

[Demo] NLP Dataset for Customer Service Automation

Company Type	Pet Insurance Companies
Inquiry Category	Assistance with choosing appropriate coverage
Inquiry Sub-Category	Alternative therapies coverage
Description	Customers seek guidance on policies that include coverage for alternative therapies like acupuncture, chiropractic care, or physical therapy, to complement traditional veterinary treatments.
Data Size	5,174 paraphrases
Want to buy data?	Please contact nlp-data@gross.me via your business email address.

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

What are the exclusions _____ of _____ treatments _____ your _____ packages?
_____ are _____ exist on the _____ different _____ in _____ policy cover?
Is _____ on how your _____ plans _____ cover alternative _____?
_____ you _____ are _____ limitations on coverage _____ complimentary _____ within your insurance?
_____ to know _____ any _____ what isn't covered _____ therapies within insurance.
Can _____ tell me _____ on coverage for _____?
_____ want _____ know _____ any exceptions _____ boundaries to cover _____ types _____ treatment.
Can _____ help _____ understand the restrictions _____ exceptions _____ treatments?
_____ limits exist on the _____ different _____ coverage.
_____ of limitations _____ there in _____ coverage?
What limits exists on the _____ therapies in _____?
Can you _____ me if _____ on _____ coverage _____ complimentary treatments _____ your insurance _____?
Can you tell me if _____ any _____ for _____ of complimentary _____ within your _____?
_____ insurance _____ give you specific _____ for coverage _____ non-drug _____?
_____ the limitations of _____ complimentary treatments?
There are restrictions regarding _____ of these therapies _____.
_____ certain alternative _____ be covered _____?
Does _____ have _____ limitations _____ non traditional _____ are paid for?
_____ not _____ when it comes _____ alternative treatments _____ policy?
What limits are _____ the inclusion _____ in your _____?
Are there _____ restrictions _____ alternative treatments _____ insurance _____?
_____ exist _____ inclusion of different therapies in _____?
Are there any _____ the _____ complimentary _____ insurance plans?
_____ have _____ or _____ for _____ of complimentary treatments?
Can you _____ me _____ limitations _____ for alternative treatments?
What _____ are _____ regarding _____ inclusion _____ different _____ the _____ coverage?
_____ there _____ how _____ coverage _____ can _____ for alternative treatments?
Does your _____ from using your _____ money for _____ treatments?

____ your insurance plan include ____ coverage ____ complementary ____?
 ____ you ____ us more ____ therapy exclusions?
 ____ alternative ____ covered ____ insurance plan?
 Does your ____ plan contain ____ on ____ your ____ on non ____ treatments?
 ____ limits are ____ these therapies ____ your policy cover?
 ____ help us ____ restrictions ____ exceptions for ____ alternative treatments?
 Can ____ describe ____ restrictions ____ treatments?
 ____ tell ____ there are any restrictions ____ coverage for ____ within ____ plans?
 Can you tell me ____ any provisions ____ for ____ treatments?
 ____ need to ____ if you have ____ on ____ not ____ for Complementary ____ within ____.
 ____ me if ____ are any restrictions ____ coverage of ____ included ____ policy?
 What limits exist ____ than one ____ in the policy ____?
 ____ the limitations on ____ complimentary ____ in your ____?
 Can ____ tell me if ____ restrictions on coverage ____ complementary ____ in ____.
 ____ limitations ____ to the ____ complementary ____ in your insurance ____?
 What ____ inclusion of these therapies in ____ plan?
 What's the ____ on ____ inclusion of ____ policy coverage?
 ____ you tell me the ____ covering ____ treatments?
 Do ____ coverage of complimentary treatments?
 Are ____ restrictions ____ for coverage ____ complimentary ____ your policies?
 Does ____ insurance provide rules for ____?
 ____ about any limitations ____ coverage for the ____?
 There are ____ limitations regarding the ____ of ____ policy ____.
 ____ exist ____ the ____ of different therapies in ____?
 What limits are there ____ of ____ in ____ cover?
 ____ on ____ different therapies in ____ policy?
 What ____ complimentary care coverage?
 ____ your policies have ____ for ____ complimentary ____?
 What ____ of ____ of complimentary care ____?
 ____ the ____ of your insurance plans ____ alternative ____?
 What limitations ____ there when it ____ to the inclusion ____ cover?
 ____ some limits when ____ comes ____ insurance alternative ____.
 ____ your ____ plan contain ____ how ____ traditional treatments are paid ____?
 ____ do we know ____ on the ____ therapies in ____ coverage?
 ____ your ____ allow ____ specific ____ coverage of complementary treatments?
 What ____ on the inclusion of ____ policy?
 Do ____ specific exclusions ____ paying for ____?
 ____ you provide ____ of the ____ and exceptions ____ alternative ____?
 ____ exist on ____ of some ____ your policies?
 What ____ limitations to ____ inclusion ____ these ____ policy?
 Is ____ therapies not included ____ plan?
 Can you ____ there ____ limitations regarding ____ the therapies included ____ the ____?
 What are the ____ on the ____ therapies ____ your ____?
 What ____ exist on ____ inclusion ____ in the ____ cover?
 ____ limits exist on ____ inclusion ____ therapies in ____?
 What are ____ insurance ____ of complementary treatments.
 ____ have any restrictions or ____ coverage for ____?
 Is ____ any ____ on the ____ different ____ in the ____?
 ____ the limitations ____ for ____ therapies?
 ____ any restrictions or ____ for ____ alternative treatments?

What are _____ insurance _____ for _____ ?
 _____ limitations do _____ about _____ inclusion of _____ therapies _____ your _____ cover?
 _____ might _____ on the _____ of _____ types of _____ your insurance _____.
 _____ there _____ coverage _____ complementary treatment?
 What is _____ it comes to _____ with _____ of yours?
 _____ you tell me _____ are any _____ provisions _____ the _____ Complementary Treatments?
 _____ certain _____ not _____ in your _____ plan?
 _____ contain restrictions _____ coverage _____ complimentary treatments?
 Does _____ plan restrict how _____ your insurance _____ non _____ treatments?
 Do _____ have _____ surrounding complimentary _____ ?
 What limitations _____ there regarding _____ of _____ in _____ ?
 _____ describe _____ and exceptions for _____ alternative _____ ?
 What limitations are there regarding _____ policy cover?
 _____ like _____ if there are specific _____ for paying for _____.
 What _____ the _____ of these _____ in your coverage?
 _____ there any restrictions _____ services?
 What _____ do your _____ coverage for complimentary _____ ?
 Do _____ any _____ or provisions for coverage of _____ ?
 _____ need to _____ the _____ about what isn't covered _____ therapies.
 _____ are _____ on the inclusion _____ in your insurance?
 Do you _____ restrictions or _____ for _____ treatments?
 Can _____ me if there _____ any limitations on the _____ for _____ within _____.
 What _____ limits for the _____ different therapies _____ coverage?
 There _____ limitations _____ these therapies _____ your policy.
 Are _____ coverage for _____ treatments?
 What _____ limitations of coverage _____ treatments in _____ packages?
 What _____ exist on the _____ different therapies _____ the _____ ?
 _____ for the _____ different therapies in the policy?
 _____ are _____ limitations associated _____ complimentary _____ ?
 _____ are _____ regarding the inclusion of _____ therapies _____ your _____ ?
 What _____ pertaining _____ the _____ of these _____ in _____ policy?
 Are there limitations _____ inclusion _____ in _____ insurance plan?
 _____ any limitations _____ it comes _____ alternative therapies?
 _____ are limitations _____ the inclusion _____ therapies in _____ policy _____.
 _____ your _____ any restrictions _____ provisions for _____ complimentary treatments?
 There are limitations _____ inclusion _____ therapies in _____ policy _____.
 _____ anyone know _____ specific exclusions for paying _____ supplemental _____ ?
 _____ insurance _____ contain any limitations _____ how non _____ treatment is _____ ?
 What _____ exist for _____ different _____ in the _____ ?
 What _____ the _____ and exclusions for _____ of _____ ?
 _____ limits _____ the inclusion _____ therapies, in _____ policy cover?
 _____ any restrictions on _____ services?
 _____ plan _____ any _____ on how non _____ treatments _____ for?
 What are the _____ inclusion of these therapies _____ ?
 Does _____ any _____ regarding _____ treatments?
 _____ possible _____ your insurance _____ has limitations _____ how non _____ are paid _____ ?
 _____ of _____ insurance _____ limitations on the coverage _____ treatments?
 _____ policies have _____ restrictions _____ coverage of complimentary _____ ?
 Do you _____ restrictions _____ of _____ forms of _____ in _____ insurance?
 _____ the _____ and _____ of insurance for _____ treatments.

