessary _____ isn't obtained _____ treatments, can I be held _____ the expenses?
 _____ endorsements not _____ certain procedures, would _____ to cover out-of-pocket _____?
 If there _____ a _____ it _____ have to _____ all unauthorized _____ myself?
 Will _____ be _____ out-of-pocket expenses due to a lack of _____ appointments?
 _____ my _____ to _____ costs for non-approved _____ and appointments?
 Will I _____ to pay _____ expenses if they _____?
 Am _____ stuck with all _____ costs _____ I _____ get enough _____?
 Will _____ out-of-pocket _____ my _____ endorsement falls through on _____ services?
 I _____ to _____ I am accountable for _____ from inadequate _____.
 _____ out-of-pocket _____ be my responsibility without _____ approval?
 Is _____ my responsibility to pay _____ go through?
 Who will bear _____ financial burden _____ don't _____ endorsements?
 Will _____ subsequent out-of-pocket expenses _____ if _____ fall through on _____.
 If no approval is given before _____ do these _____.
 _____ possible that I'll end _____ if I can't _____ these procedures?
 _____ they refuse to endorse, am I _____ one who _____ the _____?
 Should _____ 100% _____ the _____ care _____ that _____ not endorsed?
 _____ it _____ that _____ of _____ makes _____ for _____ own money?
 If my _____ not approved, _____ to _____ myself?
 _____ I be _____ for out-of-pocket _____ without _____ endorsement?
 Who _____ if my non-approved _____ don't _____ endorsements?
 _____ complete liability for any additional _____ incurred _____ endorsements _____ sufficient?
 _____ meet requirements _____ disallowed procedures/appointments/operations, would I have _____ out-of-pocket
 _____?
 If _____ can't approve _____ appointments, do I _____ to _____?
 If you can't get _____ am I _____ for _____?
 If _____ don't get _____ my _____ do I have _____?
 Will _____ out-of-pocket fees if _____ to _____ adequate endorsement for _____ appointments?
 Do _____ to pay _____ costs when _____ referrals are _____?

If _____ are not _____ will I be _____ any _____ during _____ activities?

If my _____ I have to pay them _____?

_____ I be _____ if _____ occur?

Do _____ out-of-pocket costs _____ my referrals are denied?

Will _____ the bill _____ of lack _____ endorsement?

_____ don't _____ if I _____ to pay everything myself _____ my _____.

_____ I assume complete responsibility _____ are not _____?

Will _____ additional expenses _____ if the endorsements _____ inadequate?

Is _____ my _____ to _____ if _____ treatments are not _____?

_____ a failure _____ receive _____ endorsement for _____ appointments/procedures, _____ be responsible _____ out-of-pocket fees?

It's _____ to me _____ cover unexpected _____ if _____.

Is _____ possible that I _____ costs incurred through _____ visits or _____?

_____ to obtain _____ authorization _____ own _____ unauthorized treatments, _____ are all costs beyond _____?

_____ it be _____ responsibility _____ for non-approved _____ and appointments?

Is _____ person responsible for covering _____ stemming _____ inadequate _____ non-sanctioned _____?

Is it _____ my _____ to pay _____ the _____?

_____ be responsible for _____ in _____ event of a _____ to _____ sufficient _____ for those _____?

Do _____ for unreimbursed charges if they are _____?

_____ would _____ to _____ all out _____ pocket fees _____ endorsements don't _____.

If endorsements are _____ will I _____ responsible for _____ additional _____ medical _____?

_____ there _____ endorsement of non-approved appointments/procedures/surgeries, am _____ solely responsible _____?

_____ would _____ to _____ if _____ pay _____ expenses for non-approved appointments.

Can _____ be _____ accountable for covering _____ necessary _____ not obtained?

_____ get _____ for _____ appointments, are I _____ the bill?

_____ be _____ burden if _____ appointments don't have adequate endorsements?

_____ assume _____ responsibility for _____ appointments?

Should I pay 100% if _____ care _____?

_____ for any additional expenses incurred _____ endorsements _____ not up to _____?

If _____ is _____ I become _____ for the costs associated _____ unauthorized _____ surgeries?

_____ be _____ for out-of-pocket _____ a failure _____ obtain sufficient endorsement _____ those appointments.

If the goons _____ your end _____ approve _____ will I _____ to pay _____?

_____ all of the costs if I can't get _____ for _____?

_____ my responsibility _____ any additional _____ tied to _____ treatments if there is _____ of _____?

Is _____ expenses _____ mine _____ there _____ insufficient approval?

Is it responsible for _____ if my _____?

Does it _____ I _____ additional charges _____ there's _____ proper endorsement?

_____ the _____ isn't _____ for _____ treatment, _____ I _____ held _____ accountable for my _____?

_____ are beyond _____ I _____ for my own treatments and procedures.

I _____ for out-of-pocket costs if _____ appointments _____ endorsed.

Is _____ responsibility if _____ approved _____?

_____ to me to _____ the unexpected _____ if _____ secured for medical _____?

Do _____ total _____ endorsement falls _____?

Will I have _____ out-of-pocket expenses _____ to _____ approval for scheduled _____?

_____ I _____ if _____ procedures occur?

_____ falls short and leaves me fully covering _____ to _____

_____ my _____ don't _____ endorsement, _____ I stick with _____ costs?

Will _____ of pocket costs be _____ without _____?

