

[Demo] NLP Dataset for Customer Service Automation

Company Type	Health Insurance Companies
Inquiry Category	Long-term care insurance policy information
Inquiry Sub-Category	Coverage details
Description	Customers inquire about the specifics of their long-term care insurance policy, including what is covered, coverage limits, and any exclusions or waiting periods.
Data Size	12,868 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.)

____ you ____ me ____ the ____ or treatments ____ by my long-term care ____?

____ have the details of ____ options ____ the ____?

____ which ____ or treatments fall within ____ scope of ____ long-term care ____?

____ you tell me ____ my ____ covers ____ in long-term ____?

____ tell ____ which treatments are ____ in the long-term ____?

____ my ____ care ____ coverage ____ conditions or treatments?

Do ____ about the illnesses that ____ coverage ____ my long-term ____ plan?

____ like to ____ about the treatments covered ____.

____ I ____ provided with information ____ the treatment ____ care policy?

____ if ____ are ____ in my long-term care plan.

____ the ____ that fall under my ____ care ____?

____ explain to me how ____ covers ____ conditions ____ care?

Which ____ are ____ for coverage ____ my ____ plan?

May I ____ the ____ and treatments ____ in my extended ____?

Can ____ tell ____ if ____ issues ____ treatments ____ long-term care policy?

There ____ treatments included ____ my extended care ____.

____ me ____ information about what my long-term care ____?

____ you know ____ illnesses ____ treatments are eligible ____ my ____ care ____?

Do you ____ conditions or treatments ____ the scope of coverage ____?

____ to know ____ treatment options supported by ____ term ____.

Can ____ about the ____ and ____ that ____ covered ____ term care plan?

____ of the exact conditions ____ that ____ in my long term ____.

I want ____ know ____ fall ____ scope of ____ in ____ long ____ care ____.

I need to ____ treatments are included ____ my ____ care ____.

____ you ____ what ____ are covered by ____ policy?

____ have ____ ability to ____ circumstances and therapies are ____ my plan?

Could ____ me ____ my query about ____ specific ____ covered by ____?

Inform ____ benefits provided by my long-term ____.

Can you give _____ my _____ care _____ coverage?
_____ you _____ any information _____ treatments included _____ plan?
Is _____ possible for _____ tell _____ about _____ and therapies in my _____?
I want _____ treatments and _____ are _____ my long term care _____.
_____ me about the _____ in _____.
Provide me _____ the exact _____ treatments _____ are included _____ long-term _____
What _____ are _____ coverage within my _____ program?
_____ tell _____ conditions that _____ included _____ my _____ care policy?
_____ you _____ me what _____ and _____ fall _____ my _____ care _____?
_____ medical _____ conditions are _____ long-term care coverage?
_____ want _____ covered for certain conditions as part _____ policy.
_____ of _____ do _____ long-term insurance plan _____?
I'm _____ learning more _____ by my _____ care insurance.
_____ can tell me which _____ treatments _____ included in _____ long-term _____.
_____ know _____ my _____ term care plan covers.
_____ conditions _____ are _____ my extended care plan?
_____ you have _____ on how my _____ care insurance _____ can _____ illnesses?
Is _____ long-term _____ plan _____ for _____ conditions _____ treatments?
I _____ to _____ what conditions _____ treatments are _____ under _____ care _____.
Is _____ possible to _____ information about the _____ my long-term _____.
_____ looking for details _____ treatments that _____ covers.
_____ something _____ my long-term care _____.
Do _____ have any information _____ to the therapies _____ under _____?
_____ information about _____ treatments that are included in _____.
_____ to know _____ the _____ my care plan.
I'm _____ sure _____ are _____ by my _____ you _____ me?
_____ conditions and treatments _____ in _____ long-term _____ plan?
_____ would like to know _____ my long-term _____ plan.
I _____ wondering about my long-term _____ for _____.
_____ types _____ treatments and conditions _____ in _____ plan?
_____ know _____ about the _____ by my plan.
_____ you _____ me _____ my insurance _____ treatments and _____ long-term _____?
_____ or _____ are eligible _____ coverage _____ long-term care program?
I want _____ treatments and _____ I'm _____ my care plan.
Do _____ know which _____ within _____ of my _____ policy?
I _____ there are any _____ available to explain _____ treatments _____ my long-term care _____.
_____ you _____ me the _____ included _____ my long _____ plan?
What treatments _____ are _____ in _____?
_____ you _____ me _____ details _____ how my insurance _____ conditions and _____ in _____?
Can _____ the query about the specific _____ by my _____?
What _____ in my _____ policy?
_____ conditions _____ are _____ in _____ policy?
Give me an _____ what treatments I _____ under my _____.
Please provide _____ on the _____ conditions _____ long-term care _____.
Do _____ conditions or _____ fall under the scope _____ in my _____?
Please _____ me about _____ conditions _____ encompassed _____ my long-term _____ plan
Specific details _____ conditions and treatments covered _____ care _____ provided by _____.
I _____ interested _____ the _____ in _____ long-term _____ plan.
_____ you _____ information _____ situations _____ therapies _____ qualify for _____ under the scheme?
_____ me _____ information about what _____ by my _____ care policy?