_____ the _____ alternative treatments in your insurance packages?

Are there any _____ on _____ coverage _____ have _____?

What do we know _____ different therapies _____ the _____ coverage?

Are there any restrictions _____ alternative _____ in your _____?

Is it possible _____ exclusions for _____ coverage?

Does your insurance plan contain any _____ can pay _____?

_____ your _____ plans have _____ on _____?

What _____ the _____ on _____ inclusion of _____ therapies _____ coverage?

_____ limits _____ on what therapies _____ be _____ in the _____?

_____ any _____ on the _____ complimentary treatments?

How _____ we _____ on the _____ of different _____ the policy coverage?

Are there _____ limitations _____ the _____ the _____ your _____ plan?

_____ me about _____ restrictions on coverage of _____?

_____ you have _____ restrictions _____ complimentary _____?

What _____ exist _____ the inclusion _____ different therapies in _____!

Is _____ on the _____ alternative _____ in _____ insurance plans?

What limits exist _____ therapies _____ included _____ policy?

_____ are the limitations on the inclusion _____ in _____?

_____ insurance _____ have _____ limitations _____ traditional treatments are paid?

_____ plans _____ cover _____ alternative therapies.

_____ could _____ on _____ of certain forms of therapy in _____.

_____ are _____ limitations _____ the _____ these _____ in policy coverage?

_____ your plan give you _____ for _____ of _____?

We don't know _____ limits _____ the _____ of _____ therapies in _____.

_____ are _____ on _____ of _____ treatments in insurance?

What are _____ limitations and exclusions _____ coverage _____?

There are _____ to the _____ of _____ coverage.

What _____ limitations _____ exclusions of _____ for Complimentary Treatments?

_____ it comes _____ policy, what is not covered?

_____ any limits or exceptions for _____ claims?

_____ it _____ supplemental treatments, are _____ exclusions?

_____ are the _____ your _____ coverage _____ alternative therapies?

I would like _____ know the _____ for alternative _____.

Can you _____ if there are _____ or _____ coverage of _____ treatments within your _____?

Do your _____ coverage _____ treatments?

Can _____ tell _____ if _____ any restrictions _____ coverage _____ complementary _____ your insurance _____.

_____ what the limitations are for _____ the therapies?

_____ any _____ on coverage _____ therapies?

There are _____ limitations regarding _____ inclusion of _____.

_____ anyone know if _____ your _____ the coverage of complimentary _____?

Can you clarify _____ limits _____ are for _____ options?

_____ limits _____ the _____ different therapies in _____ policy?

_____ you tell us _____ restrictions _____ alternative treatments?

Does _____ insurance _____ provide _____ for coverage of Complementary _____?

Do _____ know _____ limits _____ the inclusion _____ therapies in _____ cover?

What constraints are _____ these therapies _____ your policy?

_____ tell me about _____ and _____ for covering _____ treatments?

_____ are there _____ the _____ of different _____ in your _____?

There _____ certain _____ when _____ to _____ alternative therapies.

What _____ inclusion _____ different therapies _____ the policy _____?

Does your _____ have _____ restrictions or _____ for _____?

Does your _____ include _____ exclusions _____?

There may be _____ certain _____ in your _____ packages.

Are there limits _____ inclusion _____ different therapies _____?

What _____ are _____ regarding the inclusion _____ these _____ in _____.

What are the _____ using different _____ your _____?

_____ limits exist on the _____ different _____ in _____ policy _____

_____ exist on the inclusion _____ different _____ within the _____?

Does any _____ plans _____ coverage _____ complimentary treatments?

_____ any _____ or _____ when it comes to _____ claims?

_____ policy _____ any _____ or _____ for coverage of _____ treatments?

Does _____ apply _____ coverage of complimentary treatments in _____?

_____ tell _____ there are any restrictions _____ the coverage _____ the treatments _____ insurance _____?

_____ you tell me _____ are any _____ provisions or _____ on coverage _____ within your _____?

_____ your _____ have any _____ of coverage for _____?

_____ are _____ coverage for different therapies?

_____ your insurance _____ rules _____ coverage of _____ treatments?

Does _____ any _____ on how you pay _____ non _____ treatments?

What are _____ that _____ coverage?

_____ limits and _____ your insurance has _____ comes to _____ of certain _____?

_____ there restrictions or _____ when _____ comes _____ claims?

_____ me _____ there are any specific provisions or limits on _____?

_____ your insurance plan allow _____ any _____ on _____ treatments _____ for?

What _____ limitations _____ exclusions on the _____ treatments?

_____ are limits _____ of these therapies in the _____.

_____ are some limitations _____ inclusion of _____ insurance plan.

What are _____ the _____ these _____ in _____ policy coverage?

Is _____ a _____ to _____ inclusion _____ in the coverage?

I need to know if _____ provided _____ details about _____ covered _____ complementary therapies.

_____ the inclusion of _____ therapies in your _____ cover?

Are _____ limitations _____ traditional treatments _____ paid for in your _____?

_____ limits exist _____ the _____ of different _____ coverage of _____?

_____ are _____ limitations on including these _____ in _____?

_____ me about _____ and _____ coverage of alternative treatments?

What are _____ limits on _____ inclusion _____ policy coverage.

_____ you address _____ of coverage for _____ options?

_____ it _____ insuring _____ are there any limits?

_____ there _____ the inclusion _____ certain therapies _____ policy cover?

What _____ limitations _____ the inclusion of _____ in _____ plan?

_____ are _____ and exclusions _____ it comes _____ insurance _____ therapies.

What _____ the limitations _____ exclusions _____ coverage of _____?

_____ any of _____ plans _____ the coverage _____ complimentary _____?

Are _____ restrictions on the _____ treatments?

_____ you _____ what the restrictions _____ for _____ alternative _____?

_____ restrictions _____ when it comes to _____ claims?

Can _____ give _____ explanation of the restrictions _____ exceptions _____ treatments?

_____ you tell me whether _____ insurance _____ treatment?

_____ describe the _____ and exceptions _____ alternative treatments?

There are _____ on _____ of _____ your policy cover.

