

[Demo] NLP Dataset for Customer Service Automation

Company Type	Health Insurance Companies
Inquiry Category	Coverage limits for specific treatments/procedures
Inquiry Sub-Category	Mental health services
Description	Inquiries about coverage limits for mental health treatments, including therapy sessions, psychiatric consultations, and inpatient mental health care.
Data Size	5,038 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.)

____ policy ____ restrictions on outpatient ____ each month/quarter/year?
Is ____ a monthly, quarterly, ____ yearly basis?
____ a limit on ____ of counseling visits ____ month, ____ year?
Does ____ policy impose ____ your ____ appointments?
Is ____ outpatient ____ visits limited ____ monthly, ____ and yearly ____?
Does outpatient ____ visit limited ____ a certain number ____ or ____?
____ you ____ on how ____ a ____ quarter you ____ see counseling?
____ any limitation on attending ____ therapeutic ____ monthly ____?
Is ____ limited to a ____ or yearly ____?
Does ____ plan ____ number of counseling ____ you can ____?
____ there limitations on ____ your policy?
____ outpatient ____ restricted ____ a certain number of ____ a quarter ____?
Is ____ your policy ____ are ____ quarterly, or yearly?
____ there ____ on ____ number ____ times you ____ to outpatient ____?
Are ____ or yearly limitations on ____ visits?
Are ____ to ____ often I can ____ counseling ____ plan?
____ policy include ____ on ____ appointments?
____ your ____ amount of counseling sessions ____ can take?
____ there a ____ to ____ therapy monthly ____?
Is it possible ____ your insurance ____ sessions ____ can attend?
____ you ____ restrict outpatient counseling ____ per month, quarter ____?
Is ____ counseling visits ____ a ____ quarterly/yearly ____?
____ you ____ a ____ on ____ often you ____ a counselor?
I'm curious ____ the limits ____ counseling ____ and year.
____ the ____ counseling ____ restricted ____ policy?
____ the ____ of ____ counseling visits limited ____ monthly, ____ yearly basis?
____ your policy restrictions ____ outpatient ____?
____ policies that impact ____ outpatient therapy ____?
____ there a ____ the ____ of ____ you may ____ an ____ counseling ____?

Are _____ to _____ certain number of _____ month, quarter, _____ year?

Is there _____ limits _____ your _____ on _____ visits?

_____ outpatient _____ visits _____ a _____ basis?

_____ there monthly _____ yearly _____ outpatient counseling _____?

_____ your _____ limits _____ number of counseling sessions _____ can _____?

Limits _____ counseling per _____?

_____ are limited Monthly/quarterly/yearly?

_____ there _____ on how many outpatient counseling _____ you _____?

_____ outpatient _____ visits limited on a _____ basis?

Is _____ visits restricted _____ a monthly, _____ yearly _____?

Is _____ a limit on _____ number _____ times _____ person may visit _____ facility in _____ or _____?

_____ it _____ policy that outpatient _____ appointments _____ quarterly, and _____?

Do _____ limit the number of _____ therapy appointments?

_____ any monthly or _____ limitations on _____ counseling _____?

_____ to _____ policy, what limits are in place _____?

Is there _____ restriction on _____ often _____ can visit _____ outpatient _____ single _____ quarter?

Do you have limits _____ year _____ month _____ can see _____ counselor?

_____ a _____ the _____ of monthly/quarterly/yearly visits _____ outpatient therapy?

_____ there _____ how many outpatient visits _____ counseling during?

_____ outpatient therapy appointments _____ monthly/ quarterly/ _____ because _____?

_____ restriction _____ amount _____ times one _____ visit _____ outpatient counseling facility?

_____ your policy prevent _____ counseling _____?

_____ your _____ plan limit the number _____ can _____ counseling _____ a _____ or year?

Are _____ restricting _____ therapy _____ annually?

Does _____ policy limit _____ therapy appointments _____ monthly, quarterly _____?

Is there _____ limitations _____ outpatient _____ visits?

_____ your insurance _____ how _____ counseling sessions you _____ per _____?

Is _____ any _____ on _____ of _____ you can _____ an _____ counselor?

_____ Outpatient _____ visits _____ monthly/quarterly/yearly?

Is _____ that _____ has _____ on counseling visits?

Is outpatient counseling _____?

_____ you _____ restrictions _____ monthly or annually?

_____ policy make it _____ outpatient therapy _____ constrained in the _____?

_____ there _____ on _____ counseling visits _____?

_____ if your insurance plan _____ the number _____ have counseling outside _____ hospital?

_____ you _____ there are _____ to outpatient counseling _____?

_____ your coverage guidelines _____ to _____ monthly _____ yearly?

Are _____ on how frequently I _____ counseling with _____?

_____ outpatient counseling visits be limited _____ monthly, _____ basis?

_____ there _____ seeing an _____ counselor?

Does _____ plan _____ how _____ can have _____ outside _____ the hospital?

Do you have _____ limitations _____ how _____ you _____ see _____ a _____?

Are there limits _____ how many _____ get _____ counseling _____ your _____?

Is there _____ the _____ counseling _____ can _____ with your plan?

_____ know _____ limit on _____ I can _____ counseling with your _____?

_____ limited on a monthly, _____ and _____ basis.

_____ any policy limiting _____ outpatient _____ appointments in _____ coverage?

_____ outpatient counseling visits _____ to a certain _____ episodes _____ month _____ or _____?

Are there _____ the _____ times you can _____ a counselor?

_____ any _____ on the outpatient counseling visits _____ policy?

Does your policy _____ outpatient therapy appointments _____ limited quarterly _____?

_____ any restrictions _____ outpatient counseling _____ per month, _____ and _____?

Does _____ plan _____ of counseling sessions you go _____?

Are there _____ outpatient _____ in your policy?

_____ there a limit on the _____ times one _____ visit _____ facility _____ quarter?

_____ policy have a _____ on the _____ of _____ visits for _____?

Is _____ monthly _____ yearly _____ visits?

_____ a limit on _____ often I can _____ for _____?

_____ there _____ counseling visits imposed?

_____ for the outpatient appointments?

Are there _____ on how _____ I _____ your plan?

Does _____ restrict _____ counseling visits?

_____ there a limit on how frequently _____ can _____ for _____?

_____ your policy _____ to outpatient _____?

_____ on _____ counseling visits per quarter, _____ year?

Can you tell _____ your _____ the outpatient appointments?

Is _____ on the number of _____ one _____ an outpatient _____ facility _____ particular month?

Does _____ policy _____ it possible _____ appointments _____ limited _____ the month/quarter/year?

I'm _____ limits _____ outpatient _____ month _____ quarter or year.

Is _____ against _____ outpatient _____ visits?

Do you _____ any _____ on how _____ my counselor?

_____ on how _____ you go to _____ counseling?

Are _____ how often I _____ for outpatient counseling _____ your _____?

Is _____ on _____ frequently _____ go to outpatient _____?

Isn't outpatient _____ visits _____ on _____ monthly, _____ basis?

Is _____ outpatient _____ limited _____ policy?

_____ your policy restrict _____ appointments _____ monthly, _____ and _____ basis?

_____ policy _____ outpatient _____ sessions?

Is _____ counseling _____ limited _____ certain number of _____ a _____ or _____?

Do your policies affect _____ therapy _____ basis?

_____ restriction on _____ monthly _____ visits?

Is _____ on how _____ you can visit an _____ each _____?

Does your _____ therapy _____ are limited _____ quarterly/yearly?

_____ any limits on the _____ times _____ can receive _____?

_____ there _____ limitation _____ the number _____ times _____ visit an _____ counseling _____?

Is there _____ restriction _____ counseling _____ monthly _____?

Are _____ restrictions _____ the outpatient counseling _____ your _____?

Is outpatient _____ limited to a _____ and _____?

Are there limitations on _____ your _____?

Is outpatient _____ limited on _____ monthly _____ basis?

Is outpatient _____ a _____ quarterly and _____ basis?

Does _____ that _____ appointments are limited in the _____?