_____ are _____ and remedies _____ included in my long-term _____?

Can you tell _____ in a _____ care _____.

_____ can _____ receive with _____ care benefits.

Do _____ have any _____ and _____ covered _____ long-term care insurance?

_____ you give _____ on _____ my insurance covers _____ care _____?

Is _____ I _____ information _____ treatment _____ supported by my _____?

Can you tell me _____ treatments fall within _____ scope _____ my _____?

_____ and care _____ included in _____ plan?

_____ interested _____ the coverage _____ long-term care _____ for specific _____.

Do _____ know _____ and _____ are _____ my long-term _____ plan?

I want _____ know which _____ my insurance _____.

_____ have _____ about particular situations or _____ that _____ benefits?

_____ treatment _____ by _____ policy?

_____ there anything you can tell _____ or treatments fall _____ long-term _____?

Can you tell _____ conditions _____ treatments _____ my long-term _____.

I need to _____ my _____ care _____ coverage _____ specific _____.

_____ it possible _____ regarding _____ conditions/treatments?

_____ know about the _____ medical conditions _____ that _____ under my long-term _____ benefits.

Do you know _____ are _____ my long-term care _____?

_____ if there _____ any conditions or _____ that _____ my long-term care _____.

_____ to know the treatments _____ plan covers.

_____ me _____ how my _____ covers _____ conditions _____ treatments in long-term _____?

_____ you give _____ an _____ of the treatments _____ included _____ my _____?

I want _____ know what treatments _____ conditions _____ am entitled _____ long-term _____.

Please tell _____ the _____ of _____ long-term _____.

_____ are the _____ about _____ medical procedures that _____ covered _____?

Is there _____ which illnesses are _____ for _____ my _____ plan?

I _____ about _____ illnesses and procedures _____ through my _____ health _____.

_____ treatments and _____ covered by my long-term _____ plan.

Can you _____ conditions and treatments that _____ eligible _____ within my _____?

Let me know _____ treatments _____ to under _____ plan.

_____ treatments are included in _____ care plan.

_____ medical services _____ covered by my _____ need _____ care?

Can you _____ the _____ and _____ are eligible for _____ program?

_____ you _____ information about _____ or _____ that qualify _____ benefits?

What conditions or _____ long term _____ plan?

Is it possible _____ out _____ included in _____ long-term care _____.

_____ me _____ the _____ conditions _____ that are _____ my _____ care plan.

I need _____ know more _____ the _____ ailments and _____ in _____.

_____ long-term care _____ specific _____ treatments.

There are _____ and therapies _____ fall under _____ scope of _____.

I _____ the treatments _____ in my _____ care _____.

_____ tell me the _____ long-term care plan.

I want to know _____ and _____ under my _____.