_____ limits exist _____ certain therapies _____ coverage of the policy?

Does the _____ include _____ paying _____ supplemental treatments?
 _____ the limitations on _____ therapies _____ your _____ plan?
 _____ not covered when it _____ to _____ treatments _____ your _____?
 What limits are in _____ on _____ inclusion of _____?
 Does _____ give you specific _____ for alternative _____?
 _____ your _____ restriction on how _____ treatments _____ paid for?
 Do _____ give you _____ rules _____ of non-traditional treatments?
 _____ exist on the inclusion of _____ in _____ coverage _____?
 _____ covered _____ policy _____ it comes _____ non-traditional treatments?
 _____ have any restrictions _____ of complimentary treatments?
 What limits exist _____ the _____ your policy coverage?
 How do we know _____ there are any _____ inclusion _____ in your _____?
 _____ are _____ the _____ of _____ therapies in the policy _____?
 _____ it comes _____ claims _____ have any restrictions?
 _____ limitations are there _____ comes _____ therapies in your coverage?
 Can _____ tell me _____ the _____ for covering alternative _____?
 Is _____ a limit on _____ of different _____ cover?
 Does _____ contain _____ on _____ non traditional treatments are _____?
 Does your insurance _____ on _____ coverage _____ treatments.
 _____ are the limits on _____ inclusion _____ in _____?
 _____ there any limitation or _____ when _____ to insuring _____?
 Can _____ me if _____ any limitations on the coverage _____ complimentary _____ plans?
 _____ not _____ the _____ of yours _____ it comes _____ treatments?
 What are _____ of _____ insurance _____ alternative therapies?
 Do _____ insurance _____ some forms _____?
 What limitations _____ there _____ of the _____ in your _____?
 _____ some limitations _____ the _____ of _____ therapies in your _____.
 Does _____ insurance _____ rules _____ coverage of non-traditional _____?
 _____ you tell me _____ restrictions and _____ alternative _____?
 _____ alternative therapies _____ be _____ by _____.
 Can you _____ me _____ for covering _____ treatments?
 What _____ the inclusion of these _____ in _____ policy _____?
 _____ alternative therapies not _____ your _____ plan?
 What limits _____ inclusion of _____ in _____?
 Do your _____ restrictions _____ of complimentary treatments?
 Can _____ tell _____ about _____ restrictions _____ coverage of _____?
 _____ the limits on _____ use _____ different therapies in _____?
 What _____ for _____ of _____ therapies in your plan?
 There are _____ on _____ therapies in _____ policies.
 How _____ we know _____ the _____ of _____ therapies _____ policy coverage?
 What limits _____ therapies in _____ policy coverage?
 Is there _____ limit or exclusion _____ to _____ alternative _____?
 _____ any of the insurance plans have _____ the _____ treatments?
 What is _____ on _____ inclusion of _____ in _____ coverage _____ policy?
 _____ are limitations _____ inclusion _____ different _____ in policies?
 _____ limitations exist _____ the _____ of therapies _____ your _____?
 _____ limitations are _____ for _____ inclusion _____ therapies _____ your _____?
 Is _____ any _____ complimentary treatment claims?
 _____ are _____ limitations of _____ therapies _____ insurance?
 _____ the _____ to include _____ therapies in your _____?

There ____ limitations regarding the inclusion ____ policy cover.
 ____ restrictions about complimentary ____ claims?
 ____ limits ____ the inclusion ____ different ____ in the ____ cover?
 What limits ____ on the inclusion ____ your ____?
 Is there ____ for covering ____ in ____ insurance?
 ____ limits do you ____ inclusion of different ____ policy?
 ____ have any ____ exclusions when ____ comes to insurance ____ alternative ____?
 ____ plan include any ____ how ____ traditional ____ will ____ paid for?
 ____ the limitations on ____ alternative treatments in ____?
 Does ____ insurance plan ____ specific ____ for coverage ____?
 ____ explain ____ restrictions ____ for coverage of ____ treatments?
 Does ____ policy include ____ coverage ____ treatments?
 ____ limitations apply ____ care coverage?
 There ____ to ____ these therapies in ____ policy cover.
 Do ____ insurance plan give you specific ____ for ____?
 How ____ you ____ what ____ exist ____ inclusion of ____ therapies ____ your ____?
 ____ need to ____ any ____ on what isn't ____ by insurance for ____.
 ____ the limitations ____ of ____ therapies in your policy.
 What constraints exist ____ inclusion ____ different ____ in ____ coverage ____?
 What limits ____ in ____ coverage of policy ____?
 What limitations are ____ these therapies ____ in your ____?
 ____ you tell ____ if ____ are ____ restrictions regarding ____ of ____ therapies included ____?
 ____ any restrictions on the inclusion of ____ therapy ____ your ____?
 ____ the ____ it comes to alternative treatments?
 Does ____ plan have ____ limitations ____ treatments?
 What ____ are ____ when ____ comes ____ coverage ____ therapies?
 ____ any ____ on ____ your insurance plans ____ cover ____ treatments?
 ____ have ____ when it ____ to complimentary treatments?
 Does ____ limitations the ____ of ____ treatments?
 Does ____ insurance ____ give ____ specific rules ____ non conventional ____?
 Can you tell ____ the ____ of Complementary therapies?
 What are the ____ of ____ in the ____ coverage?
 ____ forms of ____ that ____ not ____ included in ____ insurance packages.
 ____ limitations do ____ packages have ____ therapies?
 ____ any restrictions ____ it comes to ____ claims?
 What ____ the limitations surrounding ____ in policy ____?
 Do ____ insurance plans ____ how non ____ are ____ for?
 Does ____ plan limit ____ of complimentary ____?
 ____ any restrictions ____ complimentary treatments?
 ____ certain ____ not included ____ your ____ plan?
 ____ you ____ exceptions for complimentary ____ claims?
 Can ____ restrictions ____ coverage ____ non-traditional therapies?
 What limitations ____ there ____ the ____ of ____ in ____ plan?
 What ____ use of these therapies ____ your insurance ____?
 ____ the inclusion of ____ therapies in ____ policy.
 ____ of ____ the coverage of complimentary treatments?
 ____ exclusions and ____ of insurance ____ complementary treatments?
 There are limitations ____ therapies in your ____.
 Do your ____ contain ____ for ____?
 Does ____ have any ____ or ____ when ____ alternative therapies?

_____ the exclusions _____ limitations _____ coverage of _____ therapies?
 _____ limits to _____ inclusion _____ different _____ your policies.
 _____ any of your insurance _____ limit _____ complimentary _____?
 Does your insurance plan _____ you _____ for _____ alternative _____?
 What limits _____ the _____ in _____ coverage of _____ policy?
 _____ your insurance _____ the coverage of complimentary _____?
 Does any of _____ have _____ about complimentary _____?
 Are _____ any _____ the _____ you can _____ in _____ insurance?
 There are _____ regarding _____ the therapies _____ your _____.
 There _____ on _____ inclusion of these _____ in your _____.
 Can _____ tell me if there are _____ limitations or _____ on _____?
 What limits exist _____ according _____ the policy cover?
 What _____ the _____ certain forms of _____ your insurance packages?
 _____ the limits on _____ of different therapies _____.
 _____ exist on the _____ of different therapies _____ policy _____.
 Can _____ tell _____ on _____ for certain treatments?
 _____ any _____ on the coverage _____ for alternative _____?
 _____ there _____ limit on how _____ are paid for _____ your _____?
 Does _____ insurance plan _____ restrictions _____ how _____ traditional _____ are _____?
 _____ the _____ and _____ for _____ coverage of _____ treatments?
 _____ you tell _____ there are _____ provisions or limitations on _____ for _____ treatments in _____?
 Do _____ have any restrictions _____ coverage _____ complimentary _____?
 _____ limitations _____ regarding _____ inclusion of the _____ your _____ plan?
 Is _____ limitations _____ covering complimentary _____?
 What _____ limitations _____ alternative therapies in your _____ policies?
 _____ wondering if there are _____ it _____ to _____ supplemental treatments.
 How _____ we know what limitations exist on _____ inclusion of _____?
 _____ are the limitations and _____ the insurance _____ the _____?
 Are _____ exceptions or restrictions when _____ to _____ claims?
 _____ apply _____ care coverage?
 _____ limits _____ on the inclusion _____ different _____ with the _____?
 _____ any _____ coverage of alternative _____ your insurance plans?
 Does _____ plan give you _____ rules for _____?
 What are _____ therapies in _____ insurance plan?
 _____ exist on _____ of certain _____ in _____ coverage _____ policy?
 What _____ the limitations _____ exclusions _____ insurance _____ Complimentary _____?
 What limitations _____ the inclusion of _____ your _____ coverage?
 What are _____ limitations on _____ inclusion _____ your policy?
 Is _____ a limit _____ the _____ of _____ therapies in _____?
 Will there be restrictions on _____ inclusion _____ of _____ in _____?
 _____ the limitations on _____ complementary treatments _____ your insurance?
 _____ your policies include _____ restrictions _____ for complimentary _____?
 _____ your insurance _____ coverage for alternative treatments?
 Is _____ limits or exclusions _____ comes _____ coverage _____ alternative therapies?
 Does your _____ the _____ of money _____ non traditional treatments?
 _____ the _____ have _____ exclusions when _____ to _____ treatments?
 _____ are the limitations pertaining _____ the inclusion of _____?
 Does your _____ specific rules _____ treatments?
 _____ are limitations _____ coverage?
 Is _____ any _____ exceptions to _____ treatments?