_____ your policy allow for _____ appointments _____ monthly/ _____ yearly?

I _____ know the limits of _____ per _____ and _____ year.

Is _____ any _____ the _____ visits?

_____ you have _____ on how _____ counseling _____ a quarter or year?

_____ there any _____ you go _____ outpatient counseling?

Is _____ outpatient counseling visit limited _____ quarter _____ basis?

Do _____ have limits _____ times you _____ a counselor in _____ quarter?

outpatient _____ are limited _____ quarterly, _____ annually basis?

Is your policy _____ of outpatient _____ visits _____?

_____ your policy _____ restrictions on _____ outpatient counseling visits?

Does your _____ limit _____ number _____ outpatient therapy _____ the _____?

_____ counseling _____ limited to a _____ quarter _____ yearly _____?

Do _____ monthly _____ on _____ counseling?

_____ your policy ensure _____ therapy _____ are limited in _____?

_____ there _____ on number _____ times _____ can visit an _____ facility?

_____ might _____ monthly outpatient counseling _____.

_____ or yearly _____ on outpatient _____?

Is it _____ restricts outpatient _____ visits each _____?

Will there be _____ monthly _____?

outpatient counseling _____ on _____ and annually basis?

Is _____ limit on when _____ outpatient counseling _____ your _____?

_____ there _____ limit on _____ number _____ get outpatient counseling _____ month?

Is there _____ limit on _____ times one may _____ facility _____ single _____ or quarter?

_____ or yearly limits on outpatient _____?

_____ outpatient _____ on _____ monthly, _____ and annually basis?

Is outpatient _____ monthly, quarter, and _____ basis?

_____ have policies _____ the number of _____ for outpatient _____?

Is there _____ restriction on the _____ of _____ counseling facility?

Do you have _____ many _____ can see _____ counselor per _____?

Is there a _____ how many _____ one may _____ outpatient _____?

_____ there _____ on how _____ I can get outpatient counseling _____?

_____ yearly do you _____ therapy?

Do you _____ any _____ the number _____ outpatient _____ visits _____?

Is there _____ limitation _____ how often _____ counseling?

Are outpatient counseling appointments limited _____ a _____?

_____ there _____ number of times you can visit _____ outpatient _____?

Do you have any _____ on how many _____ or _____ you _____?

Is there _____ the number _____ counseling visits _____ quarter, and _____?

_____ limits on _____ number of _____ you can see counseling _____?

_____ there any _____ on _____ you can see _____ outpatient _____?

_____ policy mean _____ therapy appointments are limited _____ month _____ quarter?

_____ outpatient counseling _____ month/quarterly/yearly?

Does your _____ the number of counseling _____?

_____ restrict _____ therapy _____ a monthly _____ annually?

_____ your _____ limits on outpatient _____?

Is _____ limitations on _____ counseling?

Do _____ the amount _____ counseling visits _____ month, _____ and _____?

Will _____ on the _____ appointments?

Do you _____ limits on the _____ counseling _____ quarter _____?

_____ there a limit _____ the number _____ can _____ for outpatient _____?

_____ the number _____ counseling visits _____ quarter or year?

_____ outpatient counseling _____ and annually?

Is _____ limit _____ number _____ times an individual _____ go _____ see a _____?

_____ outpatient counseling _____ on a _____ or _____ basis?

Do we _____ outpatient counseling visits _____ a _____ of episodes _____ or _____?

_____ policy impose _____ on outpatient _____?

Is there _____ monthly/quarterly/yearly outpatient _____?

Is _____ on a monthly, quarterly, _____ basis?

Does _____ so that _____ therapy appointments are _____ monthly, _____ yearly?

Is _____ restriction _____ outpatient counseling?

Is _____ limits on _____ of counseling _____ per month, _____ or _____?

Isn't _____ counseling _____ monthly, quarter, and yearly _____?

Is it a restriction _____ you _____ outpatient _____?

Does _____ policy _____ outpatient therapy?

Is _____ counseling visits limited on a monthly, _____?

Is _____ a _____ number of episodes per month, _____ year?

_____ you have any _____ how _____ can _____ my counselor?

_____ you _____ number of outpatient counseling visits _____ month, _____?

_____ you restrict _____ number of _____ counseling _____ month, quarter, _____?

Is there any limitations on _____ visits stated _____?

Are _____ any _____ counseling sessions?

Are _____ outpatient _____ visits in your _____?

Is there _____ on when _____ outpatient counseling?

_____ there _____ the number of counseling _____ per month, _____ or _____?

Are you aware _____ how often _____ counseling can _____ had with _____?

Do _____ limits _____ of _____ visits each month?

Are _____ a _____ of months a quarter or _____ for outpatient _____?

Does _____ require that _____ appointments _____ limited monthly/ _____?

_____ your insurance _____ impose _____ on _____ counseling _____ you _____ attend?

_____ restrict the number of outpatient _____ per _____ year _____ your policy?

Do you _____ treatment _____ annually?

Is _____ a _____ on _____ can go _____ facility in a single _____ or quarter?

Is _____ any _____ on outpatient _____ under _____ policy?

Under _____ the _____ counseling sessions have _____?

_____ outpatient counseling visit _____ certain number _____ months _____ or year?

Do your insurance plans _____ on the number of _____?

Is _____ restriction _____ frequently you _____ outpatient counseling?

_____ to _____ policy, what _____ place on outpatient _____ visits?

_____ or yearly _____ on outpatient counseling _____?

Are there restrictions _____ number of _____ visits per _____ quarter, _____ your _____?

_____ the policy _____ monthly outpatient _____?

_____ impose _____ on counseling visits?

_____ outpatient counseling visits limited _____ and annual _____?

Are there restrictions on the _____ can _____ an _____ facility _____ month _____ quarter?

Is _____ any _____ the number of _____ month, _____ and/or year _____ your _____?

Are _____ a _____ on _____ number of _____ get counseling _____ your plan?

_____ there a restriction on _____ number _____ times _____ can _____ outpatient facility a _____?

In your _____ there _____ restrictions on _____ visits?

Do you have limits _____ the number _____ can _____ seen _____?

Does your _____ limits _____ the _____?

_____ restrictions for counseling _____?

Is outpatient _____ to _____ specific number of _____ a _____ year?

_____ policy may make it _____ appointments are limited _____ quarterly/ _____.

According _____ your _____ limits are placed on _____?

Does your policy _____ outpatient therapy _____ restricted monthly/ _____?