_____ information _____ what _____ to under my long-term _____ plan.

_____ it _____ get _____ about which _____ are _____ my _____ care plan?

Do you have _____ the _____ and _____ that _____ included _____ my _____?

Are _____ covered in _____ coverage?

_____ what's _____ in my _____ plan.

_____ let me _____ if _____ disorders or treatment _____ are included in _____.

Let ____ know ____ conditions ____ included ____ the plan.

I ____ like ____ know ____ conditions are covered by ____.

Can you ____ me ____ treatments ____ covered under ____ long-term ____ plan?

What ____ you know ____ covered for certain conditions ____ policy?

____ need info on ____ my ____ care plan.

I am interested in ____ care ____ for ____ and treatments.

____ know ____ the ____ ailments ____ therapies within my ____ arrangement.

What can ____ tell ____ policy is for ____ conditions?

____ want ____ know if there ____ treatments and ____ in ____.

____ you tell ____ about the conditions or treatments ____ be ____?

Is ____ possible ____ get ____ about ____ coverage for conditions ____ care plan?

I ____ to know ____ the treatments ____ long-term ____ plan.

Is ____ possible to give information ____ covered conditions ____ long ____?

____ tell me ____ health ____ and treatments ____ by ____ term care policy?

Can you ____ about the ____ and treatments ____ long-term care ____.

____ tell me the conditions or ____ long-term care ____?

____ care ____ may ____ me information about treatment ____.

Is ____ in long-term health ____?

____ know ____ the ailments ____ therapies ____ my long-term care insurance plan.

Do ____ which ____ eligible ____ coverage in ____ care plan.

Is ____ possible to give ____ part of a long-term ____?

Do you have ____ about ____ care ____?

Can ____ me ____ the ____ under ____ long-term care plan?

What ____ you ____ tell me ____ what's ____ extended healthcare policy?

What ____ for certain ____ my extended healthcare ____?

____ you ____ more ____ the ____ covered ____ long-term care plan?

Do you ____ regarding my ____?

Can you tell ____ about ____ conditions/treatments covered ____ plan.

Are ____ medical ____ covered ____ long-term ____ policy?

____ about what ____ are included ____ plan could ____ by you.

____ you ____ about ____ situations or ____ are eligible ____ under my scheme?

I ____ like to ____ more ____ and conditions covered ____ my ____ care ____.

____ have ____ information about certain therapies that ____ benefits under ____?

Give ____ an ____ what treatments I'm entitled ____ under ____ plan.

____ or treatment options included in my extended ____.

As per ____ would it ____ possible ____ information on covered ____?

I ____ like to ____ specifics ____ my ____ coverage ____ conditions and treatments.

I ____ like ____ know ____ treatments ____ are included in ____ care plan.

I need to ____ medical ____ are covered ____ care coverage.

____ looking for ____ about ____ long-term care plan's coverage ____.

____ I ask ____ specific ____ in my long-term ____.

Can you give ____ about the health ____ by my ____ policy?

What ____ the ____ care plan?

I'd like ____ know more about ____ medical ____ illnesses covered ____ policy.

____ to know if ____ medical services for long-term ____.

I need ____ know what ____ my ____ plan ____.

____ what's ____ my long-term care ____.

Can you ____ the ____ are eligible for ____?

My long-term care ____ conditions ____.

Is ____ to tell ____ treatments and ____ included ____ my ____?

Do _____ any _____ about _____ or _____ are _____ by _____ long-term care policy?
 _____ would like to _____ details _____ and therapies _____ extended-care arrangement.

Should _____ the _____ my long-term care _____ for conditions and _____?
 _____ know _____ treatments are covered under my long-term _____?

Please _____ me _____ in _____ longterm _____.

I'm interested _____ learning _____ about _____ therapies _____ my care arrangement.

Do _____ any information _____ that _____ eligible _____ benefits _____ my scheme?
 _____ you _____ me about _____ conditions _____ that _____ included in _____ policy?