What ____ exist ____ inclusion of ____ to the ____?
 Does ____ plan contain any ____ how non ____ treatments are ____ for ____?
 ____ limits and ____ when ____ insurance of alternative therapies.
 ____ the ____ exclusions of ____ of complimentary treatments?
 ____ there ____ on the inclusion of ____ therapies ____?
 ____ the ____ on coverage of complimentary ____ your insurance ____?
 ____ your ____ have any ____ on how non ____ treatments are ____?
 What limits exist on ____ of Different ____ policy?
 Does your insurance ____ contain ____ limits ____ how non ____ be ____?
 ____ exist ____ the inclusion ____ therapies in your policy ____?
 ____ know if there are ____ for complementary treatments?
 Do you have ____ for ____ treatment claims.
 Can you ____ exceptions for covering ____ treatments?
 ____ are ____ limitations concerning the inclusion of ____ therapies ____?
 ____ tell me ____ there ____ any specific provisions ____ limitations for ____ of ____?
 Does your ____ plan limit ____?
 What limits ____ on the ____ therapies ____ policy??
 ____ limits ____ on ____ inclusion ____ different therapies ____ the coverage ____ policy?
 What ____ and ____ coverage of some therapies?
 ____ are any ____ on ____ coverage ____ complimentary ____?
 ____ you tell me if ____ provisions ____ coverage for complimentary treatments.
 ____ are ____ limitations surrounding the ____ therapies in ____?
 What limits ____ different ____ policy?
 ____ the coverage for complimentary treatments?
 ____ there any ____ to ____ inclusion of ____ in ____ policy ____?
 What ____ on inclusion of different ____ coverage?
 What ____ you ____ complimentary ____ claims?
 ____ are ____ it ____ to the ____ of these ____ in your ____.
 There are some ____ on ____ inclusion ____ in ____ policy ____.
 ____ limits exist ____ the ____ Different therapies ____ policy cover?
 Do your ____ have ____ restrictions ____ coverage ____ complimentary treatments?
 Does your plan contain ____ on ____ traditional ____ are ____?
 ____ coverage of complimentary treatments ____ any ____ on your ____?
 ____ insurance plan ____ you ____ for coverage of ____ treatments?
 ____ on the inclusion ____ these ____ the insurance plan.
 ____ any limits ____ of alternative therapies?
 Does your ____ plan ____ any limitations ____ alternative ____?
 Do ____ have ____ with regards to ____ treatment ____?
 ____ limitations ____ the ____ of these therapies ____ the policy.
 Do ____ any ____ it ____ to paying ____ supplemental treatments?
 ____ the ____ the inclusion ____ therapies in policies?
 Is ____ limit on the ____ different ____ the ____ coverage?
 Does your ____ any restrictions ____ provisions ____ treatments?
 ____ are the ____ the ____ the therapies ____ your policy?
 ____ insurance ____ give you ____ about alternative treatments?
 What are ____ complimentary care ____?
 Does ____ plan ____ restrictions ____ the coverage ____ complimentary treatments?
 ____ do we ____ the inclusion of different ____ in ____?
 ____ contain ____ specific rules ____ coverage of alternative treatments?
 ____ limitations ____ there regarding inclusion ____ these therapies ____ policy ____?

What _____ have on the coverage _____ treatments in your _____?
 _____ your _____ plan _____ rules for coverage of _____ treatments?
 What _____ on the inclusion _____ in policies?
 _____ kind of limitations _____ in _____ care _____?
 _____ your _____ plan _____ on how the _____ traditional _____ are _____ for?
 What _____ on the _____ different _____ your policy plan?
 Can you _____ what _____ are for _____ complimentary therapies?
 _____ your _____ contain _____ restrictions or _____ for complimentary _____?
 Can you _____ me _____ there are _____ or limitations _____ complementary treatments?
 _____ regarding the use of _____ therapies _____ your _____ plan.
 _____ are _____ of the limitations _____ coverage?
 _____ not _____ when _____ comes _____ therapies with this _____?
 How _____ know _____ any limits on _____ of different _____ in your policy _____?
 _____ your insurance plan _____ on _____ treatments?
 What limits are there _____ inclusion _____ in _____?
 _____ the limits _____ inclusion of _____ in _____ insurance plan?
 _____ limits _____ inclusion _____ different _____ in policy coverage?
 _____ limits exist on _____ inclusion _____ different _____ in _____?
 _____ you tell _____ if _____ any restrictions _____ coverage for complimentary _____ insurance _____?
 Is there _____ exclusion _____ it _____ to insuring _____?
 _____ the _____ on covering _____ treatments _____ your _____ plans?
 Is _____ and _____ for _____ coverage of alternative _____?
 _____ limitations do _____ plans have _____ therapies?
 There are _____ to _____ different therapies in coverage _____.
 Can you tell _____ about _____ non-traditional therapies?
 _____ on the _____ of alternative treatments?
 Does _____ insurance _____ about coverage _____ alternative treatments?
 Does _____ insurance _____ rules for coverage _____ therapies?
 _____ do _____ have regarding the _____ these _____ in _____ policy cover?
 What _____ that _____ to _____ therapies in policy coverage?
 Does your insurance _____ coverage _____ alternative treatments?
 _____ you _____ us what _____ restrictions are _____ covering _____?
 Can there be _____ alternative therapies?
 Can _____ if there are any provisions or _____ the _____ of _____?
 Can you tell _____ if there _____ any restrictions _____ insurance plans.
 _____ your _____ restrict coverage of _____?
 _____ not _____ when it _____ Treatments with this _____?
 _____ limits exist for the _____ therapies in _____?
 _____ the _____ of the therapies _____ policy coverage.
 What are the _____ the _____ of the _____ in _____?
 Do _____ any _____ for _____ of _____ treatments?
 What limits _____ for _____ inclusion of _____ the policy coverage?
 _____ about the inclusion _____ these therapies in _____.
 _____ your insurance _____ you rules _____ alternative _____?
 _____ your insurance _____ offer _____ for coverage _____ treatments?
 What limitations are _____ the _____ therapies in _____?
 _____ are the limits on _____ of various _____ in _____?
 _____ there _____ inclusion _____ therapies in your insurance plan?
 _____ limits and _____ alternative therapies.
 _____ are _____ limits on the inclusion _____ these _____ your _____?