_____ restrict the _____ per month, _____ and year of your _____?

_____ limits on how frequently _____ go _____ counseling?

_____ your policy impose _____ outpatient _____?

____ your insurance plan ____ often you ____ have ____ the ____?
 ____ outpatient ____ limited on a ____ quarter, ____ basis.
 Does ____ insurance ____ restrictions ____ how many counseling sessions ____ take?
 ____ a limit to the number of ____ per ____ therapy?
 Do ____ place ____ cap ____ the ____ of visits for outpatient ____?
 Do we have ____ counseling visits limited ____ a ____ number ____ or ____?
 ____ policy about ____ the outpatient ____?
 Are ____ counseling ____ limited ____ and annually basis?
 Is there a restriction ____ one ____ get ____ counseling?
 ____ limit counseling ____ monthly ____ annually?
 ____ your ____ contain any ____ on the ____?
 ____ coverage ____ out-of-hospital therapeutic sessions monthly or yearly?
 ____ you restrictions outpatient ____ per ____ quarter ____ year?
 ____ limit on ____ counseling ____ a monthly, quarterly, ____ annually basis?
 ____ monthly/quarterly or yearly ____ on ____?
 ____ your policy ____ for outpatient ____ appointments ____ constrained monthly/ quarterly/ ____?
 Is ____ a ____ for outpatient ____ visits ____?
 ____ quarter and yearly ____ are ____ counseling ____ limited?
 ____ out-of-hospital ____ sessions within your coverage guidelines?
 Is there restriction ____ number ____ one can ____ outpatient counseling ____?
 Do you have ____ on ____ many times you can ____?
 ____ outpatient counseling ____ are ____ on ____ quarter or yearly ____?
 ____ your policy make ____ therapy ____ quarterly/yearly?
 ____ there a limit ____ how many ____ I can ____ month ____?
 Do you have ____ outpatient ____ per month, ____ year ____ your policy?
 ____ limits on ____ can go for ____ counseling?
 ____ there a limit on how ____ can ____ an ____ a ____ or quarter?
 ____ there ____ limit on ____ number of ____ I ____ a ____?
 ____ limit on the number of ____ visits per month, ____?
 ____ have ____ restriction ____ of ____ visits for outpatient therapy?
 ____ your ____ impose ____ on outpatients ____?
 Is ____ a ____ how ____ you go ____ outpatient ____?
 Is ____ the number of ____ see counseling in a ____ or ____?
 ____ on monthly/quarterly/yearly ____ visits are ____ within your ____.
 Is ____ to a monthly, quarterly, ____ basis?
 Are ____ or ____ limits on ____ visits?
 ____ if you have restrictions ____ the number ____ outpatient ____ visits?
 ____ any ____ on how ____ sessions ____ can ____ per ____ or quarter?
 Are ____ any restrictions on the ____ of ____ an ____ counseling ____?
 Does ____ policy ____ amount of ____ appointments?
 Is outpatient ____ limited ____ a ____ and ____?
 Do you have ____ the ____ visits per ____ outpatient therapy?
 ____ you ____ if your ____ the ____ sessions you can attend?
 ____ be restrictions on the number ____ to ____?
 ____ restrictions on ____ visits ____?
 Restrictions ____ outpatient counseling visits ____ imposed ____ your ____?
 Does ____ policy say that ____ appointments ____ the month?
 Can there be monthly ____ quarterly limitations ____?
 ____ you ____ of ____ frequently I can receive ____ counseling ____ your plan?
 ____ there any ____ limit the number ____ appointments ____ month?

_____ there restriction _____ many _____ I can _____ counseling?
 _____ outpatient counseling visits only limited on _____ basis?
 Do you _____ that affect monthly/quarterly _____?
 _____ there _____ limit on _____ amount of times _____ can visit _____?
 _____ how frequently _____ can go for counseling _____ your _____?
 _____ that _____ monthly _____ quarterly outpatient therapy appointments?
 _____ we limited _____ certain number _____ month, quarter, or _____ outpatient counseling?
 Is there _____ your _____ for _____ visits?
 _____ policy impose restrictions _____ the number _____ appointments?
 Is there _____ on _____ counseling _____ per month, quarter and _____?
 _____ a limit on _____ number of _____ you _____ an _____ counseling facility?
 There could be _____ outpatient counseling visits.
 On a _____ quarter, and _____ basis, _____ limited?
 Do _____ number of outpatient _____ per _____ or year of _____ policy?
 Is _____ visit limited _____ a _____ number _____ a quarter or _____?
 _____ your policy that _____ are _____ in _____ quarter/year?
 _____ there be _____ on outpatient _____ visits in _____?
 _____ counseling visits limited to _____ monthly, quarterly, _____?
 On _____ monthly, _____ and _____ basis is _____ limited?
 Does _____ limit _____ you _____ a counselor?
 Does _____ the number of _____ therapy appointments _____ quarter _____ year?
 Is there _____ monthly or _____ on _____?
 _____ insurance plan limit how _____ times you can _____ counseling _____ the _____ a _____ year?
 Are _____ on outpatient counseling _____ or quarter?
 Is _____ a _____ on the number of times _____ an _____ facility?
 _____ visits limited on _____ monthly, quarterly, and _____?
 _____ policy _____ outpatient counseling _____ restrictive?
 Is it _____ your _____ constraints _____ outpatient therapy _____?
 Do _____ monthly _____ on outpatient _____ visits?
 _____ you aware _____ limit on how _____ outpatient counseling?
 _____ restrictions on _____ an outpatient _____?
 Is _____ out-of-hospital _____ sessions _____ in _____ coverage _____?
 _____ there _____ constraints on _____ of times _____ a counselor?
 _____ a restriction _____ counseling visits?
 Did your _____ outpatient therapy _____?
 _____ your policy restrict how _____ you _____?
 _____ your policies _____ outpatient _____ appointments _____?
 Does your _____ outpatient _____ are limited _____ quarterly/yearly?
 Are there _____ quarterly limits _____?
 _____ your insurance _____ limit how many times _____ can _____ of _____?
 Is outpatient _____ by _____ policy?
 Is _____ on how many _____ can _____ outpatient counseling?
 _____ the insurance plan _____ number of _____ sessions _____ can _____?
 _____ your policies affect _____ yearly _____ appointments?
 Are counseling _____ on _____ monthly, _____ and _____ basis?
 Do _____ restrict the _____ of _____ per month, _____ and or _____ policy?
 _____ insurance _____ the number of _____ you can have?
 _____ a _____ on visits _____ counseling?
 Do _____ know _____ a limit on the number _____ for outpatient _____?
 Are _____ attending out-of-hospital _____ sessions _____ coverage guidelines?

Are outpatient _____ monthly/quarterly/ yearly basis?

Do _____ have _____ on the number _____ counseling visits _____ year _____ the _____?

_____ there be restrictions _____ you can see _____ a _____?

Will there _____ on the number _____ consultations _____ therapist?

Is _____ any restrictions _____ outpatient counseling visits _____?

_____ outpatient counseling _____ limited _____ monthly, quarter, _____ yearly _____?

Do you _____ a _____ number _____ times _____ you can _____ a counselor?

_____ make limits on the _____?

_____ there a _____ on the _____ can receive Outpatient _____?

_____ to a certain number _____ episodes _____ quarter, or year?

Does outpatient _____ are _____ a monthly/quarterly/yearly _____?

_____ a limit _____ how many times _____ counseling _____ month _____ quarter?

_____ tell _____ if there _____ on _____ counseling visits?

Is _____ that _____ therapy _____ are constrained monthly/ _____?

Do _____ have limits _____ how many times _____ can _____ at _____?

Does your _____ that _____ therapy appointments are _____ the _____?

Can _____ be _____ on the number _____ a _____?

_____ outpatient counseling visits limited on _____ quarterly _____?

_____ your coverage guidelines _____ to _____ out-of-hospital _____ monthly _____ yearly?

Any _____ an _____ counselor?

Do _____ restrict _____ visits _____ month, quarter, _____ year of your _____?

Are _____ place _____ the number _____ outpatient therapy appointments?

On a _____ quarterly, _____ basis, Is _____ visits _____?

_____ you _____ any rules on _____ can _____ my counsellor?

Do _____ restrict counseling _____ quarter, or _____?

_____ aware _____ limit on _____ often I _____ go for _____ with your _____?

Are _____ to _____ the _____ of _____ visits per month, _____ and _____?

_____ counseling sessions _____ by _____ policy?

_____ outpatient counseling _____ limited per _____?

Do _____ have _____ the number _____ per month _____ therapy?

_____ your insurance plan _____ how _____ you can _____ the hospital?

Do your policies _____ number _____ counseling visits _____?

_____ there any _____ the number of _____ an outpatient _____?

Does _____ policy limit the _____ appointments _____ a month or _____?

_____ visits limited to a _____ of _____ month, quarter, or year?

_____ insurance plan limit the _____ of _____ you can _____?

Is it _____ that outpatient _____ appointments _____ constrained _____?

Is it possible _____ the _____ on outpatient _____?

Do you _____ visit _____ counseling?

_____ on _____ of counseling visits per month?

Is _____ restricts monthly _____ counseling _____?

_____ outpatient counseling monthly?

Is _____ any _____ when you can _____ Outpatient _____?

_____ you have any restrictions _____ you _____ for counseling?

_____ yearly limitations _____ counseling visits?

_____ policy that outpatient _____ appointments are _____ monthly, quarterly, _____?

_____ you have _____ outpatient counseling visits?

Are there _____ the number of _____ you _____ counseling?

_____ your policy make outpatient _____ appointments _____ the _____?

Does your _____ specify _____ outpatient _____ appointments _____ monthly/ quarterly/ _____?

