

[Demo] NLP Dataset for Customer Service Automation

Company Type	Health Insurance Companies
Inquiry Category	Dental, vision, or ancillary service plan inclusions
Inquiry Sub-Category	Coverage for mental health services
Description	Inquiries about coverage for therapy sessions, counseling, or psychiatry services.
Data Size	8,696 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.)

Will _____ to pay _____ expenses _____ counseling _____ not covered by _____?

_____ to personally fund _____ therapies?

_____ have to _____ my _____ is not covered _____ insurance?

Should _____ expect _____ counseling sessions that are _____ by _____?

_____ I go to therapy _____ not _____ by _____ plan, _____ for _____ cost?

You're going _____ make _____ outside coverage!

Do I have to shell _____ own _____ therapy sessions _____ by your _____?

_____ possible that _____ to shell _____ own money _____ counseling that _____ by the plan?

Is it _____ pay _____ fees _____ accessing counseling _____ that _____ my policy?

If _____ therapy _____ is _____ endorsed _____ plan, am _____ for the costs?

_____ I have _____ pay the _____ of _____ not included?

_____ have _____ therapy bills that aren't _____ by _____ plan?

_____ have _____ dip _____ own wallet for therapy _____ that _____ even _____ by your _____ plan?

Are _____ of _____ fees _____ sessions not _____ by _____?

_____ I still have to _____ sessions _____ are not _____ plan?

_____ going _____ have to _____ my money _____ therapy bills _____ covered by _____?

_____ incur _____ of pocket costs _____?

_____ have _____ visits that aren't covered _____ my _____ can you tell _____?

Will I _____ expected _____ make direct _____ own pocket _____ any counselor _____ that _____ not _____ by our _____?

Do out-of-pocket fees _____ when accessing _____ is outlined _____ policy?

_____ there be _____ costs _____ counseling sessions _____ aren't _____ my _____?

The _____ doesn't cover _____ I _____ pay for _____.

_____ I _____ to pay _____ counseling _____ not _____ my plan?

_____ I _____ pay my own therapy bill _____ isn't covered _____?

_____ counseling outside of coverage.

Should I _____ pay cash for _____ that _____ not included _____?

Do I have _____ dig _____ in _____ because _____ will _____ pay for counseling _____?

Should _____ expect any _____ charges _____ counseling sessions _____?

_____ need _____ dig deep in my _____ you _____ for counseling that _____?

If therapy _____ aren't covered, I'll _____ from _____.

_____ by insurance _____ I _____ to pay myself?

Should I expect _____ for counseling _____ not _____?

_____ I need _____ pay for _____ not covered _____ my _____?

Do _____ pay money for therapy sessions that _____?
 Are _____ make me cough _____ cash _____ get counseling _____?
 Will I _____ pay _____ costs associated _____ sessions not covered by _____?
 Is _____ pay for therapy treatments _____ endorsed by my _____ I _____?
 If _____ seek _____ treatments that aren't _____ my _____ am _____ responsible _____ anything?
 Will I be responsible _____ for _____ sessions that _____ covered _____?
 _____ wonder _____ I am _____ to make _____ my own pocket _____ any counselor _____ not approved by _____.
 _____ I _____ for counseling _____ by the policy?
 Do I have _____ services not _____ my policy?
 _____ I _____ way _____ non-covered therapies?
 Is there _____ payment _____ counseling sessions?
 Are _____ going _____ me _____ out of pocket?
 Is it _____ duty _____ make direct _____ pocket to _____ fees _____ approved by _____ insurance?
 _____ costs associated _____ counseling sessions that are _____ covered by my _____?
 How _____ do _____ pay for therapy that _____ of _____?
 _____ I _____ to pay _____ own way _____ therapy _____ that _____ even _____ in _____?
 _____ I have to pay _____ sessions _____ not covered _____ plan?
 Is _____ be stuck _____ therapy bills that _____ covered by _____ dumb _____?
 Should I _____ for therapy sessions _____ the _____?
 _____ to _____ counseling _____ that aren't included in _____ plan?
 _____ therapy _____ not _____ by _____ will I _____ expected to _____ my own _____?
 _____ you know if I'll have _____ pay _____ sessions _____ aren't _____ by _____.
 _____ I have _____ that I don't have coverage _____?
 _____ you tell me _____ I _____ to pay _____ costs for counseling sessions _____ covered _____?
 Do _____ have to _____ my _____ therapy sessions _____ aren't _____ your plan?
 Is it permissible _____ to _____ counseling outside _____?
 If my _____ covered, _____ have to pay _____ bill?
 _____ that isn't _____ do I _____ to dig _____ in my pockets?
 Will _____ pay _____ for _____ that aren't covered _____ my insurance?
 I am wondering if _____ cash _____ therapy _____ insured _____.
 _____ it necessary for _____ to pay _____ counseling _____ of _____?
 Am _____ to _____ for _____?
 _____ I need _____ for _____ that are not _____?
 Is there _____ to _____ for _____ costs?
 _____ one need to _____ counseling _____?
 Is _____ possible for _____ my _____ money _____ counseling _____ by the plan?
 _____ cost for _____ outside of _____?
 Am I _____ for any _____ uncovered _____?
 Are _____ responsible _____ therapy _____?
 Will I have _____ counseling sessions _____ are _____ the plan?
 _____ I have _____ for counseling _____ coverage for?
 Is _____ possible that I _____ is not _____ in my coverage?
 _____ if _____ need to _____ for _____ therapy sessions.
 _____ I _____ counseling costs not _____ my plan?
 _____ I _____ counseling that is _____ covered _____ my _____?
 _____ I have to _____ deep in my _____ if _____ don't _____ covered?
 Do _____ have to pay _____ that's _____ huh?
 _____ to pay therapy bills not covered _____?
 Do I _____ money _____ therapy sessions the plan _____?
 Do _____ to _____ for counseling costs _____ not _____?

_____ I _____ responsible _____ paying _____ counseling?

_____ I _____ personal expenses when _____ is _____ covered _____?

I wonder _____ have to pay _____ is _____ included _____ my coverage.

_____ I have to _____ deep in _____ pockets _____ you won't _____ counseling that isn't _____?

Can _____ pay _____ counseling _____ not covered?

_____ necessity _____ personally _____ counseling fees?

_____ there _____ an _____ cost _____ therapy appointments _____ are _____ coverage?

I _____ to _____ I have to _____ session _____.

_____ you tell _____ I have _____ pay for counseling visits _____ are _____ by _____?

Do _____ my own way to _____ therapies?

_____ it _____ responsibility _____ pay the _____ of _____ therapy _____?

Is it my _____ pay out-of-pocket _____?

I wonder if I _____ counseling _____ aren't _____ in my _____.

Is it my responsibility to _____ anything _____ of _____ if _____ therapy _____ not endorsed _____?

_____ I owe _____ for _____ is _____ insured?

Is it _____ to _____ counseling services _____ aren't included in _____?

_____ I will have _____ pay _____ counseling not covered _____ the _____.

Will the _____ not _____ covered by _____?

Will _____ therapy bills not covered _____ the plan?

_____ you know if I have _____ pay _____?

_____ I _____ have _____ my own money for _____ that aren't _____ your plan?

_____ you _____ will have _____ pay _____ counseling outside coverage?

Will I _____ to pay _____ isn't covered?

I _____ to _____ if _____ responsible _____ paying for _____.

_____ it _____ to have personal _____ related _____ counseling _____ the _____?

_____ be _____ pay _____ my own therapy _____ don't have insurance?

I'm _____ if _____ will be _____ charges that _____ my _____ at _____ appointments.

Should _____ pay anything out _____ therapy that is _____ my _____?

Do _____ have to _____ counseling sessions _____ were not included _____?

_____ I _____ counseling _____ covered _____ the plan?

Do I _____ for therapy _____ the plan won't _____?

Do I have _____ pay _____ therapy _____ the _____ for?

_____ you tell _____ whether _____ to _____ counseling visits that are not _____ insurance?

_____ I _____ to _____ that are not covered by _____ plan.

If they _____ will have _____ pay _____ my pocket.

_____ it ok for _____ to _____ pocket for therapy _____ aren't _____ by _____ plan?

Should _____ have _____ costs _____ counseling sessions that _____ my plan?

Will _____ have _____ pay _____ therapy not in my _____?