Provide _____ about _____ conditions _____ treatments _____ by my _____ care _____

Can _____ what _____ conditions _____ covered in my _____ term _____ plan?
 _____ want _____ know about _____ and illnesses _____ are covered _____ my _____ care _____.

_____ want to _____ what medical aspects _____ by _____ care _____.

I want to know _____ there are _____ resources available _____ will _____ the _____ by my _____ insurance _____.

Can _____ me _____ the treatments _____ conditions _____ covered _____ long-term care plan?

Give _____ information _____ what _____ am entitled _____ under _____ care plan.

I _____ to _____ what _____ and _____ are included _____ plan.
 _____ and treatment options are included in my _____ care _____.

Provide information _____ conditions or _____ included _____ my long-term _____.

Can you _____ me more about _____ and _____ in _____ care _____?

I _____ know about _____ plan's coverage _____ treatments or _____.

_____ I find out _____ coverage for _____ care _____?

_____ to _____ care _____ has coverage for specific _____ or treatments.

_____ me _____ the conditions and _____ are _____ in _____.

Do _____ have _____ which _____ or treatments are _____ by my _____ care _____?

_____ you describe what is _____ term care _____?

_____ need _____ the _____ and _____ options included in _____ extended _____ policy.

_____ know _____ insurance covers certain conditions and _____ long-term care.

I _____ know more _____ the _____ and _____ approved _____ my long-term health _____.

Can you _____ me what is _____ plan?

I _____ know if _____ are eligible for _____ my _____ program.

_____ want to know _____ treatment _____ entitled _____ under my _____ care _____.

What _____ or _____ eligible for _____ in _____ long-term _____ plan?

_____ you know what _____ aspects _____ covered _____ long-term _____ policy?

_____ me what is _____ in _____ long-term care _____.

_____ tell me _____ the treatment covered _____ my _____ care _____?

_____ get _____ information about _____ illnesses and procedures _____ my _____ plan?

_____ there _____ about _____ and _____ included _____ my long-term health coverage?

Do _____ have _____ regarding _____ options under _____ plan?

_____ need _____ treatments _____ conditions _____ covered by _____ long-term care plan.

_____ about the _____ encompassed in _____ care _____ can _____ given.

Can you let _____ my long-term care plan's _____ for _____?

I _____ curious _____ the _____ of my _____ care plan's _____.

_____ you _____ me _____ conditions that are _____ my coverage?

Can you _____ me which _____ medical _____ are covered _____ long-term _____?

_____ you tell me _____ covered by _____ extended _____ policy?

_____ conditions _____ in my plan?

I'd like _____ know what medical _____ illnesses _____ long term care _____.

_____ services _____ by my insurance when _____ to _____ care?

_____ possible _____ you to _____ me what medical conditions and _____ covered _____?

_____ love _____ know the specific medical conditions _____ fall _____ scope of _____ long-term _____.

Do _____ the details _____ under the _____?

_____ treatments _____ I _____ in _____ long care _____?

I _____ interested _____ learning _____ the _____ included _____ my long-term care _____.

_____ need to _____ of _____ ailments and therapies within _____ extended _____.

I'd like _____ what conditions and treatments are covered _____.

What _____ included _____ my _____ care plan?

I'd like _____ know details _____ ailments and _____ my _____.

_____ you tell _____ covered _____ extended healthcare policy.

_____ am curious _____ the _____ of _____ long-term _____ plan.

_____ information on _____ treatments _____ conditions included _____ my _____.

_____ would like to know about _____ by my _____ policy.

_____ covered _____ and _____ under the plan.

What _____ treatments are part _____ my _____ care _____?

I _____ to know _____ and _____ included in _____ health _____.

What _____ do this _____?

_____ give information about covered conditions/treatments _____ long-term _____?

Can _____ tell _____ which _____ medical _____ are _____ long-term care plan?

Did you _____ me about my _____ plan's _____ certain _____?

_____ want to _____ what medical _____ are _____ my long-term _____.

_____ you have any _____ certain situations or therapies _____ my scheme?

_____ you _____ remedies _____ included in my coverage?

_____ tell me about treatment covered _____ my _____?

Is _____ possible _____ out which _____ my care plan?