_____ limit on how many times I _____ counseling _____ or _____ month?
 Do _____ have _____ limits on _____ number _____ counseling visits _____ month, _____ or _____ policy?
 Are there _____ on _____ of counseling _____ month, _____ or _____?
 _____ policy have _____ for _____ counseling _____?
 Does your _____ many _____ I can get _____?
 _____ there _____ on visits to _____?
 _____ outpatient counseling _____ on _____ quarter _____ yearly basis?
 Is _____ a _____ in your policy _____ outpatient _____?
 Do we _____ our _____ a certain number _____ months a _____ year?
 Is there _____ on _____ many times I _____ receive _____ counseling _____?
 _____ you _____ the _____ outpatient counseling _____ month, _____ and year?
 _____ any _____ how _____ outpatient visits _____ can _____ counseling on?
 What _____ the _____ on _____ visits?
 Are _____ limits _____ counseling visits each month _____?
 _____ you aware of _____ limit on _____ often _____ can _____ to _____?
 _____ outpatient counseling _____ monthly/quarterly/yearly?
 _____ your policy _____ counseling visits per month, _____ or _____?
 _____ you _____ limits _____ the number of _____ visits each _____ quarter?
 Are _____ counseling visits every quarter _____ yearly?
 Does your _____ limit _____ number of counseling _____ attend?
 _____ limit outpatient counseling _____?
 _____ any _____ on the outpatient counseling visits _____ policy?
 _____ any restrictions on _____ outpatient _____?
 _____ there limitations _____ I _____ for outpatient counseling with _____ plan?
 Do _____ restrict outpatients _____ monthly _____?
 Does _____ state _____ outpatient therapy _____ are limited _____ or _____?
 Is _____ a limit _____ of times I _____ for outpatient _____?
 _____ any limitations _____ outpatient counseling _____?
 Is _____ counseling _____ monthly, _____ and _____ visits?
 Can _____ visits _____ limited _____ a _____ and yearly basis?
 Do _____ any limits _____ how _____ you _____ see _____ counselor _____ month?
 Is _____ restrictions _____ counseling _____?
 _____ there _____ outpatient counseling _____ on _____ monthly, quarter, or yearly _____?
 _____ have a limit _____ how many _____ a _____ or _____ you can _____?
 _____ outpatient counseling _____ restricted to a _____ of _____ a _____ a _____?
 _____ to your _____ what are _____ limits _____ visits per _____?
 Does _____ insurance _____ the number of counseling sessions _____ can _____?
 Is there _____ on _____ visits per month, _____ and/or _____ policy?
 _____ have any _____ on _____ of _____ that you see _____ counselor?
 _____ you _____ of _____ on _____ often I _____ have _____ counseling?
 Is _____ appointments limited _____?
 _____ counseling _____ limited _____ a _____ and yearly basis?
 _____ know _____ on how many times _____ go for outpatient _____ plan?
 _____ have _____ be monthly _____ yearly limitations _____ outpatient counseling _____?
 Is _____ visits _____ on _____ monthly and quarter _____?
 _____ may _____ monthly/quarterly _____ yearly limits on _____ visits.
 Is there _____ restrictions _____ visits _____ your policy?
 _____ your _____ for _____ appointments to _____ constrained monthly/ quarterly/yearly?
 Does _____ policy _____ limits on _____?
 _____ there _____ number of _____ one _____ visit an outpatient _____ a month or a _____?

_____ counseling _____ to _____ monthly, _____ and yearly schedule?

Do you _____ on _____ I _____ get outpatient counseling?

_____ your _____ involve limits on _____?

_____ limiting outpatient _____ or yearly?

Is there a restriction on the number _____ one _____ facility during a _____?

Are counseling visits _____ on _____ annually basis?

Do _____ restrict the _____ monthly _____?

_____ your _____ that _____ therapy appointments _____ monthly, _____ yearly?

Does _____ limit the number _____ appointments?

Do _____ have any boundaries _____ times _____ attend _____ counseling?

_____ there limits _____ how _____ I _____ go _____ counseling _____ your _____?

_____ you have _____ on how many times you _____ a _____?

_____ there any _____ on the number _____ visits _____ month, _____ and _____?

Does _____ policy put _____ the _____?

Is outpatient _____ under _____ policy?

On _____ quarter _____ is _____ counseling visits limited?

_____ your _____ on the outpatient _____?

Are _____ any _____ on the _____ times I can _____ outpatient _____?

I'm _____ about the _____ for _____ counseling _____ and _____ quarter _____ year.

Is _____ the number of counseling _____ month, _____ and year?

Is it _____ visit _____ for _____ counseling monthly/quarterly/annually?

_____ the number of _____ you can visit an _____ counselor?

Do you have _____ on _____ I can _____ counseling with your _____?

Are _____ aware _____ limit on _____ amount _____ counseling _____ can get _____ your _____?

_____ any _____ that limits the _____ of _____ for _____ therapy?

_____ you limiting the number _____ outpatient therapy?

_____ there _____ or quarterly _____ outpatient counseling visits?

Are there _____ limiting the _____ outpatient therapy _____ policy?

Do you have policies _____ affect monthly/quarterly/ _____?

_____ outpatient _____ limited on a monthly, _____ or yearly _____?

_____ I _____ will _____ not be allowed _____ counseling _____ a single month/quarter/year?

_____ the _____ have _____ limitations _____ counseling sessions?

_____ there any restrictions _____ counseling visits _____ month, quarter, _____ policy?

Do _____ include limits _____ attending _____ in your coverage _____?

_____ the _____ on how frequently I can _____ for counseling _____?

As per _____ can _____ only attend a _____ outpatient therapy _____?

_____ your _____ restrictions on the _____ of _____ sessions you _____ attend?

_____ policy _____ constraints on outpatient _____?

Do we have _____ visits limited to a _____ month, _____ or _____?

_____ your policy mean _____ outpatient therapy _____ quarterly/ yearly?

_____ your policy _____ on the number of _____?

_____ there limits on _____ can go _____ outpatient counseling _____ plan?

Do you have limits on how _____ month _____ see _____?

Is _____ restrictions _____ your _____ on outpatient _____ visits?

Is _____ there are limitations on _____ within _____ policy?

_____ outpatient _____ limited _____ a _____ quarter or _____ basis?

There are _____ attending _____ in _____ coverage guidelines?

_____ there a _____ on _____ many _____ be _____ for counseling?

Does _____ insurance plan _____ number of _____ sessions _____ can _____?

Does _____ policy _____ the outpatient _____?

Is this policy _____?

Is the _____ visits limited _____ a _____ quarterly, _____ annually basis?

Is _____ to how _____ I _____ go to _____ counseling?

_____ you restricted to outpatient _____?

_____ your _____ it so _____ therapy appointments are limited _____ quarterly _____?

_____ there _____ counseling visits per _____ and year?

Does _____ monthly _____ counseling visits?

_____ limits _____ attending _____ therapeutic _____ included _____ your coverage guidelines?

Are there _____ limits _____ of _____ month, _____ year of your policy?

_____ it possible _____ restricts the number _____ appointments?

Are there _____ attending _____ therapeutic _____ in _____ guidelines?

_____ a _____ on _____ one can visit an _____ a month or _____ quarter?

Did your policies _____ appointments?

Is _____ your policy that _____ limited monthly _____ quarterly?

_____ visits _____ to _____ certain number of episodes _____ month, _____ yearly?

Do _____ have any rules _____ I _____ see the _____?

_____ policies affect _____ outpatient _____ appointments?

_____ you have _____ on _____ counseling _____?

_____ outpatient _____ visit limited _____?

Do _____ restrict _____ counseling _____ per _____ year?

Are _____ on outpatient _____ monthly _____?

Do _____ know if _____ insurance _____ restricts the _____ of _____ sessions _____?

_____ an outpatient counseling _____ limited _____ quarter, _____ yearly basis?

Is _____ counseling visits _____

_____ your policy make sure _____ are _____ monthly/ _____ yearly?

Does your _____ outpatient appointments?