_____ the limitations _____ your insurance _____ regarding alternative _____?
 _____ you tell me _____ restrictions _____ exceptions for _____ treatments _____?
 What's not covered _____ alternative _____ this _____ of yours?
 _____ you _____ if your _____ gives you _____ rules for _____ of _____?
 _____ your _____ have _____ rules _____ coverage _____ non-traditional treatments?
 Are _____ alternative _____ not covered _____?
 Does your _____ any limits _____ treatments are _____ for?
 _____ your insurance plan have _____ on coverage _____?
 _____ know what _____ exist on the _____ of different therapies _____ coverage
 Can _____ tell me if there _____ any limitations _____ provisions for _____ complimentary _____ plans?
 Does any of your _____ on complimentary _____?
 _____ your _____ any rules for coverage for _____?
 What limits _____ on the _____ different _____ in _____?
 _____ there any _____ for alternative treatments?
 What limits are _____ inclusion of different therapies?
 There may be _____ complimentary _____.
 Are _____ to the insurance _____ alternative _____?
 Does your _____ limitations _____ coverage _____ complimentary treatments?
 _____ the inclusion _____ some therapies in policies?
 _____ you please _____ the _____ exceptions _____ alternative treatments?
 Are _____ therapies _____ by _____ insurance plan?
 Are you able _____ alternative _____ your insurance _____?
 Is _____ limit on the _____ of _____ treatments _____ insurance _____?
 Does _____ plans have limitations regarding _____ treatments?
 What _____ exist _____ in your _____ coverage?
 _____ on coverage of alternative _____?
 _____ the inclusion of _____ in your policy coverage.
 How _____ there _____ the _____ of different _____ in _____ policy?
 There are limitations on _____ therapies _____ policies.
 What are the _____ limitations of _____ of _____?
 What's not covered _____ comes to _____ therapies?
 _____ your insurance _____ you _____ rules regarding _____ treatments?
 _____ it possible _____ certain alternative therapies are not _____?
 _____ limits _____ there _____ the inclusion of these therapies _____?
 What _____ exist _____ the inclusion _____ in _____ insurance plan?
 There are limits on the _____ in _____ of _____.
 _____ insurance _____ have limitations on _____ it pays _____ non _____?
 What _____ on the inclusion _____ different therapies _____?
 _____ insurance plan have any restrictions _____ how _____ traditional _____ are _____?
 What _____ on _____ inclusion _____ different _____ the policy coverage?
 Can _____ more _____ the exclusions of _____ therapy?
 Can _____ let us _____ limits _____ coverage _____ alternative _____?
 Who _____ limits _____ the _____ of _____ therapies _____ the coverage of _____?
 How do _____ know what limits _____ inclusion _____ therapies _____ policy?
 _____ are _____ limits on _____ insurance _____ for alternative _____?
 What _____ the _____ inclusion of _____ therapies _____ your policy _____?
 _____ your insurance _____ have _____ restrictions on _____ for non traditional _____?
 _____ you _____ restrictions for _____ alternative treatments?
 _____ any _____ your insurance plans _____ complimentary treatments?
 There are limits on _____ of _____ therapies _____.

There are _____ on _____ inclusion _____ in _____ insurance plan.

There _____ regarding _____ inclusion _____ these therapies _____ coverage.

Can you _____ are _____ restrictions on the _____ of therapies _____ policy?

What limitations _____ about _____ therapies in coverage?

Can you tell _____ the _____ for _____ treatments?

What _____ coverage for _____ treatments?

Is _____ possible that certain _____ aren't _____ your insurance _____?

_____ any rules for coverage _____ alternative treatments?

_____ apply _____ complimentary _____ coverage.

Is _____ a limit _____ exclusions _____ it _____ insuring alternative _____?

Can you _____ limits _____ coverage for _____ medicine _____?

What are the _____ to the inclusion _____ these _____ in _____?

_____ any _____ or exclusions _____ insuring alternative _____?

_____ have _____ on coverage _____ alternative treatments?

Which alternative _____ your coverage?

What limits exist _____ therapies in _____ coverage?

_____ are certain _____ complimentary _____ that may or _____ by the _____ plan.

_____ may be _____ coverage _____ treatments.

_____ tell me _____ there are _____ restrictions _____ the therapies included _____ the _____?

_____ are _____ of _____ coverage for alternative therapies?

_____ there any limit or _____ it _____ to _____ therapies?

_____ tell me _____ there are any specific _____ or limitations for _____ coverage of _____ your _____?

_____ there any _____ on _____ of _____ for _____ insurance plan?

I am _____ there are any _____ on _____ for _____.

How _____ you know what limits _____ on the _____ in _____ coverage?

_____ you _____ about the restrictions on _____ of _____ therapies?

What are _____ the therapies in your insurance _____?

_____ your _____ on how non _____ are paid for?

_____ policy _____ or provisions _____ coverage for complimentary _____?

There are _____ regarding _____ inclusion of _____ insurance plan.

There _____ the inclusion of therapies _____ policy _____.

_____ limits to _____ of therapies in your _____.

What are the _____ on the _____ of _____ your _____?

_____ we _____ exist on the _____ of different _____ in _____ coverage?

_____ your _____ plan _____ specific _____ for coverage _____ alternative treatments?

_____ if there are _____ specific provisions or _____ coverage of complimentary treatments within _____?

Is there _____ the _____ of _____ therapies _____ the coverage?

What limits _____ of various _____ in _____ policy cover?

_____ of limitations _____ complimentary care _____?

Does your _____ plan contain any limits _____ non _____?

_____ there _____ on the _____ of _____ in policies?

_____ there _____ the inclusion of _____ therapies in the _____?

Does your _____ the _____ of complimentary treatments?

_____ your _____ about coverage for _____?

_____ limitations _____ to the inclusion _____ therapies in _____?

_____ the limitations on _____ regarding alternative therapies?

Does your _____ specific _____ for alternative treatments?

Do _____ any _____ regarding _____ treatments?

Is your insurance plan _____ it pays for _____?

There are _____ the _____ these therapies in the _____.

_____ exist _____ the use _____ different _____ in the _____ coverage?
 _____ there any _____ for the _____ of alternative _____?
 _____ limits exist _____ inclusion _____ therapies _____ the coverage?
 There _____ to the inclusion _____ in your _____.
 _____ need _____ know _____ have any _____ on what _____ not covered _____ insurance _____.
 _____ the limits of _____ insurance packages _____ alternative _____?
 What limits _____ different therapies _____ your policy?
 _____ exist _____ the inclusion _____ the coverage of policy?
 What _____ you have _____ your _____ for alternative _____?
 _____ not _____ what limits exist _____ inclusion _____ different therapies in the _____.
 Is there _____ limitation _____ the coverage _____ treatments _____ plan?
 Does your _____ plan contain any _____ on _____ your money _____ non _____?
 What limits exist _____ the _____ of different _____ in the _____?
 _____ insurance _____ limitations on _____ treatments?
 Can you _____ more _____ the exclusions _____ therapy?
 Please _____ exclusions and _____ for _____ of alternative _____.
 How do _____ the _____ on _____ inclusion of _____ in _____ policy?
 Is your _____ limiting _____ coverage _____ treatments?
 Does _____ of _____ insurance _____ treatments?
 Are _____ any _____ on the _____ the treatments in _____?
 There are some _____ on _____ of _____ can _____ included _____ your insurance _____.
 _____ limits _____ on the _____ therapies, in the _____?
 _____ limits _____ different therapies _____ the _____ cover?
 There are _____ regarding _____ inclusion _____ these _____ your _____.
 _____ insurance plan have any _____ how non _____ can be _____?
 Does your _____ give _____ rules _____ coverage for _____?
 What are some _____ inclusion _____ therapies _____ insurance plan?
 What limitations do _____ inclusion _____ therapies in _____ policy _____?
 Are certain _____ therapies covered _____?
 _____ insurance plan restrict _____ non traditional treatments _____?
 _____ on the _____ different therapies _____ your Policies?
 _____ exist _____ the _____ of different therapies _____ your _____ coverage?
 Is _____ specific _____ for Complementary _____?
 _____ your insurance plan contain _____ restrictions _____ how _____ funded?
 _____ you tell _____ what _____ limitations are for _____ therapies?
 _____ limits _____ the _____ of different _____ in _____ policy coverage?
 Can you _____ us about _____ restrictions _____ coverage _____?
 Can _____ be _____ or _____ it _____ to _____ alternative therapies?
 _____ there _____ limits _____ alternative treatments?
 The _____ may _____ limited by your insurance _____.
 _____ not _____ your policy _____ it comes _____ complementary _____?
 _____ your _____ on complimentary treatments?
 Some _____ may _____ covered by your _____.
 Do your _____ limit _____ treatments?
 What are the _____ the _____ therapies _____ coverage?
 Does _____ insurance plan _____ limitations on _____ treatments will be _____?
 Does your _____ you _____ rules _____ alternative treatments?
 _____ are _____ restrictions _____ certain forms _____ therapy in your insurance _____.
 What _____ the _____ the inclusion of these _____ coverage?
 Does your insurance _____ contain any restrictions _____ how _____ paid _____ with your _____?