I need _____ know _____ medical aspects _____ long term care _____.

_____ it possible _____ to _____ is covered _____ my plan?

Can _____ tell me _____ my _____ care policy?

Can _____ which _____ circumstances and therapies _____ included _____ my _____?

Please tell me _____ specific _____ or treatments covered _____ long-term _____.

_____ you have any _____ medical _____ that my plan _____?

_____ of _____ or treatments _____ in my long-term care plan.

What _____ the _____ of _____ plan?

_____ included _____ the long-term _____?

Can y'all explain _____ me _____ insurance covers _____ in _____?

What info _____ term _____ cover?

_____ need to know what treatments _____ conditions I _____ care _____.

I _____ to know _____ and _____ I'm _____ to _____ long-term care plan.

I _____ if any of the _____ treatments fall within _____ of my _____ care _____.

_____ me _____ disorders _____ treatment _____ that are _____ extended care policy.

_____ you give me any _____ my _____ conditions and _____ long-term care?

Can you tell me _____ about _____ treatments that are covered _____?

_____ is included in the _____ plan I _____?

_____ to _____ if _____ the _____ are eligible for coverage _____ long-term _____ plan.

_____ need to _____ details _____ the _____ ailments _____ in my _____ care arrangement.

_____ inquire about _____ that _____ included _____ my extended care plan?

What _____ in _____ long care plan _____?

I need to _____ supported _____ within _____ care arrangement.

I want _____ know the specific _____ and therapies _____ fall _____.

_____ is _____ certain _____ by my extended _____ policy?

What _____ I know about _____ covered _____ policy?

Can you tell _____ about _____ conditions _____ treatments included _____ my _____.

_____ illnesses or treatments _____ coverage _____ long-term care plan?
 _____ speak _____ what is included _____ my long-term _____?
 _____ treatments is _____ in _____ lengthy care plan _____?
 _____ know which disorders _____ in _____ extended care _____.
 Can _____ me what _____ circumstances _____ therapies _____ in my plan?
 What _____ treatments are _____ my long-term care plan?
 Should _____ ask for _____ the _____ and _____ included _____ my extended _____?
 Will I _____ about the _____ and treatments included in _____ care _____?
 _____ are _____ in my coverage?
 _____ types of procedures _____ included in _____ long-term _____.
 I _____ know specifics of _____ care _____ for conditions _____ treatments.
 Can _____ tell me _____ conditions _____ covered _____ long-term care plan.
 Do you _____ long-term care plan?
 _____ about my _____ care _____ can be _____ you.
 _____ me with information _____ the _____ conditions _____ treatments _____ in my _____ care _____.
 _____ tell me the _____ conditions included _____ my long-term _____.
 I _____ the _____ options supported by _____ care policy.
 Is there _____ on _____ disorders and _____ are _____ coverage?
 _____ like _____ know details about the _____ in my _____.
 Please tell me _____ my long-term _____.
 _____ would _____ treatments _____ conditions are included _____ my plan.
 _____ would _____ about _____ care plan's coverage for specific _____.
 _____ please _____ me _____ included in my _____ care _____.
 _____ to know what's covered for _____ conditions as _____ healthcare _____.
 I _____ more about the _____ and medical procedures _____ my long-term _____.
 Tell me _____ and medical _____ by _____ long-term _____ plan.
 What conditions or treatments _____ care plan?
 _____ you tell _____ about any treatments _____ are _____ my long-term _____?
 _____ you _____ issues _____ covered by my long-term care _____?
 _____ you _____ any _____ my long-term care insurance _____?
 _____ me about the _____ or _____ that _____ my long-term care policy?
 _____ you let _____ what _____ and _____ are included in _____ plan?
 _____ want _____ know if there _____ any _____ the various _____ or _____ covered _____ long-term care insurance plan.
 _____ any information on therapies _____ for benefits under _____ scheme?
 _____ tell _____ conditions covered in my _____ plan?
 _____ it possible to get _____ regarding _____ my _____ care plan?
 _____ exact _____ are _____ my long-term care plan should _____ provided.
 _____ want to know _____ are included _____ long-term care _____.
 Let me know of _____ by my _____.
 _____ to know more _____ illnesses and _____ my long-term _____ insurance.
 Let _____ treatments and _____ am eligible _____ under my long-term _____.
 _____ what conditions _____ treatments are covered _____ long-term care plan.
 _____ I _____ out if my _____ care _____ treatments?
 _____ tell _____ the _____ that are _____ in _____ plan?
 Can _____ tell me _____ the supported _____ therapies within _____?
 _____ you give _____ about the treatments _____ my coverage?
 Can _____ me _____ health issues and treatments _____?
 _____ it possible for you to reveal _____ circumstances _____ in _____ plan?
 _____ provide information _____ specific conditions _____ treatments _____ in my _____ plan.
 _____ issues _____ by my _____ care _____?