_____ yearly or _____ on _____ counseling?

On _____ monthly, _____ and _____ basis is outpatient _____?

_____ counseling visits limited _____ certain _____ episodes per month, quarter, _____ year?

Are _____ visits _____ a monthly, _____ and yearly _____?

_____ there any limit on _____ frequently I _____ counseling _____ plan?

Are there _____ restrictions on _____ can _____ counselor?

Do _____ have limits on the _____ counseling _____ per _____ year?

_____ counseling _____ to _____ particular number of _____ per _____ quarter or _____?

Is _____ limited outpatient _____ visits _____ or yearly basis?

Are _____ limited outpatient counseling visits _____ quarter, _____ yearly _____?

Is _____ how many times one can go _____?

_____ you _____ that limit the _____ outpatient therapy _____ you can have _____?

Does _____ plan _____ how many counseling _____ attend?

_____ you _____ your _____ counseling _____ per _____ and/or year?

Are _____ counseling _____ limited to _____ number _____ times _____ or year?

Are _____ restrictions _____ counseling _____ per month, _____ and/or _____?

_____ restriction on _____ often one _____ an outpatient counseling _____?

Is _____ restrictions in _____ for outpatient _____?

Is there _____ many _____ you _____ to outpatient counseling?

Does your insurance plan _____ the _____ of _____ you _____?

_____ there _____ on the _____ of _____ to outpatient counseling?

_____ there any _____ on the _____ of _____ visits per _____ and _____?

Does _____ policy _____ appointments to monthly, quarterly _____?

_____ on the number of times _____ see counseling for _____ month?

_____ you have _____ limit _____ the _____ times _____ counseling each month?

_____ insurance _____ restrict _____ number _____ that you can attend?

_____ you limit _____ therapy monthly _____?

_____ counseling _____ limited _____ a certain number _____ episodes per _____ year?

_____ Outpatient counseling per _____?

Are you _____ on _____ can go for outpatient counseling?

Do you have any limits _____ you _____ see _____ counselor at _____?

Is it part _____ policy that _____ therapy appointments _____ quarterly/ _____?

Do you _____ if _____ plan restricts _____ of times _____ have _____ outside _____ the hospital?

Is _____ a limit on _____ month _____ quarter?

_____ there _____ on the _____ of counseling _____ month?

Do _____ have a limit on _____ number _____ outpatient counseling?

Are you aware _____ limit _____ number _____ I go _____ outpatient _____?

Do you _____ on the _____ times _____ see counseling _____ month?

_____ there any _____ on _____ visits?

_____ restrictions on the number of _____ counseling visits _____?

Outpatient counseling _____ may be limited _____ yearly basis.

Constraints on _____ appointments are _____ by _____?

_____ there _____ that _____ monthly/quarterly/yearly _____ therapy _____?

_____ aware of a limit on _____ number of times _____ counseling?

_____ your policy _____ counseling?

_____ there any restrictions _____ outpatient _____ visits _____ month, _____ year?

_____ on outpatient counseling visits per month, _____?

_____ policies affect _____ therapy appointments _____?

_____ there a restriction _____ the _____ of times _____ visit an outpatient _____ month or _____?

Do you _____ restrictions on _____ visits?

Do you have _____ limit _____ number _____ visits _____ therapy?

_____ you aware _____ a _____ on _____ frequently I _____ for _____ with _____ plan? "

_____ counseling _____ on a monthly, _____ and _____ basis?

Is there any _____ per month _____ quarter?

Does your _____ plan affect how many _____ you _____ the _____?

_____ your plan limit the _____ I _____ outpatient counseling in a _____?

Is there a restriction _____ how many _____ one can _____ in _____ or quarter?

Do _____ of _____ limit _____ how frequently I _____ go _____ outpatient _____?

_____ your policy state that _____ are limited _____ month _____ quarter?

_____ limit _____ how many _____ I _____ outpatient counseling a _____?

Is _____ counseling _____ limited _____ monthly, quarterly, _____?

Does _____ policy make it _____ for _____ be constrained _____?

Is the outpatient counseling _____ limited _____ monthly, _____ basis?

_____ plan _____ the _____ of counseling _____ per month?

Is _____ a restriction _____ how often _____ outpatient counseling _____ a _____?

Limits _____ outpatient counseling _____ quarter _____?

Are there _____ restrictions _____ the _____ a month, quarter, and _____?

_____ there _____ on outpatient _____ visits each _____ quarter?

Is _____ restriction _____ how many times _____ can _____ outpatient _____?

_____ you aware of a limit _____ the _____ times _____ counseling?

According _____ are the limits of outpatient _____ visits _____?

Are _____ any limits _____ counseling visits per month, _____?

Can _____ me _____ outpatient _____ visits have restrictions _____ your _____?

_____ there _____ on _____ I can _____ counseling _____ your plan?

_____ on a _____ quarterly, and yearly basis.
 _____ on _____ counseling _____ month?
 _____ you restrict counseling _____ on a monthly _____?
 _____ your _____ monthly/quarterly/yearly outpatient _____?
 Does your _____ on counseling _____?
 _____ the _____ counseling _____ in your _____?
 _____ have any restrictions on _____ number of _____ visit a _____?
 Are _____ restrictions _____ how _____ attend _____ counseling?
 Is _____ any restrictions _____ policy regarding _____ counseling _____?
 _____ we _____ to a _____ outpatient _____ episodes per _____ quarter _____ year?
 Does _____ the number _____ counseling sessions _____ take?
 Are _____ outpatient counseling visits _____ and annually basis?
 _____ have _____ on _____ many times you _____ see counseling _____ or a _____?
 _____ outpatient _____ limited on _____ monthly/quarterly/yearly _____?
 _____ you have _____ visits per _____ quarter, _____ year of your policy?
 Is _____ visits _____ a monthly/quarterly/yearly _____
 _____ restricted _____ outpatient _____ or yearly?
 _____ there _____ limits _____ how _____ times I can _____ for counseling _____?
 Is _____ limit on _____ many _____ I can _____ for _____ your _____?
 Does _____ that outpatient therapy appointments _____ restricted monthly/ _____?
 Is _____ limited _____ a monthly, quarterly, or _____?
 _____ a restriction _____ visits each month _____ quarter?
 _____ you have a _____ how _____ can _____ with your plan?
 _____ there be _____ limits on _____ count _____ with _____ off-site therapist?
 _____ monthly, _____ annually basis _____ outpatient counseling _____ limited?
 Do we _____ outpatient _____ limited to _____ specific number of _____ quarter _____?
 _____ visits _____ limited on a _____ and _____ basis?
 Is outpatient _____ on a _____ yearly basis?
 _____ or monthly _____ on outpatient counseling visits?
 Is there _____ limit _____ how often _____ to counseling with _____?
 _____ outpatient _____ visits _____ to _____ quarter _____ yearly basis?
 I _____ like _____ affect monthly/quarterly/yearly outpatient therapy appointments.
 Are there _____ restrictions on _____ often _____ can _____ outpatient _____?
 _____ I only _____ a limited _____ outpatient _____ per your policy?
 _____ there _____ on how often _____ get _____ counseling?
 Is it a requirement _____ that _____ limited monthly/ _____ yearly?
 _____ there a _____ on how _____ times you _____ year and _____?
 _____ you have a limit _____ month _____ quarter you _____ a counselor?
 _____ policy _____ limits on _____ outpatient _____?
 Is _____ that your _____ limits _____ number of _____?
 Do _____ have any _____ the _____ of _____ visits _____ month?
 Will _____ be limited on a _____ quarter, and _____?
 _____ restrictions _____ how many _____ I can _____ counseling?
 _____ any restrictions on the number _____ counseling visits per month, _____?
 Is _____ limiting _____ number of outpatient counseling sessions _____?
 Does _____ number of counseling _____ you take?
 Do you _____ of outpatient _____ month, _____ year of your policy?
 Do _____ have an limit _____ the _____ can _____ a counselor?
 _____ counseling visits _____ limited _____?
 Is _____ a limit _____ have outpatient counseling with your _____?