_____ necessary for _____ to shell out _____ own _____ for _____ not covered by the _____?

_____ seek therapy _____ are not _____ my plan, _____ responsible for paying for _____?

_____ I _____ shelling out _____ fees _____?

_____ possible that _____ will have to pay personally for _____ visits _____ by _____ insurance?

_____ I _____ additional _____ of coverage?

_____ it _____ for paying for _____?

I'm wondering _____ pay for counseling visits _____ aren't _____ my insurance.

_____ out-of-pocket for the counseling _____ isn't covered?

Do _____ to pay _____ therapy sessions _____ plan _____ cover?

_____ therapy isn't covered _____ insurance, will _____ expected _____ pay _____ myself?

Is _____ expected _____ I _____ make direct payments _____ my own _____ any counselor _____ approved by _____?

_____ there _____ additional costs for _____ that _____ covered?

_____ to pay for _____ sessions not _____ by _____ plan?

I _____ wondering _____ owe money _____ therapy that _____ not _____.

Is it _____ responsibility _____ out-of-pocket _____ for counseling?

If _____ not covered by _____ I _____ to pay _____ it myself?

_____ have _____ therapy sessions that aren't even _____ your plan?

Should _____ to _____ for _____ treatments not _____ my plan?

Do I _____ counseling _____ not included _____ my _____?

I _____ know if _____ need _____ for therapy _____ plan won't _____ them.

Is it _____ counseling fees?

Is it _____ responsibility _____ out-of-pocket _____.

_____ have to dig _____ my pocket _____ you won't _____ counseling _____ covered?

I am wondering _____ there _____ any _____ outside of those _____ policy when _____ attend _____.

_____ will end _____ for therapy sessions _____ covered.

Will _____ foot the bill _____ in my _____?

_____ I have _____ own way _____ certain therapies?

I _____ will be any charges _____ my _____ at counseling appointments.

Do _____ for counseling _____ aren't in my plan.

Will there _____ costs for therapy _____ are _____ in the _____?

Is _____ necessary for _____ to pay _____ therapy _____?

Do I _____ counseling services _____ included in _____ coverage?

Should _____ have _____ that is not _____ in my coverage?

_____ I _____ expected to _____ for _____ therapy _____ it _____ covered _____ insurance?

Do I _____ personal payments _____ non-covered _____ consultations?

_____ to _____ to pay for counseling _____ in my coverage?

Is it _____ to pay extra _____ outside _____ the _____?

Is _____ my responsibility _____ pay for _____?

_____ I _____ responsible _____ costs that _____ covered by my _____?

Do I _____ shell out _____ for _____ aren't even included in _____ fancy plan?

I _____ to _____ the bill _____ therapy not in _____.

Is it expected _____ payments from my own _____ any _____ fees that _____ approved _____ insurance?

_____ I _____ to _____ for counseling not included _____ my _____?

Are I _____ to _____ out-of-pocket costs _____ sessions _____ by my _____?

_____ to pay _____ the counseling not _____ by _____ plan?

_____ my _____ way _____ non-covered therapy?

Are _____ have to pay _____ counseling _____ isn't included in _____?

_____ I have _____ pay _____ not _____ the plan?

_____ need _____ pay _____ therapy _____ that my plan _____ cover?

_____ tell _____ if I'll _____ for counseling sessions _____ covered _____ my plan.

_____ if I have to pay personally _____ covered _____ my insurance.

Can _____ out-of-pocket fees _____?

Is it _____ for _____ to _____ own way through _____?

Do _____ have _____ personally _____ therapies?

_____ it _____ I _____ incur personal fees for _____?

Am _____ to pay out-of-pocket _____?

_____ I need to pay for _____ sessions _____ are not _____?

Is my _____ going _____ stuck into therapy _____ by this _____?

_____ know if _____ have _____ for counseling not _____.

Can you confirm _____ I have _____ pay _____ costs _____ that _____ not covered _____ my _____?

Will _____ have to _____ counseling _____ isn't covered _____ plan?

_____ I have _____ pay _____ have counseling _____ isn't _____?

_____ there _____ costs for _____ sessions that _____ in _____ coverage?
 _____ tell _____ I _____ to pay _____ for counseling that _____ covered _____ insurance?
 _____ don't know how _____ pay _____ out-of-plan therapy.
 Is _____ me to _____ fees to _____ services beyond what _____ outlined _____ my policy?
 _____ to get _____ therapy bills that _____ not _____ this plan?
 Will _____ have _____ my _____ into therapy _____ covered _____ this plan?
 I _____ I _____ for _____ that isn't _____ the plan.
 _____ I need to pay _____ pocket _____?
 Do I _____ to _____ own money _____ therapy _____ even _____ in your _____?
 Is _____ for out-of-pocket _____ accessing counseling services _____ my policy?
 _____ therapy _____ covered, I'll have _____ pay.
 Is _____ any _____ costs _____ therapy _____ that _____ cover?
 _____ to _____ cover _____ counseling costs _____ covered by the plan?
 Will I have to pay _____ the _____ not _____ by _____?
 How _____ will _____ have to pay _____ counseling _____ coverage?
 Is _____ necessary to personally _____ therapies _____ are _____?
 _____ need to _____ counseling _____ not covered _____ my plan?
 _____ possible that _____ have _____ for _____ visits _____ aren't covered by my _____?
 Should I pay _____ counseling _____?
 _____ counseling isn't included in my _____ to _____ for _____?
 _____ know _____ I need to _____ cost _____ non-plan _____ sessions.
 Can I expect _____ therapy that are _____ covered _____?
 Will _____ cash into therapy _____ not _____ by _____ plan?
 Can you tell _____ for _____ sessions that are _____ covered by _____ plan?
 _____ I _____ pay for _____ that _____ in the plan?
 _____ going to make me _____ up _____ cash _____ coverage?
 Should I _____ personal _____ associated _____ that are _____ covered?
 _____ there be out-of-pocket costs _____ counseling _____ in _____ policy?
 _____ I _____ pay for therapy sessions _____ the plan?
 Will _____ counseling costs that are _____ by my plan?
 Will _____ expected _____ counseling sessions not covered _____ the _____?
 Am I _____ to put _____ cash into _____ that aren't _____ this _____?
 Is it _____ me to _____ non-plan therapy _____?
 Should I _____ pay _____ counseling services _____ in _____ coverage?
 _____ insurance won't _____ costs for _____?
 Will I have _____ personally _____ counseling _____ by the _____?
 _____ pay for _____ that isn't _____ my plan, _____?
 _____ going _____ put _____ cash _____ therapy bills that aren't covered?
 Will _____ to _____ the counseling _____ is not covered by _____?
 _____ my _____ isn't _____ insurance, will _____ have _____ reimburse myself?
 Is _____ expected _____ to make direct payments from _____ towards _____ counselor _____ not _____ insurance arrangement?
 Should _____ pay for _____ by _____ policy?
 Do _____ need _____ pay out-of-pocket _____?
 _____ have _____ pay for counseling _____ is not _____ the plan?
 _____ will _____ make _____ pay _____ counseling _____ coverage?
 I don't know _____ I _____ responsible _____ out of _____.
 Is it _____ that out-of-network _____ requires me _____?
 _____ have _____ pay for _____ outside of my _____?
 _____ wonder if I _____ have to pay _____ not _____ in _____.
 I don't _____ if I'm _____ to _____ direct payments from _____ fees that _____ not _____ by our _____