I _____ my long-term care _____.

Is _____ possible _____ give _____ covered _____ for _____ care?

Can _____ tell _____ conditions _____ are _____ my long-term caregiving program?

I _____ know which _____ are covered _____ care policy.

What medical _____ care does my _____ include?

Can you _____ any _____ or _____ are _____ by my long-term care _____?

I _____ to know _____ specific coverage _____ my long-term _____.

Can you tell me _____ about _____ covered in _____ long-term _____?

What _____ encompassed by _____ plan?

Do you have _____ about _____ procedures _____ by _____ plan?

I need _____ about certain conditions _____ are _____ in my _____ plan.

_____ want _____ know _____ is covered _____ certain _____ per my _____ healthcare _____.

_____ you inform _____ long-term care plan's _____?

Can you tell _____ my long-term care plan?

How about the _____ included _____ long _____ plan?

I want to know _____ or treatments _____ the scope _____.

_____ conditions covered in my _____ care plan are covered by _____.

Is _____ a _____ to get information _____ treatments _____ covered _____ my long-term _____?

Is _____ possible _____ information _____ which treatments _____ covered _____ my _____ care _____?

_____ to know _____ treatments and _____ are covered _____ long-term _____ plan.

_____ are included _____ this _____ plan of mine?

Can _____ me _____ medical _____ and _____ are in my _____?

Can you _____ an idea of _____ my _____ plan?

_____ treatments _____ conditions that I'm entitled to under _____ care _____.

I would _____ to _____ the specific _____ conditions _____ that _____ long-term _____ benefits.

Specific _____ conditions or _____ scope _____ my _____ care benefits would _____ appreciated.

You _____ me _____ long-term care plan _____.

What _____ treatment _____ health issues do _____ policy _____?

_____ have _____ plan _____ covers _____ things, can _____ know _____ ones?

_____ you _____ my query about _____ treatments _____ my _____ covers?

_____ tell _____ about the _____ and treatment _____ my extended _____.

Can _____ more _____ care plan's _____ for certain conditions?

_____ it possible _____ covered conditions/treatments in _____ term _____ policies?

Please tell _____ the _____ treatments encompassed _____ term care plan.

_____ know _____ about _____ supported ailments and therapies _____ care.

Is it _____ to tell _____ are included in my _____?

_____ details _____ medical procedures and illnesses are covered _____ care policy.

Do _____ information regarding certain _____ that are _____ for benefits?

_____ know the conditions/treatments covered _____ my _____ plan.

I am unsure _____ covered by my _____ could _____ me _____?

_____ want to _____ if _____ are any resources _____ to explain the therapies and _____ insurance plan.

_____ you _____ me _____ about the _____ that my _____ care _____?

_____ details _____ coverage for conditions and _____?

_____ tell me _____ the treatments _____ in _____ long-term _____ plan?

Will my _____ plan _____?

Can _____ give me information _____ the _____ plan?

_____ kinds of _____ are included in my _____ plan?

_____ treatments and conditions are _____ in my coverage?

Is my _____ care _____ covered by the _____?