Are _____ limits on how many _____ for outpatient counseling _____ your _____?

_____ you restrict _____ month?

_____ there _____ on _____ number _____ counseling visits per month, _____ of your _____?

Is there _____ limit on _____ number _____ per month?

_____ outpatient _____ limited to a certain number of _____ per _____ or _____ of _____?

Does _____ insurance plan make you _____ many _____ you can _____ hospital?

Do you _____ limit on _____ number _____ you can _____ for?

Does your insurance plan limit _____ of _____ can _____ in?

_____ there any policies that _____ number _____ outpatient _____ appointments _____ month?

Is _____ limit _____ how _____ times _____ can _____ Outpatient counseling?

_____ a limitation on _____ number of times one _____?

_____ a _____ on how _____ times I _____ go _____ counseling _____ your _____?

_____ your policy make it so that _____ therapy _____ the _____?

Is _____ limit _____ counseling _____ a monthly/quarterly/yearly basis?

Are there any _____ number of _____ one _____ facility in a _____ month or _____?

_____ limits on where _____ can _____ Outpatient counseling _____ period?

_____ outpatient counseling limited to _____ number of _____ yearly?

_____ annual _____ monthly limitations on _____ visits?

_____ there _____ limits on the number _____ times I can _____ plan?

_____ there _____ to outpatient counseling _____ monthly, quarterly and annually _____?

Are _____ restrictions _____ policy on outpatient _____ visits?

_____ there _____ limit to the number _____ can go _____ counselor?

Is _____ restriction _____ the number _____ visits _____ month, quarter or _____?

Is _____ outpatient counseling _____ limited _____ monthly, quarter, _____ basis?

_____ there _____ restrictions _____ visits per month, _____ and or _____?

_____ limited on _____ yearly, monthly or quarterly _____?

Do _____ restrict _____ visits _____ month, _____ year of your _____?

_____ there _____ the _____ outpatient counseling visits _____ policy?

_____ restrictions _____ attending out-of-hospital therapeutic sessions _____ coverage _____?

_____ outpatient counseling visits _____ a monthly, quarter or _____?

_____ there restrictions _____ outpatient counseling visits _____ policy?

_____ a limit on the number of _____ one _____ go to _____?

Is your policy saying that outpatient _____ quarterly/ _____?

Is there any _____ many _____ receive outpatient _____?

_____ any restriction on _____ you _____ to outpatient _____?

_____ limitations on _____ often _____ can have _____ outside of the hospital?

Does _____ policy _____ counseling _____?

_____ your _____ outpatient therapy _____ constrained monthly _____ quarterly?

Is _____ a _____ therapy monthly _____ yearly?

_____ outpatient counseling visits limited on a _____ yearly _____?

_____ you _____ if _____ insurance plan imposes _____ many _____ you _____ have _____ of the hospital?

_____ your insurance _____ limit the _____ of _____ attend?

_____ a limit on _____ number of times _____ counseling _____ your plan?

_____ you restrict outpatient therapy _____?

_____ restrictions _____ the number of _____ visits _____ month, quarter _____ year?

Do _____ restrictions on counseling visits _____?

Do you _____ any _____ on _____ number _____ visits a month, _____?

_____ counseling _____ under _____ policy _____ limitations?

Does your _____ therapy _____ in the _____ year?

Is _____ limit on _____ visits?

Do _____ insurance _____ restricts _____ many counseling _____ you can attend?
 Does your _____ limit the number of _____ can _____?
 Are there _____ outpatient _____ visits _____ month?
 _____ have a limit on _____ many times _____ month _____ see _____?
 _____ any _____ in _____ policy for _____ counseling?
 Is _____ counseling visits on a monthly, _____ yearly _____?
 _____ there a limit _____ the amount _____ times an _____ be had _____?
 _____ there _____ on the number of times _____ can go _____ an _____?
 Is _____ a _____ on _____ one may visit _____ outpatient _____ facility?
 Is there _____ can see Outpatient _____ within _____ period?
 _____ your policy that restricts _____?
 _____ restrict _____ per month, quarter or year?
 Do you _____ restrictions _____ the _____ of _____ counseling _____ per _____ quarter, _____?
 Are _____ outpatient therapy _____ yearly?
 _____ there limitations on _____ times _____ can _____ outpatient counselor?
 What _____ the _____ on _____ I _____ go for _____ counseling _____ plan?
 _____ limit on _____ number _____ I can get counseling _____ your _____?
 Does _____ policy _____ limitations _____ appointments?
 Do you _____ on _____ can _____ outpatient counseling?
 _____ there some _____ on _____ you _____ to counseling?
 Do _____ limit _____ times a _____ or a _____ can see counseling?
 Is _____ restriction _____ number of outpatient _____ visits _____ month, quarter, _____?
 Is there monthly/quarterly/yearly _____ visits?
 Is _____ a limit _____ many times one can visit _____ counseling _____ a _____ year?
 _____ there _____ to how many times _____ for counseling a _____ with _____?
 Is _____ any _____ on _____ visits _____ policy?
 _____ policy make _____ appointments limited _____ month or quarter?
 Is your _____ that _____ appointments _____ monthly/ quarterly/ _____?
 Is _____ counseling _____ limited _____?
 Do _____ have _____ how many _____ you _____ see a counselor _____?
 _____ it _____ policy that imposes _____ outpatient appointments?
 Does your _____ make _____ outpatient therapy _____ limited _____ month and _____?
 Is _____ a _____ on the _____ of _____ visits that _____ have _____?
 _____ there restrictions _____ visits per _____?
 _____ as to _____ limits of outpatient _____ every quarter and year.
 _____ outpatient counseling _____ restricted _____ your _____?
 _____ have limitations on _____ visits?
 Do you _____ regarding _____ can see my counselor?
 Is _____ policy restricted _____ counseling _____?
 Is outpatient _____ times limited _____ certain _____ months a _____ year?
 _____ outpatient counseling appointments _____ a _____ and _____ basis?
 _____ your _____ outpatient therapy _____ limited _____ the month?
 _____ your _____ make it _____ that outpatient _____ are _____ quarterly?
 _____ there _____ on _____ many times _____ go _____ outpatient counseling?
 _____ outpatient counseling sessions _____ under _____?
 Does _____ limit outpatient therapy _____ and yearly?
 Do we limit outpatient _____ to _____ number _____ quarter, year or _____ of episodes?
 _____ your _____ place limits _____ outpatient _____?
 _____ on outpatient _____ within the policy?
 _____ the limits of _____ per month, _____ and year.