_____ me to make _____ from my _____ pocket to any counselor _____ that are _____ by _____?
 _____ don't know if _____ have to _____ for counseling _____ aren't _____ plan.
 _____ it _____ for _____ to _____ out-of-pocket fees when accessing _____ what _____ outlined _____ my policy?
 Do I _____ to _____ counseling _____ my pocket?
 _____ I have to _____ for _____ not _____ insurer?
 _____ to _____ for therapy?
 _____ won't cover _____ do _____ to pay for them?
 _____ me if _____ to _____ for my _____ visits on _____ own?
 _____ for _____ out-of-pocket _____ for therapy?
 I don't _____ if out-of-pocket _____ are required when _____ services beyond _____.
 Do _____ pay _____ therapy _____ that the plan won't _____?
 Do _____ to pay the _____ of _____ therapy _____?
 Is cash owed for _____ by my _____?
 Do I have to _____ counseling _____ not _____?
 _____ you _____ I have to pay _____ for _____ visits _____ covered by my _____?
 _____ I have _____ empty _____ pockets _____ those _____ sessions _____ covered?
 I _____ know _____ I'll _____ pay _____ visits _____ aren't covered by my insurance.
 Will I _____ pay for _____ my coverage?
 _____ I _____ to pay _____ not _____ my plan?
 _____ a way _____ me to _____ for _____ isn't _____ by the _____?
 If therapy appointments are _____ there be additional _____?
 Will I _____ sessions that aren't _____ my plan?
 Should I _____ personal _____ during _____ that are _____?
 How _____ I have _____ pay for _____ therapy?
 _____ have to pay uncovered therapy sessions _____?
 _____ it _____ for me _____ for therapy sessions _____ this policy?
 Do I have _____ therapy on my _____?
 _____ compulsory for me _____ for non-covered mental _____?
 _____ need _____ pay for _____ counseling sessions _____ not in my _____?
 _____ out-of-pocket _____ for therapy _____ that insurance won't _____?
 Will I need to pay for counseling _____?
 _____ make direct _____ from my own _____ fees not approved by _____?
 I _____ if I _____ to _____ sessions the plan _____ for.
 Are you _____ make _____ cough _____ counseling outside?
 Is my _____ bills that are not covered by the _____?
 Should _____ pay cash _____ therapy _____ is _____ by _____ policy?
 Will I _____ to pay counseling _____ covered _____ plan?
 _____ therapy _____ covered by insurance, _____ to pay my _____?
 Do _____ to pay _____ the _____ services that _____ in _____?
 _____ me if _____ will _____ any charges _____ covered by my policy at _____ appointments?
 Will _____ have to pay for _____ that are _____ my _____?
 Is it _____ to cost _____ money for _____ coverage.
 I don't know _____ I should _____ coverage.
 _____ my _____ I _____ the bill for therapy?
 _____ sure _____ I _____ to _____ for _____ sessions that _____ covered by _____ plan.
 _____ costs for _____ be covered _____ insurance.
 _____ there anything _____ need to _____ therapy _____ that the plan _____?
 There _____ additional _____ appointments that _____ not covered.
 _____ I need _____ pay my own _____ for counseling that's _____?
 _____ don't _____ if I _____ the _____ of therapy _____ uncovered.

_____ to pay out _____ pocket _____ therapy?

Is _____ for _____ pay my _____ non- covered therapies?

If I _____ treatments that _____ not endorsed _____ my _____ are I _____ paying anything _____?
_____ money for therapy _____ isn't covered _____ policy?

Am _____ going _____ be stuck with _____ by this dumb _____?

Will I _____ responsible _____ for _____?

_____ I _____ have _____ pay for _____ aren't covered _____ my plan?

_____ want to _____ if I _____ to _____ for _____ that are _____ covered _____ my _____.

I'm going to have to pay _____.

I _____ I need to pay _____ covered by this _____.

Gonna pay for _____ that _____ included _____?

Do _____ have to pay _____ for counseling that isn't _____?

I am not _____ pay for _____ sessions that _____ not covered _____ plan.

Is there a _____ for payment _____ me _____?

Do I _____ for therapy sessions _____ covered by _____ plan?

_____ covered, I will be paying _____ my _____.

_____ the _____ be covered by me?

Is _____ me to _____ the costs _____ therapy sessions.

How _____ do _____ have _____ pay _____ therapy?

If my _____ is _____ by insurance, _____ to _____ it myself?

_____ I need _____ pay for _____ sessions _____ aren't in _____?

Am _____ responsible for any charges _____ uncovered _____?

_____ there _____ extra _____ for therapy appointments that _____?

_____ I _____ shell _____ my own money for _____ sessions _____ not included _____ your _____ plan?

Is I _____ for _____ charges _____ from _____?

_____ it _____ for me _____ cover counseling _____ not _____ plan.

Should _____ personal charges for counseling sessions _____?

Do I _____ to _____ for _____ isn't covered by _____?

Can _____ to pay personal _____ if _____ not covered _____?

Will _____ be any added _____ for _____ outside _____ the coverage?

How _____ have to _____ for _____ out _____ plan?

_____ going to be stuck into therapy bills _____ are _____ plan?

I _____ know _____ have _____ for the _____ services _____ included in my _____.

_____ don't _____ I have _____ my _____ way _____ non-covered therapies.

_____ expect personal expenses for _____ is not _____ insurance?

Do I _____ pay for _____ services I _____ for?

_____ I have _____ on _____ therapy?

Is _____ will pay for _____ that _____ covered?

Is _____ okay _____ to _____ for counseling outside _____ coverage.

Do I have _____ on _____ own for _____?

Is _____ any personal _____ for counseling _____?

_____ my _____ to _____ fees for therapy?

_____ any out-of-pocket _____ counseling sessions?

Is the cost _____ counseling _____ in _____?

_____ I _____ personal _____ with counseling sessions _____ aren't _____?

_____ if _____ to pay for counseling sessions that _____ covered _____ my plan.

_____ to personally cover _____ costs _____ covered by _____ plan?

_____ be _____ to pay my _____ therapy _____?

_____ I need to _____ for _____ sessions that are not covered by _____.

_____ have _____ own _____ for therapy _____ that _____ covered in my plan?

____ I have ____ out money ____ that's not covered by ____ ?
 Do ____ pay ____ non plan therapy ____ ?
 Do I have to ____ my ____ way ____ ?
 Will ____ counseling that is not part ____ ?
 ____ you going ____ me pay cash ____ coverage?
 You're going ____ pay for counseling ____ .
 ____ don't know ____ I have ____ pay ____ counseling sessions ____ by ____ .
 I ____ I ____ responsible for paying ____ for ____ .
 Should I ____ personal ____ related ____ counseling sessions that ____ coverage?
 ____ I ____ the sessions that are not ____ by my ____ ?
 Is it possible ____ I'll have ____ counseling visits that ____ by ____ ?
 Is ____ responsibility to ____ out-of-pocket ____ for ____ .
 Do ____ have to ____ for ____ ?
 Am ____ to have ____ put ____ into ____ bills ____ aren't ____ by the ____ ?
 ____ a requirement that ____ for ____ outside ____ coverage?
 Can ____ bear ____ cost ____ counseling ____ not ____ in my coverage?
 Do I have ____ my ____ therapy bills ____ by the ____ ?
 Is it ____ for me ____ out-of-pocket ____ counseling ____ beyond my ____ ?
 ____ I going to have to ____ therapy ____ by ____ ?
 ____ it ____ for ____ individual ____ personally ____ unreimbursed therapies?
 You will ____ me ____ for counseling outside ____ my ____ .
 ____ have ____ for ____ visits that aren't covered ____ my insurance.
 ____ if out-of-pocket ____ required for accessing counseling services ____ what's outlined ____ .
 Do ____ to ____ fees in therapy?
 Is ____ for me to ____ costs of ____ therapy ____ ?
 Can ____ tell me ____ much I ____ have to ____ visits that ____ covered ____ my ____ ?
 ____ not ____ coverage ____ counseling costs?
 ____ I ____ treatments ____ endorsed by my plan, ____ I ____ anything out of ____ ?
 Will I have to pay ____ the ____ my ____ ?
 If ____ seek ____ treatments ____ by my plan, ____ responsible for ____ anything ____ pocket?
 I ____ I am responsible for ____ ?
 If ____ cover ____ do I need ____ pay?
 ____ I go to ____ treatments ____ aren't endorsed ____ I ____ for ____ anything ____ of pocket?
 ____ owe money for ____ that ____ not covered ____ policy.
 If ____ seek therapy that ____ endorsed ____ do I have ____ anything ____ of pocket?
 Gonna ____ the bill ____ in ____ plan?
 ____ I have ____ the costs of ____ ?
 Should I expect to pay for counseling ____ the ____ ?
 I'm wondering ____ I ____ for ____ that ____ insured.
 ____ have to pay out ____ pocket ____ my ____ not ____ ?
 I ____ I'm ____ to ____ payments from my ____ pocket for ____ fees not ____ .
 If I have ____ pay ____ can you ____ ?
 ____ that ____ endorsed ____ my plan, ____ I responsible for ____ anything?
 ____ I would ____ to ____ for counseling that ____ included in ____ coverage.
 ____ it ____ for ____ to ____ outside of my coverage.
 Do non-covered ____ need ____ be paid ____ ?
 Do I ____ pay ____ expenses ____ therapy isn't ____ by ____ ?
 Do ____ cash for ____ that ____ does not ____ ?
 ____ will have to ____ the ____ for therapy ____ huh?
 ____ be any ____ expenditure for unsupported ____ ?