What _____ it comes to Complementary _____ with _____ policy?

Can _____ tell me if _____ any _____ for _____ treatments _____ insurance plans?

_____ is not _____ to Complementary _____ with this policy _____ yours?

_____ the limitations _____ the insurance package _____ alternative _____?

What limits _____ the inclusion _____ therapies in _____?

Does _____ insurance _____ amount _____ complimentary treatments?

Can _____ us what limits _____ inclusion of _____ therapies?

What _____ limits _____ the inclusion of _____ therapies _____ policy?

Can you tell me _____ there _____ coverage _____ complimentary _____?

Does the _____ any _____ non traditional treatments _____ be paid _____?

What _____ apply to the _____?

_____ your _____ plan contain limitations on _____ are _____ for?

Does any of _____ plans include limitations _____ of _____?

We _____ on _____ inclusion of _____ therapies in _____ policy cover.

Do any _____ affect the coverage _____ complimentary _____ in _____?

What _____ are there _____ the _____ of _____?

_____ limitations are _____ the _____ of certain therapies in _____?

_____ limitations _____ the inclusion _____ therapies _____ your policy cover?

_____ there limits or _____ comes to _____ alternative _____?

_____ are the _____ and _____ of _____ coverage _____ alternative _____?

What _____ the limitations _____ exclusions of _____ Treatments?

What limits _____ inclusion _____ different therapies in your _____?

What limits exist _____ the inclusion _____ therapies _____ policy _____ your _____ have _____ on the coverage for _____?

Is your insurance _____ treatments are paid for?

What _____ the limits for the inclusion _____ different _____?

_____ your insurance _____ have _____ on coverage _____ complimentary _____?

What _____ the _____ insurance coverage when _____ complementary treatments?

_____ are the _____ coverage _____ complementary treatments?

What _____ the _____ complimentary care _____?

_____ there any limits when _____ insurance _____ therapies?

Are _____ any restrictions _____ in your insurance _____?

Can you tell me _____ the exclusions _____?

_____ alternative _____ aren't _____ in _____ coverage?

_____ your policies have _____ complimentary _____?

_____ insurance _____ have limitations _____ non _____ treatments _____ be paid _____ with your insurance _____?

_____ the _____ on the _____ of these therapies _____ plan?

Are there limitations on _____ non _____ are _____ insurance plan?

_____ insurance plan _____ to _____ treatments?

_____ there any limits _____ comes _____ alternative therapies?

_____ the restrictions _____ of _____ therapies?

Are there _____ it comes to _____ complementary _____?

_____ applied to _____ coverage _____ complimentary treatments in your insurance _____?

_____ do we know _____ limits are _____ of different _____ your _____?

What are _____ limitations around _____ therapies _____ your _____ cover?

_____ limits are _____ on _____ different _____ in policies?

_____ are _____ limitations to _____ inclusion of _____ policy _____?

_____ the _____ on _____ complementary treatments _____ your policy?

_____ what _____ are on the _____ of different therapies _____ your _____ coverage?

When it _____ to _____ the plan, _____ there specific _____?

_____ you _____ me _____ restrictions for _____ the therapies?

Can you _____ me _____ there _____ specific provisions _____ limitations _____ for _____ treatments within your _____?

_____ are _____ limitations _____ complimentary care _____?

_____ your insurance _____ specific _____ rules for _____ treatments?

_____ limits regarding _____ of these therapies in your _____.

Can _____ me _____ the restrictions _____ coverage for _____?

Is _____ limit to the _____ of _____ in _____?

Does your _____ offer _____ coverage for alternative _____?

_____ we _____ limits _____ the inclusion of different _____ the policy _____?

_____ therapies _____ not covered by _____ insurance _____?

What are _____ limitations _____ inclusion of _____ therapies in _____?

Are _____ any _____ on your _____ for alternative _____?

_____ is _____ by _____ insurance _____ for alternative therapies?

_____ me _____ restrictions _____ for coverage of these therapies?

_____ the _____ it comes to the inclusion _____ these _____ in _____?

_____ we _____ what limits _____ inclusion of _____ therapies in _____ coverage _____ policy?

Are _____ exceptions _____ restrictions for _____ treatments _____ your _____ plan?

_____ your _____ plan have _____ on _____ non-traditional treatments?

_____ any of _____ plans _____ treatments?

There _____ limits _____ use _____ different _____ in _____ policy coverage.

_____ exist _____ the _____ therapies in coverage of policy?

What limits _____ on _____ inclusion _____ different _____ your _____.

_____ limits on the inclusion _____ therapies in _____ coverage?

What _____ limits on the inclusion of certain _____?

Does _____ policy contain any restrictions for _____?

Do _____ plans have _____ on _____ treatments?

Does _____ insurance plan _____ on _____ much non _____ treatments _____ paid _____?

Is _____ medicine restricted from _____ plan?

_____ you give us _____ on _____ restrictions and _____ covering _____?

_____ are _____ to complimentary _____ coverage?

_____ your _____ plans _____ on complimentary _____?

Which alternative _____ by your _____?

We don't _____ what _____ exist on _____ in policies.

_____ your _____ make any limitations _____ how _____ traditional _____ are paid _____?

_____ your insurance plan _____ coverage _____ non-traditional treatments?

_____ plan have specific exclusions _____?

Can you _____ me _____ there are any _____ coverage _____ complimentary treatments _____ insurance _____.

Can _____ tell _____ the _____ are for coverage of _____?

_____ limits _____ the inclusion of _____ your coverage.

_____ the limitations _____ exclusions _____ insurance coverage of Complementary _____?

Can you _____ me the _____ and _____ for _____.

_____ you _____ are for coverage _____ complimentary _____ in your insurance?

Does your _____ have _____ on _____ non traditional treatments _____?

What are _____ and exclusions of _____ coverage _____.

Does _____ plan contain restrictions on how non _____ be _____?

Is it _____ not cover alternative treatments?

_____ explain the _____ coverage for _____ treatments?

Do you know _____ gives you specific _____ coverage _____ treatments?

Can _____ me _____ the restrictions for _____ treatments?

What limits _____ we have _____ the _____ of _____ coverage _____ policy?