____ policy prevent you ____ having counseling ____ ?
 ____ there limits ____ monthly or ____ ?
 ____ there any restriction ____ how many ____ can ____ counseling?
 ____ curious about ____ outpatient counseling per ____ and annually.
 Are ____ restrictions ____ your ____ on ____ ?
 Are ____ outpatient counseling visits per ____ ?
 Is ____ a ____ of ____ that one can have ____ on?
 ____ your policy that ____ therapy ____ constrained monthly, ____ and ____ ?
 Is ____ a limit on the ____ of ____ can ____ counseling ____ your ____ ?
 Is there ____ limit ____ frequently ____ can get outpatient ____ your ____ ?
 ____ the ____ visit limited ____ monthly, ____ and ____ basis?
 Are outpatient counseling ____ restricted ____ a ____ episodes per month, ____ ?
 Are outpatient counseling visits ____ yearly basis?
 Does your plan ____ how many ____ I ____ for ____ ?
 ____ there any limits on how ____ times ____ counseling?
 Do ____ limits ____ the number ____ times a ____ can ____ counseling?
 ____ there a limit on ____ outpatient counseling ____ with ____ plan?
 ____ a yearly ____ monthly ____ on outpatient ____ ?
 ____ have limits ____ number ____ counseling visits ____ month, ____ year ____ your policy?
 Is ____ outpatient counseling ____ on a monthly, ____ yearly ____ ?
 Do ____ on ____ of outpatient ____ visits per month?
 Does ____ a ____ on ____ to outpatient counseling?
 ____ limit on the ____ of outpatient visits that one ____ ?
 Do you ____ outpatient ____ and ____ ?
 Do you know ____ limits on ____ I ____ counseling with ____ ?
 ____ plan ____ how many ____ can have counseling ____ of the ____ ?
 Is there ____ limit on outpatient counseling ____ ?
 Do you have ____ restrictions ____ the ____ of ____ visits ____ month?
 ____ you know if ____ is a ____ how ____ I ____ for ____ counseling?
 ____ your policy impose limits ____ ?
 ____ there a restriction on ____ many ____ one ____ an ____ in a single ____ or ____ ?
 ____ you ____ any ____ on how ____ a month and ____ see counseling?
 ____ a limit ____ often ____ can go ____ counseling ____ your plan?
 Is counseling ____ limited on a monthly, ____ ?
 Is outpatient ____ limited ____ the ____ and yearly?
 ____ outpatient ____ on a ____ or yearly basis?
 Are there limitations on ____ counseling ____ ?
 Is there ____ restriction on ____ many times ____ a ____ ?
 ____ you ____ if ____ coverage ____ limitations on out-of-hospital ____ sessions?
 ____ you have limits on how many ____ a counselor ____ a ____ ?
 Do you ____ a ____ on ____ visits ____ therapy?
 Does your ____ the ____ visits monthly?
 There ____ be limitations ____ monthly/quarterly/yearly outpatient ____ visits ____ within ____ .
 Does ____ policy ____ you can ____ counselor?
 ____ your insurance ____ limit the number ____ times ____ have ____ ?
 ____ outpatient counseling ____ to ____ certain number of ____ per month, ____ ?
 ____ policy impose limits ____ therapy ____ frequently?
 ____ outpatient counseling ____ are ____ on a monthly, ____ and ____ ?
 ____ you restrict outpatient therapy ____ ?
 ____ you ____ any ____ on ____ number of times ____ can ____ professional?

Outpatient _____ may _____ a _____ quarter and yearly basis.
 Are there _____ number _____ times you _____ go to _____ a _____?
 _____ you have any _____ the number _____ counseling _____ quarter _____ year?
 _____ there a limit _____ I _____ for outpatient _____ a year?
 _____ limit _____ number of times _____ I can get outpatient _____?
 Is outpatient _____ restricted _____ monthly, _____ yearly basis?
 _____ there any limit _____ I can _____ for counseling with _____?
 Is there _____ on how many _____ and quarter _____ counseling?
 Is _____ a _____ outpatient _____ visits on _____ monthly, _____ yearly basis?
 _____ there any limitations _____ of times _____ visit an _____ counselor?
 Do you _____ on _____ number _____ counseling _____ per _____ quarter and/or _____?
 Does your policy restrict _____ monthly, _____ or _____ basis?
 Does _____ policy state _____ outpatient therapy _____ month/ quarter/year?
 _____ outpatient _____ on a monthly, _____ yearly basis?
 _____ there limitations on _____ counseling _____ within your _____?
 _____ policy _____ outpatient _____ appointments _____ quarterly, and yearly?
 Do you _____ a _____ on the _____ visits _____ outpatient _____?
 _____ visits limited _____ monthly, quarterly, _____ annual basis?
 Do _____ on how many _____ can see _____ counselor?
 _____ your policy _____ limits _____ the number _____ appointments?
 I _____ outpatient counseling per _____ and every _____ and year.
 Are _____ on the monthly _____?
 Do you have policies _____ affect _____ every _____?
 Do you _____ a _____ on _____ many _____ month and quarter you _____?
 _____ plan limit how _____ I can go _____?
 _____ of counseling visits _____ a monthly, quarterly, and _____?
 Is _____ restrictions _____ outpatient _____ each _____?
 _____ outpatient _____ visits _____ to _____ restrictions?
 _____ policy _____ that _____ therapy _____ are constrained _____ quarterly/yearly?
 _____ restrictions on _____ visits _____?
 _____ there a limit on the number of _____ someone _____ outpatient facility _____ single _____?
 Is _____ on a _____ quarterly, and yearly _____?
 _____ the _____ impose limits on _____?
 I was _____ there _____ limits on _____ of _____ that went on _____ quarterly basis.
 According _____ policy, _____ limits are _____ outpatient _____ visits?
 _____ there _____ seeing an outpatient _____?
 Do _____ have _____ on the number _____ times that _____ go _____?
 Are _____ of _____ on how many times _____ can go _____?
 Are _____ restrictions _____ counseling _____ per _____ quarter, and _____ of your _____?
 _____ it possible that _____ policy restricts outpatient _____?
 Do _____ policies limit _____ outpatient _____ you can have _____ month?
 Does your policy _____ therapy?
 _____ your policy cause outpatient _____ be limited _____ month/quarter/year?
 Do you _____ any _____ on the number _____ you _____ see _____?
 Is _____ limit on the number _____ monthly/quarterly/yearly _____ therapy?
 _____ there limits _____ outpatient therapy _____?
 Are the _____ counseling visits _____ on a _____ and _____?
 Are _____ outpatient counseling _____ month or quarter?
 Is the _____ counseling _____ limited _____ a monthly, quarterly, _____?
 Do you impose a _____ monthly/quarterly/yearly _____ for _____ therapy?

_____ there yearly _____ outpatient counseling visits?
 _____ restrictions _____ outpatient _____ visits each _____?
 Do _____ only have _____ visits limited _____ a certain _____ months _____ year?
 _____ restrictions on counseling _____ monthly _____?
 Do you restrict _____ number _____ outpatient counseling _____ quarter, _____?
 _____ in the policy for _____ counseling _____?
 _____ there _____ restrictions _____ number of times _____ you _____ see a _____?
 Is _____ restriction _____ outpatient _____?
 _____ policy limit _____ counseling _____?
 _____ there _____ on _____ times I can _____ outpatient counseling?
 _____ there _____ restrictions _____ number of times I _____ go _____?
 Under _____ do outpatient _____ sessions _____ limitations?
 _____ insurance _____ restrict the number of counseling _____ can _____ each _____?
 _____ outpatient counseling _____ to a _____ of _____ per month, _____ or _____?
 I want to _____ your _____ has restrictions _____ visits.
 Can you tell me _____ where _____ can see Outpatient _____?
 _____ there _____ on the _____ of _____ can _____ to see _____ counselor?
 Does _____ policy have any _____?
 _____ there _____ on _____ of _____ can see a counselor?
 Is _____ a _____ limitation on outpatient _____?
 Do _____ monthly/quarterly/yearly outpatient therapy _____?
 _____ there a _____ counseling visits on a _____ yearly basis?
 _____ the _____ of counseling _____ per month, quarter and/or _____?
 Is _____ restrictions for _____ counseling _____ monthly/quarterly/annually basis?
 _____ your _____ require that outpatient therapy appointments _____ limited _____ month _____?
 _____ your policy _____ outpatient therapy appointments are _____?
 _____ a monthly, quarterly, and yearly _____ are _____?
 _____ limit _____ the number of times you can _____ outpatient _____?
 Does _____ plan _____ from having counseling _____ the hospital _____ a _____ or _____?
 Do _____ have monthly or _____ therapy?
 Is _____ a _____ times a _____ visit an outpatient _____ in _____ month or quarter?
 _____ visits limited on _____ basis?
 Can outpatient _____ visits be _____ a _____?
 _____ it your _____ appointments are _____ monthly, _____ and yearly?
 _____ any _____ on _____ outpatient _____ you can have _____ for?
 _____ outpatient _____ visits limited _____ monthly, and quarterly _____?
 Are _____ counseling visits _____ quarterly and _____ basis?
 _____ any boundaries _____ of _____ you attend outpatient counseling?
 On _____ or yearly basis, _____ outpatient counseling _____?
 _____ there limits on _____ number of _____ per _____ year?
 _____ limits on the number _____ visits per _____?
 Is outpatient counseling _____ a _____ quarter _____ yearly _____?
 _____ policy _____ on _____ counseling?
 Are _____ limited _____ counseling _____ a _____ basis?
 Is _____ on how _____ you see _____ counselor?
 Are there _____ restrictions on _____ counseling _____ month, quarter, _____ year?
 _____ the policy _____ have restrict the number _____?
 _____ you have restrictions _____ the number of _____ visits _____ month, _____ your _____?
 _____ outpatient _____ limited on a _____ and _____ basis?
 Are _____ a limit on _____ I go for outpatient _____ your _____?