_____ wonder if _____ to pay my _____ way _____ covered _____.
 _____ pay _____ counseling costs _____ included in my plan?
 _____ I _____ pay _____ therapy sessions that _____ covered in _____ plan?
 Will I _____ pay for counseling _____ won't _____?
 Will there _____ more _____ therapy _____ that aren't _____?
 _____ I _____ to pay _____ own _____ that isn't covered in _____?
 Is _____ to pay for _____ charges stemming _____ uncovered _____?
 _____ it _____ be compulsory _____ to pay _____ counseling outside coverage?
 _____ I have to pay _____ therapy _____ that _____?
 _____ I owe money for _____ is not _____ the _____?
 _____ my _____ is _____ by insurance, will I _____ pay _____?
 Is _____ for me to pay for therapy _____ that _____ covered _____?
 _____ I be responsible _____ from uncovered _____?
 _____ know _____ I _____ pay personally for _____ that aren't _____ by insurance?
 _____ I _____ to _____ my _____ money into therapy _____ even covered _____ your _____?
 Can you _____ me _____ I _____ to _____ don't have insurance for?
 Should _____ expect _____ charges _____ that are not covered.
 _____ don't know if _____ will pay out-of-pocket _____.
 Do I _____ pay _____ own way through therapies _____?
 Is _____ budget _____ pay extra for therapeutic _____ fall beyond _____ outlined in _____ insurance _____?
 _____ you tell _____ if I _____ visits that _____ not covered by my insurance?
 Will _____ pay _____ if _____ isn't _____?
 Do I have to pay for _____ are _____ policy.
 Is _____ I will be _____ any _____ stemming _____ uncovered _____?
 _____ I _____ to _____ the counseling that is _____ the _____?
 _____ to _____ for _____ counseling costs.
 If _____ isn't covered by insurance, _____ still _____ to _____?
 Will I have _____ counseling _____ covered by _____?
 _____ I stuck _____ bills that _____ not covered by _____?
 Will there be any _____ counseling _____ included in _____ coverage.
 _____ pay _____ of _____ therapy sessions?
 Will I be responsible _____ not _____ the _____?
 _____ don't know _____ I _____ pay _____ counseling sessions _____ in _____ plan.
 Is it necessary _____ pay _____?
 _____ it _____ for _____ to pay out-of-pocket fees when _____ my _____?
 Will _____ costs _____ appointments that aren't covered?
 Is it _____ pay my way _____ non-covered _____?
 When seeking counseling _____ what's _____ my policy, are _____?
 _____ I have _____ dip into my _____ wallet _____ therapy sessions _____ not _____ plan?
 Do _____ have _____ dig deep _____ my _____ will _____ pay for counseling _____ covered?
 Am _____ to have _____ pay for counseling that _____?
 Should I pay money _____ counseling _____ isn't _____?
 Will I have to _____ out-of-pocket _____ is _____?
 Do I _____ to _____ in _____ pockets since _____ for _____ that _____ covered, huh?
 Will I _____ therapy _____ if it isn't covered?
 _____ true _____ I owe cash for _____ by _____ policy?
 Am _____ responsible for the _____ from _____?
 Will _____ an _____ for _____ appointments that _____ not _____ by the _____?
 Is _____ expected that I'll make direct _____ my own pocket _____ fees _____ by _____?
 Should I bear _____ cost _____ that _____ my coverage?

____ I ____ to pay for the counseling ____ in ____?
 ____ it okay to pay ____ of coverage?
 Is it possible that ____ for ____ stemming ____ uncovered counseling?
 ____ you tell ____ will have ____ sessions that aren't covered by my plan?
 ____ be any ____ for counseling sessions ____ my plan?
 ____ non-covered counseling ____ to be ____ me?
 ____ pay out- of-pocket ____ counseling ____ that are not covered ____ the ____?
 I ____ to know if ____ responsible ____ for ____ treatments ____ by ____ plan.
 Is ____ for ____ therapy treatments that aren't endorsed ____ plan?
 Can you ____ me ____ to ____ therapy session bills?
 ____ to ____ for ____ non-plan sessions?
 ____ necessary to pay ____ sessions ____ plan ____ not cover?
 ____ responsibility ____ expenses aren't covered?
 Can you ____ whether ____ not ____ have ____ out of network ____?
 I ____ know ____ have to ____ visits that aren't covered by ____.
 If the therapy isn't ____ insurance, will ____ be ____?
 ____ it ____ duty ____ pay ____ counseling?
 ____ personal charges ____ with ____ sessions ____ from the coverage?
 ____ be ____ responsibility to ____ costs?
 ____ my responsibility to pay ____ therapy ____?
 ____ there ____ cost ____ therapy?
 Can I ____ personal ____ when ____ by insurance.
 Should I ____ related ____ counseling ____ are not in ____ coverage?
 ____ responsible for ____ stemming ____ uncovered counseling?
 ____ I ____ expected ____ pay the ____ insurance doesn't cover ____ therapy?
 ____ I have ____ pay ____ sessions not ____ plan?
 Out-of-pocket fees ____ when accessing ____ what is outlined ____ my ____.
 ____ non-covered ____ sessions ____ payment ____ me?
 ____ I be ____ to ____ for ____ that ____ not ____ by ____ plan?
 I will ____ to ____ from ____ therapy sessions aren't ____.
 There could ____ additional costs ____ that ____ outside of ____.
 Will I ____ responsible ____?
 ____ mean ____ I ____ to ____ way through non-covered therapies?
 Will I ____ and pay ____ therapeutic ____ beyond ____ is outlined in my insurance ____?
 ____ I need ____ dig ____ my ____ if ____ won't pay ____ counseling?
 Can ____ expect personal ____ during ____ that ____ by insurance?
 Is ____ my ____ pay for ____?
 Can ____ me if I ____ pay ____ counseling ____ aren't covered by ____ insurance?
 ____ I ____ pay expenses ____ counseling ____ that ____ in my ____?
 ____ confirm if ____ to ____ for ____ sessions not covered by ____?
 ____ I ____ to pay ____ therapy ____ that aren't included ____?
 ____ don't ____ if I need to ____ costs.
 Is ____ extra ____ counseling beyond plan ____?
 Will ____ responsible for charges ____ uncovered counseling?
 Will ____ be additional spending ____?
 ____ it ____ personally ____ counseling fees?
 Do counseling sessions that ____ my ____ need ____ be ____ for?
 Is ____ I could be held responsible ____ uncovered counseling?
 ____ you tell ____ to pay for ____ visits myself?
 Can I ____ that are not covered?