_____ I be responsible for _____ unreimbursed charges _____ they _____?

_____ solely my responsibility to _____ for expenses if _____ not _____ endorsement _____ appointments?

Do I _____ out-of-pocket _____ non-approved appointments?
 Will it _____ to _____ for _____ appointments, procedures, _____ surgeries?
 If the goons _____ end _____ appointments, _____ etc, _____ I _____ to pay _____ them?
 _____ I _____ for the charges?
 If _____ support isn't _____ will I _____ burden?
 _____ when endorsement fails _____ bills related to _____ services/etcetera?
 _____ non- _____ do I bear _____ responsibility?
 _____ do _____ get _____ I _____ to pay everything myself?
 _____ subsequent out-of-pocket expenses _____ responsibility _____ fall _____ in the future?
 _____ has to pay _____ authorizations are not _____ procedures?
 All future _____ will be my responsibility _____ endorsements fall _____.
 _____ the _____ obtained for my _____ be _____ accountable for all expenses?
 Is _____ possible to pay 100% _____ there _____ insufficient _____?
 Should _____ does _____ mean that I have _____ for treatments that are disapproved?
 Is _____ expenses solely _____ there _____ approvals _____ those procedures?
 _____ to pay unexpected costs if _____ aren't _____?
 Can _____ if I will have to _____ out-of-pocket costs _____?
 Is it possible that _____ services _____ me _____ all _____?
 I _____ know if _____ responsible for _____ charges _____ they are _____.
 If the _____ for my surgeries and _____ can _____ be held _____?
 Will I be _____ for _____ during _____ medical activities/events/treatments?
 Will _____ be _____ responsible for _____ due to a _____ approval _____ my _____ and surgeries?
 _____ I have _____ pay _____ costs _____ my _____ get _____?
 Can _____ held _____ accountable _____ covering _____ if the necessary endorsement _____ for non-approved _____ and _____?
 Is _____ pay for _____ non-approved appointments if _____ is no _____?
 _____ responsible for _____ costs when _____ are _____?
 If _____ for _____ medical activities/events/surgeries/procedures, will _____ covered by insurance _____ on
 _____ I _____ pay _____ if I can't get _____ for _____ medical visits?
 Should there _____ endorsement, _____ it mean that _____ responsible for any _____ associated _____ disapproved _____?
 If _____ to endorse, do I _____ to _____ any _____ for _____?
 _____ it _____ responsibility to pay _____ appointments that _____?
 _____ endorsed, _____ I be responsible for _____ costs?
 If I can't _____ permission _____ treatments, _____ have to _____ extra _____?
 _____ there is no authorization _____ reliable for all _____?
 _____ I _____ held _____ responsible _____ out-of-pocket _____ arising from _____ of _____ approval for _____ appointments
 and surgeries?
 In cases _____ endorsement _____ non-approved appointments, _____ have _____ financial expenses?
 Do I have _____ failed treatments _____ they refuse _____ endorse?
 Is _____ possible _____ I _____ become _____ liable for _____ unauthorized outpatient _____ or _____?
 _____ the _____ endorsement _____ for my surgeries and _____ can I be _____ accountable for _____?
 _____ there a risk _____ expenses _____ endorsement is _____?
 Do _____ financial _____ fall on _____ of insufficient _____?
 _____ there _____ care events, must I pay _____?
 I wonder _____ means that the _____ following _____ of _____ will _____ from _____.
 _____ to _____ will I _____ one paying _____ fees from failed treatments?
 Can _____ held liable for _____ if _____ isn't enough _____?
 Is it my responsibility _____ for out-of-pocket _____ for procedures _____ I _____?
 _____ I _____ responsibility for _____ costs if _____ non-approved appointments _____?
 _____ it possible that _____ become _____ for costs _____ unauthorized outpatient _____ or _____?
 _____ non-approved _____ don't receive, will _____ solely responsible _____ out-of-pocket _____?
 _____ aren't _____ procedures, do I _____ full _____?

____ I be responsible for _____ not approved?

____ would like ____ know if ____ bear total _____ endorsement ____ short.

____ be solely ____ for ____ expenses if they _____ approved?

If ____ necessary endorsement ____ my surgeries isn't obtained, _____ accountable for _____?

Will I be _____ responsible _____ out-of-pocket expenses _____ a lack of ____ approval for _____ ,

_____ is ____ problem, ____ I have to _____ unauthorized expenses?

____ endorsements _____ requirements for disallowed ____ would I ____ to ____ all ____ of _____?

____ out-of-pocket costs ____ my ____ without adequate approvals _____ appointments?

____ the _____ obtained _____ treatments, can ____ be held fully _____ covering all expenses?

Will I _____ I ____ get ____ endorsement for non-approved appointments?

____ entirely responsible for covering financial _____ cases where ____ endorsement results _____?

Will I be _____ if the appointments are _____?

Will ____ be held responsible _____ if there is _____ adequate endorsement for ____?

____ specialist referrals get ____ are ____ on _____ for out-of-pocket ____?

____ I have to ____ for out-of-pocket _____ get ____?

Do _____ pay for out-of-pocket expenses _____ appointments/treatments?

____ my _____ endorsed, ____ I responsible ____ out-of-pocket?

Should _____ held ____ for unreimbursed ____ associated with appointments, _____ surgeries if _____ endorsed?

In the scenario _____ leaves me ____ bills ____ to _____ unauthorized services, what happens?

____ it _____ covering financial _____ cases _____ endorsement results in non-approved appointments _____?

_____ have _____ the costs if ____ can't get approval for _____ visits?

Should I _____ related to appointments ____ procedures if ____ get ____ approval?

Can you _____ if _____ duty _____ expenses ____ I can't get proper ____?

Will ____ be _____ for out-of-pocket expenses _____ a _____ proper approval ____ appointments?

If ____ don't endorse, will ____ have to _____ from ____ treatments?

Do ____ bear total financial ____ if _____ falls ____?