Your _____ may restrict _____ visits.

_____ require that _____ therapy appointments _____ limited in the _____?

_____ you have _____ curbs _____ counseling _____?

Is _____ a limit to the number _____ counseling _____ year?

_____ a limit _____ the number _____ can see a _____ counselor?

On a monthly, _____ basis _____ outpatient _____ visits _____?

Is _____ counseling _____ on a _____?

Is _____ limit to _____ number of _____ therapy _____ allowed in _____?

_____ a _____ many _____ someone _____ visit _____ outpatient facility in a single _____ or quarter?

Do you _____ counseling visits _____ or annually?

_____ you able to restrict _____ of counseling _____ or year _____ your _____?

What are the limits _____ your _____ on _____?

_____ visit limits on _____ counseling?

Do you have any _____ on _____ visits _____ quarter, _____ year?

_____ when you can see Outpatient counseling?

Are there any restrictions _____ outpatient _____ each _____?

Does your policy _____ therapy _____ to be constrained _____?

_____ outpatient _____ visits limited on _____ annual or _____?

Is _____ plan _____ the _____ of counseling _____ you _____ attend?

Is _____ plan limiting _____ of times _____ counseling outside the _____?

Does _____ policy state that outpatient _____ are _____?

_____ counseling visit _____ monthly, _____ and annually basis?

Is _____ on the _____ times you _____ attend outpatient _____?

_____ am curious _____ the limits _____ counseling every _____ and _____

_____ monthly or quarterly restrictions _____ outpatient _____?

_____ you _____ a _____ on _____ I can _____ for _____ counseling?

_____ your policy _____ it so _____ appointments _____ constrained monthly/ quarterly/ _____?

_____ your _____ appointments for _____?

_____ counseling visits limited _____ a certain _____ of _____ quarter _____ year?

Is outpatient _____ visits limited _____ number _____ month, _____ or year?

_____ any _____ how _____ you go outpatient counseling?

_____ have a limit on _____ of outpatient _____?

Do we have outpatient _____ to a _____ quarter or year?

Is it _____ outpatient _____ are constrained monthly/ _____ yearly?

Your _____ may make it _____ therapy appointments are _____ yearly.

Is it possible your _____ restricts _____ counseling _____?

_____ be _____ the amount _____ allocated for outpatient counseling?

_____ restrictions on the number of _____ one may _____ counseling _____?

_____ me if my insurance plan restricts _____ number _____ times I _____ the hospital?

Is _____ a limit _____ visits on a _____ quarterly, _____ yearly _____?

Is _____ some _____ on how _____ you go _____?

_____ you have any _____ on _____?

_____ outpatient _____ a monthly, quarterly, and _____ basis?

_____ there _____ on how _____ can get outpatient _____?

_____ limit on _____ can _____ for outpatient counseling with your _____?

Do _____ have _____ the number _____ visits a _____?

Is outpatient counseling visit _____ a _____ number _____ or year?

_____ there _____ restrictions _____ per month?

_____ you aware of _____ limit _____ frequently I _____ go for _____?

_____ any restrictions on _____ you visit an _____ counselor?

Limits ____ seeing an ____ within ____ ?

____ your ____ that outpatient ____ appointments are constrained monthly/ ____ ?

____ how often I can ____ outpatient counseling?

____ counseling limited on ____ monthly, quarter, and ____ ?

____ outpatient counseling ____ limited on ____ monthly, ____ and ____ ?

____ a ____ on how ____ I can attend ____ counseling ____ your ____ ?

____ you ____ restrictions ____ counseling appointments?

____ outpatient counseling ____ a specific number of months ____ year?

Does ____ limit the ____ counseling ____ per month, ____ and ____ year?

____ there ____ on ____ visits ____ your policy?

Do you ____ a ____ how ____ see counseling per month and ____ ?

Is there ____ often ____ go ____ outpatient counseling?

Is it ____ there ____ limitations on monthly/quarterly/yearly ____ ?

Does ____ make ____ appointments ____ monthly/ quarterly/yearly?

Are there ____ on ____ number ____ you ____ a counselor?

____ limitations ____ the ____ of times you ____ an ____ counselor?

Does ____ outpatient ____ appointments?

Is there ____ on ____ many ____ counseling per month?

____ a monthly, quarterly ____ are outpatient ____ limited?

Does ____ policy ____ therapy appointments to be ____ yearly?

Is there ____ times ____ receive outpatient counseling ____ month?

____ policy ____ the number of ____ counseling ____ per ____ quarter ____ year?

Can you ____ me ____ my ____ number of ____ I can ____ outside of ____ hospital?

Is ____ on ____ outpatient ____ ?

Do ____ limit outpatient counseling ____ number of ____ per ____ quarter or ____ ?

Do ____ limits on outpatient ____ ?

Are ____ counseling visits ____ your policy?

Is ____ annual or monthly ____ outpatient ____ ?

____ counseling ____ on a ____ quarter or ____ basis?

Under ____ policy, ____ counseling ____ have ____ ?

____ a policy that restricts the number ____ counseling ____ ?

____ your policy ensure ____ are constrained monthly/ ____ ?

Does ____ policy limit ____ ?

____ outpatient ____ visits ____ by ____ policy?

____ it ____ that ____ policies affect ____ therapy appointments?

____ a limit to outpatient counseling ____ on ____ and annually ____ ?

____ your ____ restrictions ____ outpatient ____ visits?

____ you tell me if ____ the number ____ counseling ____ ?

____ restrictions on ____ counseling ____ per ____ or quarter?

____ you restrict outpatient counseling ____ per ____ or ____ of ____ ?

____ monthly, ____ and annually basis, ____ visits limited?

____ outpatient ____ appointments constrained in ____ month/quarter/year ____ policy?

____ there ____ on outpatient counseling visits per ____ and ____ ?

Is there ____ on outpatient ____ ?

____ a ____ the number of counseling visits per ____ year?

Does ____ policy ____ any ____ number of counseling visits ____ ?

____ there ____ on ____ out-of-hospital therapeutic sessions ____ guidelines?

____ a limit on how many ____ year ____ month you ____ counselor?

Are ____ any restrictions ____ go to ____ counseling?

outpatient ____ visits ____ limited on a ____ or ____ basis

Do you _____ insurance plan _____ on how _____ times you _____ have _____ outside the _____?

Is _____ visits _____ a _____ basis?

_____ a limit on _____ out-of-hospital therapeutic _____ yearly?

_____ there monthly _____ on counseling _____?

Does _____ impose curbs _____ appointments?

_____ there _____ limitations on _____ number of counseling visits _____ year?

Is _____ policy _____ counseling _____ limiting?

_____ we _____ visits limited to _____ certain _____ times _____ year _____ a month?

Do _____ have _____ restrictions on the _____ of _____ you _____ counseling?

Are you able _____ restrict outpatient _____ visits _____ or _____?

_____ outpatient _____ visits limited _____ quarterly, _____ and _____ basis?

_____ your _____ limits _____ the outpatient _____?

Does _____ on a _____ quarterly, _____ annually basis?

Are there _____ on the number _____ outpatient counseling _____ had each _____?

Do you _____ a _____ how _____ per _____ can _____ a counselor?

_____ counseling visits limited to _____ monthly, _____ yearly _____?

_____ you _____ insurance plan _____ the _____ you can have counseling outside of _____ hospital?

_____ on _____ an outpatient _____?

Is there _____ outpatient _____ visits _____ a _____ quarterly, and _____?

_____ be limits _____ the _____ monthly/quarterly/yearly _____ with an off-site _____?

_____ it possible that _____ monthly or annually?