____ it necessary to shell out money ____ that the ____ ?
 ____ there ____ costs for ____ sessions that ____ won't ____ ?
 Are out-of-pocket ____ required for ____ counseling ____ in my ____ ?
 ____ it ____ I'm ____ for any ____ stemming ____ uncovered counseling?
 ____ I ____ personal charges ____ sessions not ____ by ____ ?
 Will ____ have ____ personally ____ counseling costs that are ____ ?
 Gonna end ____ paying ____ therapy sessions ____ aren't ____ .
 Am I ____ payments from my ____ pocket ____ counselor fees that ____ approved by ____ ?
 Should I ____ to ____ for counseling that isn't ____ ?
 Does ____ counseling sessions ____ be paid ____ me?
 Is it ____ me ____ make direct ____ own pocket to any ____ aren't approved?
 Will there ____ costs for therapy ____ that ____ ?
 ____ have ____ pay for ____ own counseling ____ is ____ covered by ____ ?
 Is it ____ me ____ out-of-pocket fees ____ access counseling ____ what's ____ in my ____ ?
 ____ have to pay more ____ that ____ outlined in my insurance ____ ?
 Are you going ____ make me ____ up ____ for ____ ?
 ____ there ____ those covered by my policy when ____ counseling ____ ?
 ____ have to pay ____ own counseling that ____ can't get ____ plan?
 Do ____ of my pocket?
 Is ____ I ____ make ____ payments from ____ own pocket towards any ____ approved by our ____ ?
 ____ therapy bills ____ aren't covered by this plan?
 ____ expected ____ pay for my ____ without insurance?
 ____ much ____ pay for counseling ____ isn't ____ by the ____ ?
 ____ for me to pay out of ____ ?
 ____ could be an additional ____ are ____ of coverage.
 Can you ____ me if I'll have ____ of pocket costs ____ sessions ____ my ____ ?
 ____ have ____ pay ____ the counseling sessions ____ not ____ my plan?
 ____ me ____ I ____ to pay ____ sessions that ____ uncovered?
 Will ____ get to ____ isn't covered?
 ____ any additional ____ for therapy appointments ____ of ____ ?
 Is ____ alright for ____ pay ____ counseling?
 ____ expect ____ charge ____ counseling sessions ____ aren't covered?
 ____ make ____ for counseling outside ____ ?
 ____ I have to ____ money for ____ sessions that are not ____ ?
 ____ if ____ have to pay ____ of counseling services not ____ in ____ coverage.
 ____ I ____ pay anything out ____ I seek ____ that isn't ____ by ____ plan?
 ____ have to pay ____ if therapy sessions aren't ____ .
 ____ therapy fees out of ____ ?
 ____ for ____ to pay ____ therapy sessions if ____ plan ____ cover ____ ?
 I ____ if ____ to ____ of non-plan therapy ____ .
 Do ____ need ____ pay ____ sessions ____ won't be covered ____ the ____ ?
 ____ for counseling sessions that are ____ plan?
 Will I ____ over some serious ____ if ____ up for ____ sessions?
 Will I ____ not ____ ?
 Will ____ to pay ____ pocket for ____ covered ____ ?
 ____ it expected ____ I'll make ____ from ____ own pocket to ____ counselor ____ not approved by ____ ?
 ____ responsibility to make ____ payments ____ my own pocket ____ counselor ____ that ____ not approved ____ insurance?
 ____ be personal ____ for counseling ____ not included ____ the coverage?
 Is ____ counseling fees ____ ?
 ____ own ____ on ____ sessions that are not ____ by your plan?

_____ charges _____ counseling sessions that are not _____?

Will _____ to _____ counseling _____ that _____ not covered by my _____?

Will I _____ responsible _____ covered by the _____?

_____ you _____ if I _____ to pay out-of-pocket _____ that are not _____ my plan?

_____ non-covered therapies _____ me _____ pay _____ own _____?

Do _____ know _____ to _____ out-of-pocket _____ associated with counseling _____ not covered _____ plan?

Are _____ visits _____ covered _____ my insurance going _____ cost _____?

Do you _____ if I have _____ for counseling _____ insurance?

_____ I have _____ therapy sessions?

Is it _____ to _____ fees?

_____ accessing counseling _____ beyond _____ outlined _____ my policy, _____ fees _____ be paid?

Will I _____ to pay _____ it is not _____ insurance?

Do _____ pay for _____ are not in the _____?

Is _____ for counseling outside of _____?

Will _____ have to _____ out-of-pocket expenses _____ sessions _____ the _____ cover?

Will I _____ out-of-pocket if _____?

I _____ if _____ am responsible _____ for _____

I don't _____ if _____ have _____ pay _____ for counseling not _____ coverage.

Will _____ be any _____ outside of _____ covered _____ my policy _____ I _____?

_____ don't know if I _____ make _____ from _____ any counselor _____ that _____ approved by our insurance _____

_____ know if there will be charges _____ aren't _____ my policy _____ appointments?

_____ I _____ pay for out-of-pocket _____ with counseling sessions _____ by _____ plan?

I _____ know _____ I'll _____ pay for counseling _____ included _____ my _____.

_____ I pay _____ counseling _____ aren't included _____ coverage?

_____ I _____ therapy if _____ isn't covered by _____?

_____ be required _____ pay for _____ that _____ not _____ the plan?

Do I _____ to _____ cash _____ counseling _____ my coverage?

_____ I have _____ for _____ that is _____ covered?

_____ have to dig deep in _____ for counseling _____?

_____ necessary _____ finance counseling services?

_____ don't _____ I'll _____ to pay _____ counseling that's _____ included in _____.

_____ counseling that ain't _____ so _____ I _____ to _____ in my pockets?

_____ I have _____ pay out-of-pocket fees _____ therapy.

_____ to cover _____ of _____ services that are _____ included?

Should _____ pay _____ counseling?

Is it _____ with therapy bills not covered by _____?

_____ tell _____ will be _____ that are _____ by _____ policy when I attend counseling appointments?

_____ I have _____ personally cover _____ not covered _____ plan.

_____ pay _____ pocket when _____ counseling services beyond _____ outlined in _____ policy?

Is _____ permissible to _____ counseling _____ of coverage?

_____ have _____ pay for _____ counseling _____ that _____ plan does _____ cover?

_____ any additional _____ for _____ appointments _____ are outside of _____?

Will I _____ to pay _____ costs _____ are not _____ by _____?

Do you know _____ will _____ any charges _____ my policy _____ the _____ appointments?

_____ I _____ to pay _____ out-of-plan _____?

Can _____ tell me if there _____ outside _____ policy at _____ appointments?

_____ I _____ to pay for _____ covered by my _____?

_____ wonder _____ responsible _____ out-of-pocket for counseling.

If therapy is _____ covered _____ will I have _____ it _____?

_____ I have to _____ counseling _____ not covered _____ my _____?

Will ____ have to personally cover ____ are ____ by ____ plan?
 ____ additional ____ for therapy appointments that are ____ covered by ____ ?
 Do ____ have to ____ receive non-covered therapies?
 ____ pay for ____ of coverage?
 You're going to ____ me pay ____ coverage?
 Do ____ need ____ pay ____ therapy that ____ insured?
 ____ there ____ cost ____ counseling ____ included in my coverage?
 Is ____ compulsory ____ out-of-pocket fees ____ what is outlined in my ____ ?
 Will ____ to ____ out-of-pocket expenses ____ counseling ____ by the plan?
 ____ I still ____ pay ____ counseling ____ not covered?
 ____ might ____ cough up cash for ____ outside ____ .
 ____ going ____ cost ____ from my pocket if ____ covered.
 Can ____ tell ____ if there will be charges ____ aren't ____ appointments?
 Do ____ need ____ own money ____ that ____ not covered by the ____ ?
 ____ it necessary ____ to pay ____ counseling ____ aren't ____ my plan.
 Is it possible ____ to ____ out-of-network treatment?
 ____ have to ____ therapy ____ that are not covered ____ your ____ ?
 ____ I have to pay ____ counseling ____ not ____ plan?
 ____ not ____ if I have ____ pay ____ included in my ____ .
 ____ me ____ money for counseling ____ coverage?
 Is there an ____ for ____ sessions that ____ ?
 Is ____ therapy ____ outside of the coverage?
 Should I have to pay ____ money for ____ that ____ plan?
 ____ have ____ for ____ that are not in my coverage?
 I don't ____ able to pay ____ covered by the ____ .
 ____ stuck ____ therapy ____ covered by the plan?
 ____ I ____ to pay for counseling ____ isn't ____ in ____ .
 The ____ won't ____ therapy sessions, do I ____ them?
 I wonder ____ personal ____ for therapy sessions.
 Is ____ for me to pay ____ therapy ____ aren't covered ____ ?
 Can ____ expect ____ pay personal expenses ____ therapy ____ by ____ ?
 ____ it necessary to ____ out-of-pocket ____ accessing counseling ____ that ____ outlined ____ my ____ ?
 I want ____ know if ____ have ____ pay ____ for ____ not ____ by my plan.
 ____ using ____ services ____ outlined ____ my policy, ____ fees necessary?
 Will ____ to pay ____ counseling ____ in my ____ ?
 Can ____ for ____ costs?
 Do I ____ have to pay for ____ your plan?
 Is ____ responsibility to ____ out-of-pocket fees in ____ ?
 I ____ wondering if ____ would ____ any ____ of ____ policy when ____ attend ____ .
 Is ____ pay for ____ sessions ____ the ____ will not ____ ?
 ____ I ____ the ____ services that aren't in my ____ ?
 ____ it possible ____ owe cash ____ therapy that ____ ?
 ____ I ____ pay for ____ counseling ____ ?
 Can ____ tell me if I ____ have ____ sessions ____ covered by my plan?
 Is ____ stuck in therapy bills ____ this plan?
 Can ____ for ____ that ____ insured?
 Do ____ need to ____ way through ____ covered ____ ?
 Is ____ to pay for counseling out ____ ?
 Do I have ____ deep ____ my ____ because ____ counseling that ____ covered?
 ____ have to shell out ____ that isn't ____ huh?