Can _____ me _____ my _____ covers _____ in long-term care?

_____ in _____ policy for certain conditions?

I _____ know what _____ are included in _____ long-term _____.

_____ any conditions that _____ within _____ of _____ my _____ care plan?

Is _____ to _____ which treatments are covered in _____ long-term _____?

I want _____ know _____ supported _____ and _____ within my extended-care _____.

Does my insurance policy _____ covered treatments _____?

I need _____ insurance covers certain _____ and treatments _____ long-term _____.

Provide _____ exact conditions _____ treatments encompassed _____ care plan

Can you _____ query _____ the _____ by my policy.

I need to know _____ my long-term _____ policy.

_____ me _____ medical aspects _____ covered in my _____?

My _____ care _____ or treatments.

Inform _____ my long-term _____.

_____ condition/treatment _____ by my policy?

Do you have any information _____ certain _____ that are _____?

_____ would _____ to _____ about the medical _____ through my long-term _____.

I _____ about certain _____ treatments _____ long-term care plan.

Can I ask about the _____ included _____ my _____ plan?

Can you _____ the treatments _____ covered by _____ long-term _____ plan?

I'm wondering _____ my _____ plan's _____ specific conditions _____ treatments.

What _____ the _____ and _____ by my long-term care _____?

_____ the treatments _____ my long-term _____?

_____ to clarify _____ and conditions are included _____ my _____ care _____.

_____ want to know the specific _____ under my long-term care _____.

I want _____ what conditions _____ treatments fall _____ the _____ of _____ care _____.

Can you _____ what is _____ my _____ plan.

I want _____ which treatments and _____ are included _____ term care _____.

I _____ details _____ and _____ are covered by my long-term _____ policy.

_____ the medical conditions and _____ that are covered _____ my _____ benefits.

Please _____ about _____ or _____ encompassed by my long-term _____.

_____ tell _____ my _____ plan's coverage for _____ conditions or _____.

Can you _____ details _____ treatment _____ under _____?

_____ you _____ the _____ that _____ eligible for coverage _____ long-term care _____?

_____ want to know details on my _____ coverage _____ conditions _____.

Can _____ me the _____ my long-term _____ plan?

_____ have _____ information _____ procedures covered _____ my plan?

_____ tell me more _____ how my insurance _____ certain _____ in _____?

_____ health _____ covered by my _____?

Do you know _____ services and _____ are _____ in _____ long-term _____?

Will _____ tell me _____ conditions or treatments _____ in _____ long-term _____?

Specific details about _____ and treatments _____ in my _____ shared by _____.

_____ you have _____ information about _____ conditions _____ included in my _____ care _____?

_____ any information _____ my _____ care plan?

Is there _____ information on _____ treatments and conditions _____?

I _____ to _____ what's covered _____ conditions _____ extended healthcare policy.

_____ know the details _____ my long-term care _____ for _____?

_____ conditions or treatments are _____ in _____ policies?

I need _____ know which conditions _____ long-term care _____.

What type _____ treatment can I _____ using _____ long _____?

What is included _____ Care _____?

Is _____ to _____ treatments under my long-term care arrangement?

Is _____ give information about _____ as _____ my long-term _____ policy?

_____ want _____ know what _____ care plan _____.

Can _____ my long-term care plan covers _____?

Is it _____ to _____ out _____ are _____ long _____ care plan?

Tell _____ that _____ covered _____ the insurance.

_____ treatments _____ medical conditions _____ my long-term care _____.

_____ on _____ medical procedures covered by _____ plan?

I _____ like to find out _____ conditions _____ my extended _____ plan.

Provide _____ on the disorders or _____ included _____ extended care _____.

Is it _____ inquire about _____ conditions _____ included in _____ plan?

Does _____ policy have _____ and conditions?

Please _____ me what _____ conditions and _____ in _____.

_____ that _____ under the scope of coverage in _____ care _____?

Let me _____ if _____ are _____ treatments _____ included _____ my _____.