_____ tell _____ whether _____ are _____ specific provisions _____ limitations on _____ coverage for _____ ?
 _____ you _____ the restrictions for coverage of _____ in your _____ ?
 Does _____ rules for coverage of non-traditional _____ ?
 Are there _____ limitations _____ the _____ of _____ therapies in _____ ?
 _____ be limits or _____ when it comes to _____ alternative _____ ?
 Please _____ exclusions and _____ coverage of alternative _____.
 Can _____ tell me _____ the restrictions _____ exceptions to _____ ?
 _____ exist on the addition _____ the coverage of _____ ?
 _____ I ask about _____ when _____ to paying for _____ ?
 _____ insurer give you specific rules _____ alternative _____ ?
 _____ limits _____ the inclusion of _____ policies?
 _____ there _____ limitations _____ the coverage _____ complimentary _____ in _____ insurance _____ ?
 _____ there a _____ on _____ of different _____ the _____ of policy?
 _____ to _____ if there _____ specific _____ supplemental treatments within my plan.
 What _____ exist on _____ inclusion _____ different _____ in _____ policy _____ ?
 _____ your insurance plan _____ non _____ treatments are _____ for?
 What _____ are _____ the _____ in your policy?
 _____ limits or exclusions _____ it _____ insurance alternative therapies?
 _____ tell _____ about the _____ and limitations for _____ treatments?
 _____ are there _____ the inclusion _____ these _____ your _____ cover?
 _____ your _____ limitations on _____ you _____ for non _____ treatments?
 What _____ covering _____ services?
 Can _____ tell _____ restrictions on coverage _____ non-traditional _____ ?
 Is _____ specific _____ Treatment Coverage?
 _____ limitations on _____ in your insurance policies?
 _____ about restrictions _____ exceptions for covering alternative _____ ?
 _____ limitations _____ there _____ care coverage?
 _____ your insurance plan _____ you _____ coverage of alternative _____ ?
 Will _____ be _____ or _____ to _____ claims?
 What limitations _____ there _____ these _____ being included _____ ?
 _____ exist any restrictions to _____ ?
 Are _____ any _____ exceptions to _____ treatment _____ ?
 _____ your insurance _____ limitations _____ the _____ complimentary treatments?
 _____ on the _____ of _____ therapies in the _____ ?
 _____ are limits _____ of different therapies in a _____ ?
 Do you know if _____ any _____ on _____ are paid for?
 Can you _____ if _____ insurance _____ types of _____ ?
 Does your _____ plan _____ any limitations _____ your insurance _____ spent _____ non _____ ?
 There _____ when _____ comes _____ the insurance of _____.
 _____ are the limits _____ the _____ of _____ therapies _____ the _____ policy.
 Is _____ any _____ on _____ traditional treatments _____ for in your _____ ?
 _____ any _____ coverage for Complementary _____ ?
 Does your _____ any restrictions _____ complimentary treatments?
 What _____ covered when _____ comes _____ treatments _____ this _____ ?
 _____ you _____ us the restrictions _____ for the _____ ?
 _____ you _____ there are _____ or limitations on the _____ of _____ treatments?
 _____ are _____ the inclusion of _____ in the _____ of _____ ?
 What limitations _____ there regarding _____ these _____ in your _____.
 _____ your _____ limit how _____ insurance _____ is spent _____ non traditional _____ ?
 _____ are limitations _____ of these _____ your policy?

What ____ the types ____ for ____ care ____?

Can ____ an explanation ____ the ____ for covering ____ treatments?

What ____ exist on the ____ different therapies ____ policy?

____ exist on ____ in your ____?

Can ____ the exceptions and ____ for ____ treatments?

Can ____ me if there ____ any ____ on ____ complimentary treatments in ____ .

What ____ regarding the inclusion ____ these ____ your ____ cover?

Which ____ packages ____ limitations ____ alternative ____?

____ on coverage of complimentary ____ in your ____?

What ____ the limitations of ____ insurance ____ alternative ____?

____ policies include any restrictions for ____ complimentary ____?

What limits ____ on the ____ of different therapies ____?

____ your policies ____ coverage ____ complimentary ____?

Can you ____ me the ____ coverage of ____?

Does your insurance ____ any limitations ____ treatments are ____ for?

____ the limits ____ coverage for alternative ____ options.

____ limitations ____ there ____ these therapies in ____ plan?

____ limits to ____ therapies in policy coverage.

Does the ____ complimentary ____ have ____ restrictions or ____?

What ____ limitations ____ of certain therapies ____ policy cover?

____ include ____ provisions for coverage for complimentary ____?

____ you tell me ____ are restrictions on ____ coverage ____?

____ your ____ have any restrictions or ____ complimentary ____?

____ there ____ on ____ non traditional treatments ____ paid for in ____?

What ____ the ____ of different therapies ____ coverage?

____ have ____ limitations ____ exceptions ____ complimentary treatment claims?

____ your insurance ____ covered ____ alternative ____?

____ your ____ rules ____ coverage of complimentary treatments?

____ your insurance ____ have ____ how you ____ pay ____ traditional treatments?

Is the ____ of ____ limited by ____ plans?

____ there are any ____ on ____ for complimentary treatments within ____ plan.

Does your ____ plan ____ limitations on ____ treatments are ____?

Can you ____ me what ____ restrictions ____ some therapies?

____ there ____ the inclusion of ____ therapies in your ____?

____ exist on ____ inclusion ____ therapies in your ____?

____ can ____ the ____ of different therapies in policies?

What are ____ limitations to ____ of ____ policy coverage?

What are the ____ coverage of complimentary ____ policy?

____ your insurance ____ give specific ____ coverage ____ complimentary ____?

____ to include ____ therapies in your ____ plan.

____ are the ____ the inclusion ____ different ____ in the ____.

____ are the ____ it comes to ____ inclusion ____ therapies ____ coverage?

When it ____ paying ____ treatments ____ my ____ are there specific ____?

What are ____ inclusion of ____ therapies ____ policy coverage?

I ____ if ____ are any limits ____ insuring alternative therapies.

____ are ____ insurance coverage of ____ that ____ not conventional?

What are the ____ the ____ of these ____ policy?

Does your ____ plan ____ you specific ____ coverage of ____?

Can ____ the restrictions ____ exceptions for ____ alternative ____?

What ____ exist on therapies ____ included in ____?

There are _____ inclusion of _____ in your insurance _____.
 _____ have limits on _____ coverage of complimentary _____.
 _____ insurance _____ contain _____ coverage of complimentary treatments?
 _____ is not covered _____ your insurance _____ it _____ complementary _____.
 _____ any limit to _____ inclusion _____ different _____ in _____ policy?
 Does your _____ give you _____ for coverage of _____?
 What _____ are there regarding _____ of _____ therapies _____ insurance _____.
 What limits _____ on the _____ on _____ policy coverage?
 What _____ limitations applied _____ care _____?
 What limitations _____ the _____ these _____ your insurance plan?
 What limits _____ the _____ of _____ in the _____ cover?
 _____ insurance _____ have any _____ coverage _____ alternative treatments?
 I want _____ know if _____ are _____ exclusions _____ supplemental treatments _____.
 What are _____ limitations _____ coverage _____ complimentary _____ in _____?
 _____ alternative _____ covered _____ your insurance _____.
 _____ limitations _____ regarding the inclusion of certain _____ your _____?
 _____ limitations _____ inclusion of these _____ in your _____ plan.
 _____ me _____ the _____ for coverage of complementary therapies?
 _____ are _____ limitations on the _____ of _____ in _____ insurance _____.
 Will your _____ plan _____ for coverage _____ alternative treatments?
 There _____ to _____ packages regarding _____ therapies.
 What limitations are _____ insurance package _____ alternative _____?
 Does your _____ include _____ or _____ for _____?
 _____ limitations about the inclusion _____ in the insurance _____.
 _____ the _____ inclusion of these _____ in your policy?
 _____ the _____ limits on how non _____ treatments _____ paid _____?
 _____ limitations are _____ of these therapies in your _____?
 Can you _____ the _____ coverage of certain _____?
 _____ the limitations _____ these _____ in your insurance _____.
 _____ limits exist on the _____ therapies _____ the _____?
 _____ your _____ plan contain limits on _____ treatments?
 Do _____ insurance _____ any _____ alternative treatments?
 What are _____ limitations and exclusions _____ of _____?
 _____ me if there are any _____ or _____ coverage for complimentary _____ in _____ insurance _____.
 _____ limits _____ on _____ of therapies in _____ policies?
 _____ there any _____ or _____ on _____ claims?
 _____ limitations and exclusions of insurance coverage _____?
 Can _____ me _____ exceptions for covering _____ treatments?
 What limits _____ on the _____ of therapies _____
 _____ are _____ the inclusion _____ complimentary therapies in _____ coverage.
 _____ there any _____ on the inclusion of _____ of therapy _____?
 _____ are _____ limitations in regards _____ these _____ in your _____ plan?
 Can _____ if _____ are _____ on the coverage _____ complimentary _____ within your insurance _____.
 What _____ limitations and _____ coverage of _____ therapies?
 _____ the limitations in the coverage _____?
 Do _____ policies include _____ for _____ of _____?
 Do you _____ restrictions on the _____ in your insurance packages?
 What _____ are there _____ the inclusion _____ therapies in _____?
 _____ there _____ on coverage _____ treatments in your _____?
 What limits are there _____ the _____ therapies _____ your _____?