_____ going _____ have _____ pay _____ that _____ not covered by this _____ plan?
 _____ have _____ pay for counseling sessions _____ are _____ plan?
 Is _____ expected of _____ payments _____ own pocket to _____ fees not _____ by insurance?
 _____ have _____ cover _____ counseling _____ that aren't _____ by _____ plan?
 _____ I _____ to _____ out of pocket _____ counseling sessions _____ are _____ covered by _____ ?
 I _____ wondering if _____ responsible _____ paying out-of-pocket _____ .
 _____ if _____ have to pay _____ outside _____ my coverage.
 Can _____ tell me _____ there _____ charges that _____ covered by _____ policy _____ appointments?
 Will I _____ for the _____ that's _____ covered _____ ?
 _____ be _____ afford _____ not covered by _____ plan?
 Is _____ necessary _____ pay _____ for accessing counseling services _____ what _____ in my _____ ?
 Can you tell _____ I'll _____ required to pay _____ counseling _____ aren't _____ plan?
 If I seek therapy treatments that _____ plan, _____ responsible _____ the _____ ?
 Will _____ have to _____ counseling _____ isn't covered _____ the _____ ?
 _____ it alright _____ out-of-pocket fees for therapy?
 The plan won't _____ sessions and _____ have _____ over _____ serious dough?
 _____ I be responsible for the cost _____ counseling _____ ?
 Is it _____ that _____ separately for out-of-network _____ ?
 _____ have to _____ by me?
 _____ you _____ me if I _____ the counseling visits _____ aren't covered _____ my insurance?
 Will _____ be _____ outside _____ I attend counseling appointments?
 _____ you say _____ I will _____ to pay _____ counseling _____ not _____ by my _____ ?
 _____ I _____ pay _____ own _____ for therapy sessions?
 Do _____ know if _____ have _____ pay for _____ visits _____ covered _____ insurance?
 _____ have to pay _____ ?
 _____ their therapy _____ covered, _____ to pay from my _____ .
 _____ it necessary _____ me to shell _____ money _____ that _____ plan won't _____ ?
 _____ want to know if I _____ pay _____ not covered by _____ plan.
 I am _____ I _____ to _____ counseling visits that _____ not covered by my _____ .
 Will _____ pay _____ own fees _____ ?
 Do _____ to pay _____ for _____ is not _____ ?
 Is _____ therapy _____ that are _____ covered by this _____ ?
 _____ it necessary for _____ to personally finance _____ ?
 _____ I _____ to shell _____ money _____ ?
 _____ I have to _____ therapy?
 Do _____ mental health consultations _____ paid for?
 _____ need to know _____ there _____ any charges _____ of _____ counseling appointments.
 _____ a requirement for out-of-pocket fees when _____ services _____ what's _____ in _____ ?
 _____ accessing counseling services beyond _____ is _____ my _____ fees required?
 Do I _____ to shell _____ my _____ for _____ aren't covered in _____ ?
 _____ I _____ out-of-pocket costs for _____ sessions that are not _____ my _____ ?
 _____ pay for _____ sessions myself?
 _____ to pay my own _____ for _____ that's _____ covered by _____ ?
 Do _____ owe _____ for _____ covered?
 _____ have _____ for _____ that isn't covered by my _____ ?
 _____ I _____ have to _____ sessions that aren't covered _____ plan, can you _____ ?
 Do _____ have _____ pay for therapy _____ won't reimburse?
 _____ it _____ for _____ to _____ own money for counseling that _____ the plan?
 If _____ pay _____ counseling that isn't _____ can you tell me?
 _____ I pay extra for counseling _____ isn't _____ ?

Will _____ copays for _____ that isn't covered?
 _____ expect personal charges for _____ sessions _____ covered by _____?
 _____ I _____ held _____ counseling expenses?
 _____ my responsibility _____ out-of-pocket for _____?
 I _____ know _____ pay _____ counseling _____ included in my coverage.
 _____ it possible _____ I _____ incur _____ for _____ sessions?
 _____ you tell _____ if _____ outside of my policy during _____ appointments?
 _____ you know if _____ have _____ for counseling sessions not _____ by _____?
 _____ it _____ pay my _____ way through _____ covered therapies?
 _____ an out-of-pocket cost _____ counseling sessions that _____ in _____?
 _____ make me pay cash for _____ coverage.
 _____ have to put _____ my _____ for _____ sessions that _____ covered in your _____?
 _____ know if _____ to _____ therapy sessions the plan won't _____.
 _____ I have to _____ for _____ they aren't _____ by _____ plan?
 Do I have _____ for _____?
 _____ me if _____ will _____ charges _____ are _____ covered by my _____ at counseling appointments?
 Will _____ have _____ more _____ fall beyond what _____ in my insurance plan?
 _____ I _____ counseling that isn't covered?
 _____ have to _____ for any counseling _____ covered _____ my plan?
 I want _____ know _____ I have _____ pay _____ that aren't _____ insurance.
 _____ for counseling _____ so do I _____ to _____ in my pockets?
 Will _____ out-of-pocket costs for counseling _____ included in _____?
 _____ I going _____ to _____ for counseling _____ isn't included?
 Will I need to _____ counseling _____ covered by _____ plan?
 _____ to cost me money for _____ in _____ insurance?
 Can _____ be responsible _____ out-of-pocket _____?
 Do I _____ shell out my _____ money _____ included in _____ fancy plan?
 _____ I'll have _____ pay _____ that isn't _____ in my coverage.
 _____ my _____ isn't _____ I _____ to pay myself?
 _____ have to put my money _____ bills that _____ this _____?
 _____ it _____ pay _____ uncovered therapy sessions?
 If _____ seek therapy treatments not endorsed _____ have to pay _____ pocket?
 Is it _____ to _____ costs _____ uncovered therapy _____?
 _____ for _____ if it is not _____ by insurance?
 I _____ to _____ there _____ be _____ charges that are _____ covered by my _____ at _____.
 Do _____ pay for therapy _____ the _____ doesn't _____ them?
 _____ have _____ for counseling sessions _____ by the plan
 Should I _____ counseling sessions _____ included _____ my plan?
 _____ any _____ costs for counseling _____ not _____ coverage?
 _____ I _____ have to pay _____ outside coverage?
 _____ there _____ out-of-pocket _____ for counseling sessions _____ included?
 _____ going to _____ cough _____ cash _____ without coverage?
 _____ it _____ there will _____ personal _____ obligations _____ counseling?
 Is it _____ us to personally _____?
 Will _____ for _____ sessions that _____ by the plan
 Can you _____ will be _____ other than those _____ by my _____ appointments?
 _____ it _____ to _____ for counseling _____ are not _____ in _____ coverage?
 _____ you tell me _____ be any charges _____ covered _____ my policy when _____ attend _____ appointments?
 Does _____ counseling _____ from _____?
 Can _____ have _____ pay _____ visits that are not covered _____ insurance?

If I go to therapy _____ aren't _____ my _____ I responsible _____ ?

Do I have _____ pay for _____ ?

Will _____ pay _____ sessions not in the _____ ?

Can you _____ if _____ will _____ required to pay _____ not covered by _____ plan?

I don't _____ will be _____ pay for _____ not _____ by _____ plan.

_____ it okay for me _____ pay _____ outside of _____ ?

Am _____ supposed to make _____ from my _____ pocket _____ fees _____ our insurance arrangement?

_____ therapy _____ aren't _____ will have _____ pay.

_____ it _____ to personally _____ unreimbursed _____ ?

If _____ covered by insurance, am I _____ foot _____ bill _____ ?

I am _____ if I owe _____ therapy _____ .

_____ to budget and pay _____ therapeutic _____ that _____ not outlined in _____ insurance _____ ?

Will I _____ for the _____ counseling not _____ ?

_____ I _____ counseling that _____ included _____ my coverage?

_____ have _____ pay _____ from _____ sessions that are not _____ plan?

Is it _____ must pay _____ session _____ ?

Is _____ a _____ my own _____ non-covered therapies?

Do _____ need _____ own _____ therapy _____ aren't _____ covered in your plan?

_____ I _____ charges _____ counseling sessions are not _____ ?

_____ necessary to _____ fund _____ therapies

_____ have _____ pay _____ my pocket if _____ covered, huh?

_____ you _____ to make _____ cash _____ counseling outside of _____ ?

_____ I have _____ extra for _____ outside of _____ ?

Do I _____ to _____ deep _____ because _____ won't pay for _____ that _____ ?

_____ I _____ charges relating _____ counseling sessions _____ not covered?

Can I _____ expenses _____ is _____ covered by insurance?

Is _____ responsibility _____ pay anything _____ pocket _____ treatments that _____ by my plan?

Will I _____ therapy myself _____ my insurance doesn't cover _____ ?

_____ to pay _____ sessions that the _____ won't cover?

Can _____ tell _____ will _____ required _____ pay for _____ not _____ by my plan.

_____ you tell _____ I have to _____ counseling _____ that aren't covered _____ my _____ .

_____ not sure if _____ accessing _____ services beyond what is outlined _____ my _____ .

_____ to know _____ fees are _____ when _____ services beyond _____ is outlined _____ my policy.

_____ have to _____ the _____ of counseling that is _____ in _____ ?

Can I _____ to _____ for _____ when it's not _____ ?

Am _____ out _____ for therapy that isn't endorsed _____ my _____ ?

_____ there be any out-of-pocket _____ for _____ that are not _____ ?

_____ costs for counseling sessions that aren't _____ coverage?

_____ need _____ pay _____ that's not _____ by the plan?

Will I have _____ my _____ own if _____ is not _____ insurance?

_____ I _____ to _____ my _____ into therapy _____ not covered _____ the _____ ?

_____ charges _____ sessions that aren't in the coverage?

I'm _____ sure _____ I have _____ pay _____ counseling services not _____ .

_____ the _____ don't _____ expenses?

_____ possible that _____ have to pay _____ sessions _____ covered by the _____ ?

_____ will be _____ costs for _____ included _____ my coverage.

_____ I _____ direct payments from my _____ to any _____ fees that aren't approved _____ insurance?

_____ no _____ for _____ sessions, should I _____ any _____ charges?

_____ I _____ make direct payments _____ my _____ pocket to _____ that _____ approved _____ our insurance arrangement?

Should _____ to _____ therapy sessions that _____ covered by _____ ?

____ I ____ for ____ visits ____ aren't ____ by ____ insurance?
 ____ to pay ____ way ____ therapy ____ aren't even included in your ____?
 ____ pay my ____ to non-covered ____?
 ____ have to spend ____ own ____ for ____ that are ____ even covered in ____?
 Do I have ____ dig ____ my ____ since ____ won't ____ for counseling ____?
 ____ I have to ____ counseling ____ are not ____ under my ____?
 Am I ____ with therapy ____ that ____ dumb plan?
 ____ me if ____ will ____ any ____ not ____ by my policy ____ counseling appointments?
 Will there be ____ costs ____ therapy ____ that ____ not in ____?
 ____ I ____ to pay for ____ that ____ not covered by ____?
 Is it ____ will incur personal ____ uncovered therapy ____?
 Will I ____ to ____ costs that ____ covered ____ my ____?
 ____ have to pay ____ own ____ through non-covered ____.
 ____ want ____ know ____ I ____ to cover ____ costs.
 ____ would ____ to know if ____ have ____ pay out-of-pocket costs ____ counseling sessions not ____.
 Can I ____ responsible for ____ out-of-pocket fees ____?
 Should ____ pay for ____ not covered ____ plan?
 ____ I pay ____ counseling that ____ not ____?
 I ____ if I ____ to make direct ____ from my own ____ to any counselor ____ aren't ____
 ____ it ____ obligation to ____ for ____ services not included ____?
 ____ have to ____ for uncovered ____?
 Is it ____ for ____ for out-of-network therapy?
 ____ I have ____ foot ____ if ____ is not covered ____ insurance?
 ____ you tell me how much I'll ____ to ____ covered ____ insurance?
 Do I ____ that's ____ covered by my policy?
 Do ____ to dig ____ my ____ you won't ____ for counseling ____ isn't ____?
 ____ sure if ____ responsible for ____ out-of-pocket for ____.
 ____ I ____ therapy ____ that the plan ____ pay ____?
 ____ know ____ expected to ____ direct ____ to any counselor fees that are not approved by ____
 ____ I ____ pay out-of-pocket therapy ____?
 ____ you confirm if ____ to ____ out of ____ treatment?
 ____ it necessary ____ to ____ directly for non-covered ____?
 ____ expect ____ for counseling ____ that are not ____ in the ____?
 ____ possible ____ costs for uncovered ____ sessions?
 Is there ____ cost ____ of ____?
 ____ you ____ personal expenses ____ therapy ____ covered ____ insurance?
 ____ to ____ for counseling ____ are not covered ____ the plan.
 Will I have to ____ direct payments from ____ own ____ any ____ fees ____ approved ____ arrangement?
 Is ____ an ____ cost ____ therapy ____ that ____ covered?
 ____ out-of-pocket ____ when accessing ____ services beyond ____ policy?
 ____ there ____ personal charges ____ sessions that ____ not ____?
 Will ____ stuck in therapy ____ by ____ dumb plan?
 They're going ____ make ____ up ____ outside coverage.
 ____ to ____ if I have to pay out-of-pocket ____.
 ____ need to shell out ____ own ____ for ____ that ____ by the ____?
 Should ____ expect ____ charges related to ____ sessions that ____ the ____?
 ____ I pay for counseling ____ is ____ the ____?
 Do I ____ pay for therapy sessions that ____ covered ____?
 Do I ____ cover ____ therapy ____?
 ____ plan won't ____ for these ____ will I fork ____?

Are I _____ costs _____ pocket?

_____ I have to shell _____ own money _____ sessions _____ aren't even covered _____?

Do I have to _____ isn't _____ my plan?

_____ I pay for _____ outside of _____?

Will _____ have _____ pay _____ any counseling _____ that _____ not _____?

_____ expect _____ counseling sessions that are not covered _____ the _____?

Do I have to cover _____ expenses _____ counseling _____ in _____?

You _____ make _____ pay for _____ outside _____.

Is it expected of _____ to _____ my _____ any counselor fees _____ approved by our _____?

_____ don't know if I _____ to shell out _____ own _____ by the plan.

If I seek _____ not _____ by _____ responsible for paying anything _____ of pocket?

Do _____ need to _____ my own _____ sessions _____ aren't _____ by your _____?

Is _____ personally finance _____ fees?

_____ much do I owe _____ therapy _____ my policy?

I don't _____ I _____ pay _____ for _____ outside of _____.

_____ I pay for _____ are _____ covered by _____ policy?

_____ possible that _____ will _____ to _____ uncovered therapy session _____?

_____ there an extra cost _____ coverage?

_____ therapy is _____ covered by insurance, _____ be _____ the bill?

Do _____ owe _____ that isn't covered _____ policy?

_____ be _____ for _____ not _____ by the plan?

When _____ services beyond what's _____ the policy, _____ fees _____?

Will I _____ to _____ the cost of _____ not included _____?

Do _____ pay _____ own way through _____ therapies?

_____ pay for counseling _____ covered by _____ plan?

Can _____ tell me if _____ to _____ for _____ that _____ by my _____.

_____ I make direct _____ my _____ pocket to any _____ approved _____ insurance?

Do _____ pay _____ own _____ for therapy sessions _____ are _____ even covered _____ plan?

_____ it _____ for any charges stemming from _____?

_____ responsibility to _____ therapy fees _____ of pocket?

_____ therapy isn't covered, _____ pay it myself?

_____ I be stuck _____ bills _____ not _____ by this dumb _____?

I will have to _____ isn't in _____.

_____ if I _____ to pay _____ for counseling _____ in _____ coverage.

_____ have _____ from my _____ therapy sessions _____ covered.

I don't know if _____ to _____ covered by _____ coverage.

_____ money _____ in therapy _____ that aren't covered by _____?

Will _____ have _____ pay out-of-pocket for _____ not _____ plan?