_____ when it comes _____ insuring alternative therapies?

What limits _____ inclusion of multiple _____ in the _____?

_____ any _____ on _____ of _____ treatment?

Does any _____ apply to _____ coverage _____ treatments in _____?

What _____ are _____ these therapies in your policy?

_____ limits exist _____ therapies being included _____ the _____ of _____?

What limits exist _____ inclusion of different _____ in the _____?

Do _____ include _____ for complimentary _____?

_____ the limitations _____ these therapies being _____ your _____ coverage?

_____ are _____ on the inclusion _____ in the _____ coverage?

_____ insurance plan include _____ on _____ for _____ treatments?

I need _____ know if you _____ any _____ what _____ for Complementary therapies.

What _____ complimentary care _____?

Is _____ a limit _____ exclusion _____ it comes _____ therapies?

There could be _____ inclusion _____ certain forms _____ therapy _____ insurance _____.

Can _____ me if _____ any _____ on _____ coverage for _____ treatments?

What _____ the conditions of _____ for alternative _____?

_____ limitations are there _____ of the therapies _____ your _____?

What limits _____ more than _____ therapy in your _____ coverage?

There are _____ the inclusion _____ these _____ in _____ policy _____.

What _____ are there _____ the _____ therapies _____ your policy cover?

_____ tell _____ about _____ restrictions for _____ alternative therapies?

_____ the _____ exclusions _____ the coverage of complimentary _____?

_____ limits are there _____ the inclusion _____ your policies?

What _____ the _____ regarding coverage _____ treatments in _____?

_____ are _____ of insurance coverage for _____.

_____ your _____ contain _____ on how _____ treatments _____ paid for?

_____ are the _____ on the _____ of _____ therapies _____ policy _____?

_____ be limits when it comes _____ therapies?

Is _____ on _____ alternative therapies?

_____ are _____ limits to the inclusion _____ your policy _____.

_____ insurance _____ give you specific rules _____ alternative _____?

I _____ to know _____ alternative _____ aren't included _____.

Can _____ be _____ limits or _____ it _____ to _____ alternative _____?

What limitations are _____ inclusion _____ therapies _____ your _____?

What _____ are _____ when it comes _____ the _____ therapies in your _____.

Is the _____ treatments limited _____ your insurance _____?

What are _____ to coverage _____?

What's not covered by the _____ treatments?

What limitations _____ there _____ the inclusion _____ these _____ in _____?

_____ limits _____ when it _____ to insuring _____ therapies?

What limits _____ the inclusion _____ therapies in your _____?

_____ limitations are there _____ to _____ inclusion of _____ in your _____?

I need _____ you have _____ information _____ is not _____ by insurance _____ complementary _____.

What _____ the coverage _____ for different therapies?

I _____ to know _____ covered for Complementary therapies within _____.

_____ are the _____ of insurance _____ of Complementary treatments?

_____ your _____ have _____ limitations _____ how complimentary treatments _____ covered?

Can you tell me if there _____ provisions on _____ treatments in _____ plans?

Does your insurance _____ you _____ for _____ alternative treatments?

Does your _____ carrier give _____ for coverage _____ treatments?

_____ are there _____ of these _____ in your insurance _____?

Does _____ insurance _____ the _____ for non _____ treatments?

Is there any _____ for _____ treatments in _____?

Are _____ alternative _____ covered _____ insurance?

What _____ there _____ of _____ therapies in the _____ coverage?

Some _____ may _____ be covered _____ your _____ plan.

_____ do _____ have _____ care coverage?

Does your _____ contain any _____ on _____ treatments _____ for?

Can you _____ me _____ there _____ any _____ on the _____ treatments _____ your insurance plans?

Can _____ tell _____ the _____ for certain treatments?

_____ limitations are there _____ comes _____ the inclusion _____ in _____ policy coverage?

What _____ exist _____ inclusion of different _____ coverage

Does _____ from _____ for non traditional treatments?

Can _____ tell me the _____ for coverage _____ treatments?

Does _____ company limit _____ coverage of _____?

_____ exist on the _____ of _____ therapies _____ policy cover?

Can you tell _____ if there _____ specific _____ for coverage _____ complementary _____?

_____ some alternative _____ your _____ plan?

Can you _____ if _____ restrictions on the _____ of alternative _____?

Can _____ be limits or _____ to coverage of _____?

Does _____ insurance _____ allow you specific rules _____ treatments?

_____ are _____ and _____ when _____ comes _____ insurance _____ therapies.

Do you have _____ exceptions about complimentary _____?

_____ limitations exist _____ the _____ these therapies in _____ policy _____?

Does _____ plan _____ any _____ how _____ treatments are _____ for?

_____ are the limits and _____ coverage _____ treatments?

_____ limits _____ inclusion _____ different therapies in the _____ of _____?

What are _____ of _____ inclusion _____ therapies _____ policies?

Do your _____ restrictions for _____ complimentary _____?

Does _____ of your _____ contain limitations _____ complimentary _____?

_____ are the exclusions _____ that _____ other?

What _____ the _____ the _____ of different therapies _____ the _____ of _____?

Does any _____ your insurance plans _____ restrictions _____ coverage _____?

_____ limits exist _____ Different therapies in _____ policy coverage?

What limits _____ on the inclusion _____ different _____?

Do _____ if certain _____ therapies are covered _____ plan?

Is _____ limits on _____ non _____ are _____ your insurance policy?

_____ you tell _____ there are any specific _____ or limitations _____ of complimentary treatments _____ your _____?

What _____ are there _____ to the _____ therapies in _____ insurance _____?

Is _____ any _____ how non traditional _____ are paid _____ policy?

_____ your _____ coverage of _____ treatments?

_____ limits on the inclusion of the therapies _____?

_____ alternative therapies are _____ covered by _____ insurance plan?

_____ limitations are _____ relating to _____ inclusion of _____ your policy _____?

Will _____ restrictions or exceptions _____ comes to complimentary _____?

_____ know what limits _____ the _____ of different therapies _____ policy _____.

_____ are limitations _____ inclusion of _____ in your _____.

_____ exist _____ the _____ of _____ therapies in coverage?

_____ are the _____ and _____ covering alternative treatments _____ insurance?

Can you tell _____ about _____ coverage _____ treatments?

There _____ limitations on _____ inclusion _____ in an _____ plan.

What limits _____ different therapies in _____ policy cover?

What are _____ limits _____ the _____ different _____ in coverage _____ policy?

Can _____ me if you have _____ complimentary treatment _____?

What limitations _____ inclusion of _____ therapies _____ insurance plan?

_____ are the _____ of different therapies _____ the _____ coverage?

_____ are _____ inclusion of these therapies in _____ policies?

_____ insurance _____ give you _____ rules for _____ of _____ treatments?

What limitations are _____ when _____ to _____ these _____ in _____ policy?

We _____ know what limits _____ the _____ of _____ policy coverage.

_____ are there _____ the _____ therapies in your policy?

_____ any limitations on _____ that _____ can cover in _____ insurance _____?

Is it _____ limit alternative therapies when _____ comes _____?

_____ there _____ or provisions for _____ complimentary treatments _____ policies?

_____ alternative _____ not _____ your insurance?

_____ know what limits exist _____ the inclusion _____ in _____ policies?

Can _____ any restrictions on _____ of complimentary _____ within your plans?

What _____ the limitations on complimentary _____ in _____?

_____ policy have limitations on _____ traditional _____ paid for?

What _____ not covered _____ this _____ of _____ it comes to _____?

_____ your policy _____ or provisions for _____ for complimentary _____?