_____ I _____ responsible _____ counseling _____ covered?

_____ spend money _____ therapy _____ not covered by insurance?

Will _____ pay out of pocket _____ covered by the plan?

If _____ therapy _____ aren't covered, _____ going to _____.

Do I _____ to _____ my own way _____?

If therapy sessions _____ I'll _____ up paying _____.

I _____ any charges outside _____ policy at counseling appointments.

_____ I _____ to _____ the _____ of _____ not _____ in my plan?

Is _____ responsibility _____ paying _____ for _____?

_____ I _____ to _____ my own _____ therapy sessions that aren't _____ your _____?

Do _____ there _____ be _____ are not covered by my _____ when I attend _____?

_____ tell _____ if I'll be required _____ pay for _____ covered by _____?

Is _____ I _____ to pay _____ that is not covered?
 _____ my own cash for counseling that isn't covered _____?

Will _____ covered by me?

Will _____ to pay _____ of _____ counseling sessions that are not _____?

_____ I _____ to _____ in _____ you will not pay for _____?

_____ you know if there will _____ any _____ covered _____ policy at _____ appointments?

Should _____ to pay _____ costs _____ not covered _____ my plan?

Do _____ for non- _____ therapy?

If I have _____ visits that _____ not _____ by my insurance, _____ me?

Do _____ for _____ counseling sessions that aren't covered _____ plan?

Should _____ not be _____ I will have _____ from _____.

Should _____ therapy sessions _____ my plan won't _____?

Do I _____ to dig deep _____ my pockets _____ order _____ get _____?

Will I _____ to _____ is _____ included in _____ plan?
 _____ I have to pay _____?

There are counseling sessions that _____ covered _____.

Do I _____ the _____ non-plan therapy?

Will I be expected _____ direct payments _____ my _____ any counselor fees _____ are _____ insurance?
 _____ to pay for _____ counseling _____ isn't _____ my plan?
 _____ anything _____ of pocket _____ treatments _____ are _____ endorsed by my plan?
 _____ it _____ me _____ out-of-pocket fees when _____ services beyond the policy?

Do I _____ to _____ for therapy _____ that _____ plan?

Are _____ responsible for _____ uncovered _____?

Will _____ additional charges _____ counseling _____ plan _____?

Do non-covered counseling sessions _____ it?

Should out-of-pocket _____ when _____ services beyond _____ in my policy?
 _____ know if _____ will _____ of those covered by my _____ at _____.

If I seek _____ treatments _____ not endorsed _____ am _____ responsible _____ paying anything _____ pocket?
 _____ seek therapy _____ that _____ endorsed _____ my _____ I _____ pay anything out of pocket?

Is it necessary for _____ pay _____ costs not _____ my _____?

Do I _____ pay for therapy _____?

_____ don't _____ if _____ have to _____ for counseling _____ that are _____.

_____ have _____ I see _____ that are not on _____ radar?

_____ expected _____ to make _____ payments _____ own _____ to any _____ not approved by insurance?

_____ I have _____ for counseling _____ isn't covered, huh?

Is _____ required to _____ when accessing _____ services beyond _____ my _____?
 _____ it a _____ pay extra _____ counseling _____ of _____?

I _____ if I _____ expected to _____ from _____ own pocket _____ fees that aren't approved by

Are _____ out-of-pocket _____ with _____ sessions not covered by _____?

Do _____ to pay _____ that isn't covered by _____?

Will _____ have _____ personally _____ costs not _____ by my _____.

Do I _____ pay cash _____ that is _____ covered _____ plan?
 _____ it _____ me to cover _____ counseling _____?

_____ I _____ to _____ stuck _____ bills _____ covered _____ this plan?
 _____ it necessary _____ to _____ for _____ that aren't covered _____ the _____?

Do I have _____ my own money _____ that _____ your fancy plan?
 _____ don't know if there will be _____ charges outside of _____ covered _____ I _____.

Will _____ pay out-of-pocket _____ if _____ sessions are _____ covered by _____?

_____ I pay for counseling _____ are _____ plan?
 _____ have _____ for _____ counseling costs that are _____ in my _____?

The ____ won't cover ____ sessions ____ have to shell ____?
 Will ____ have to pay out-of-pocket costs for ____ in ____?
 ____ we ____ personal expenses when therapy ____ covered ____?
 Should ____ have to pay ____ is ____ in my ____?
 ____ don't ____ if ____ to ____ payments from my ____ pocket to any counselor ____ not approved ____.
 ____ wonder ____ will be stuck with ____ into ____ bills ____ covered ____ plan.
 I'll ____ paying ____ pocket if therapy ____ not ____.
 ____ it ____ to expect personal charges ____ are not ____?
 ____ owe ____ for ____ isn't insured?
 ____ to personally ____ counseling costs not ____ by my ____?
 Is ____ required ____ counseling ____ is ____ included ____ my ____?
 ____ it ____ make direct payments ____ own pocket to ____ counselor fees ____ approved by our ____?
 I ____ if ____ to pay ____ outside ____ coverage.
 Is it ____ out-of-pocket fees ____ paid ____ accessing ____ beyond the ____?
 Do ____ think I have to spend my ____ therapy sessions that ____ not ____?
 ____ to pay ____ non-plan ____ sessions?
 Will I ____ to ____ out-of-pocket ____ for ____ aren't covered?
 If ____ to ____ for ____ sessions not covered by ____ can ____ tell ____?
 ____ it ____ could be responsible for charges stemming ____?
 ____ there an out-of-pocket ____ that insurance won't ____?
 Will I ____ paying ____ not covered ____ the plan?
 ____ have to pay for ____ covered by the plan?
 Will ____ to foot ____ bill for ____ isn't ____?
 ____ have to pay ____ counseling ____ is ____ covered ____ my ____?
 ____ to pay ____ non-covered therapies?
 ____ I have ____ out-of-pocket expenses ____ non-covered ____ sessions?
 ____ I have ____ pay ____ sessions ____ included ____ my ____?
 ____ sessions not ____ my plan?
 If my therapy isn't ____ insurance, ____ to pay ____ it ____?
 Do non-covered ____ have to be ____ by ____?
 ____ I have ____ the ____ not covered by my ____?
 Is ____ necessary ____ pay the ____ of therapy sessions ____?
 Do I ____ cost of counseling services ____ in ____ coverage?
 ____ going ____ have ____ my ____ therapy bills ____ aren't ____ by this plan?
 Do I ____ to ____ of non-plan ____ sessions?
 ____ would ____ know ____ will be charges outside of ____ by ____ policy ____ attend counseling appointments.
 ____ the ____ counseling sessions require ____?
 Is ____ need to cover ____ costs?
 Is it ____ to take money ____ in ____ coverage?
 Is it necessary to pay ____ coverage.
 ____ pay out of pocket for ____ treatments ____ aren't ____ my ____?
 ____ pay the bill ____ if ____ is not covered by ____?
 ____ are ____ me ____ cash for ____ outside coverage?
 ____ have ____ the counseling costs?
 ____ I ____ for paying ____?
 ____ there ____ coverage for counseling ____ in ____?
 Will ____ be required ____ cover ____ counseling ____ not covered ____?
 I would like ____ know if I ____ for ____.
 Do ____ sessions ____ to be paid ____ directly?
 Do ____ to pay money ____ insured by my ____?

_____ have to _____ sessions that _____ not covered by the _____?

If the _____ provided, _____ I expect personal charges related _____?

_____ pay cash _____ counseling _____ included _____ my coverage?

Do _____ sessions _____ to be _____?

_____ if _____ have to pay for _____ isn't included _____ coverage.

_____ I going to have _____ for counseling _____ is _____?

_____ I _____ to pay _____ that _____ not covered.

_____ I _____ for _____ sessions _____ aren't covered _____ the _____?

Do _____ need to pay for therapy _____ the _____?

Will I have _____ pay out _____ for _____ that _____ covered _____ plan?

_____ _____ to _____ for counseling?

_____ have to pay costs _____ sessions?

Will _____ sessions _____ me _____ directly?

I don't know if I _____ for therapy _____ pay _____.

Will _____ be any _____ aren't covered by _____ attend _____ appointments?

_____ possible that _____ have to _____ cash for counseling _____ included _____ my _____?

_____ I be expected _____ counseling _____ that _____ not _____ by the _____?