_____ know _____ of _____ supported _____ and therapies within my _____.

Care to _____ which _____ are included _____ my _____ plan.

Inform _____ of _____ provided in _____ care policy

Do _____ know _____ illnesses _____ eligible _____ care plan?

I would _____ know more about _____ illnesses _____ for _____ term _____ coverage.

Can _____ tell me the _____ treatments _____ coverage?

_____ my policy _____ for treatments _____ health issues?

I _____ to know what _____ and treatments _____ the scope _____ term _____.

I would like to _____ the _____ medical procedures and _____ by _____ care policy.

Is _____ possible to _____ information _____ long-term care policy.

I'm not sure _____ policy _____ can _____ me?

_____ want _____ know _____ specific medical conditions that _____ covered _____ care _____.

I _____ know if _____ any _____ explain the _____ ailments _____ therapies covered _____ my long-term _____ insurance plan.

I need to know if any _____ for _____ my _____.

Is _____ possible _____ which treatments are _____ my long-term _____ plan?

_____ need to _____ treatments _____ included in the plan.

I _____ to _____ about _____ conditions _____ long _____ care plan.

_____ you know _____ conditions _____ treatments _____ under my _____ care _____?

Will _____ treatment _____ by my long-term care policy?

_____ me about my long-term care _____?

I _____ to _____ more _____ medical procedures approved by my _____ plan.

_____ about the conditions and treatments _____ my _____ care _____.

_____ tell me _____ long-term care plan _____?

What _____ or treatments _____ under _____ my long term care _____?

_____ you _____ any _____ I _____ use _____ find out more about the therapies _____ care insurance _____?

I _____ of _____ specifics _____ my long-term care _____ for conditions _____.

_____ condition/ treatment particulars _____ by _____?

I _____ like _____ what treatments and _____ included _____ my _____.

Is _____ care arrangement _____ access _____ information _____ the treatments?

_____ have access to information _____ covered _____ under _____ plan?

Information about _____ covered _____ my _____ care _____ be provided.

_____ possible to _____ about which treatments are _____ under _____ plan.

How _____ issues _____ treatments that _____ covered _____ long-term care _____?

_____ what _____ in the _____ care plan.

_____ details about _____ long-term care plan can be _____ by _____.

I don't _____ services and conditions are part _____ long-term _____.

I _____ to _____ about _____ illnesses _____ medical procedures _____ through my long-term _____.

I _____ medical services are _____ in _____ care coverage.

What are _____ conditions _____ that _____ the _____ my long-term care _____?

Which _____ remedies are included in _____ long-term _____?

Do _____ the _____ reveal what medical circumstances and _____ are _____?
_____ me the treatments _____ plan.

I _____ my _____ plan's coverage for certain conditions or _____.

What treatments are _____ in _____ I have?

_____ information about _____ conditions _____ treatments encompassed in _____ care _____

What _____ and _____ procedures _____ my insurance plan _____?

_____ interested _____ knowing which _____ remedies are _____ in _____ health coverage.

_____ the conditions that are _____ for _____ in my long-term _____?

What treatments _____ plan of mine?

_____ tell _____ and conditions are covered in the long-term _____?

_____ treatments are _____ the plan.

I need to _____ long-term care _____.

_____ wanted _____ know more about _____ for conditions and treatments.

How do I find _____ care _____ covers?

I would _____ to know _____ medical _____ and _____ are _____ in _____.

Can you _____ me _____ description _____ conditions that _____ for _____ within _____ program?

_____ to know _____ treatments _____ covered _____ my plan.

_____ I find _____ which things _____ in my _____?

I _____ to _____ under _____ extended healthcare policy.

_____ you to _____ me _____ medical circumstances and _____ are in my _____?

Do _____ which conditions _____ treatments _____ the _____ of _____ policy?

Please _____ me _____ included in _____ term care _____.

_____ to _____ what _____ or treatments are covered under _____.

I need _____ know _____ treatments _____ conditions my _____ will _____.

_____ information _____ or treatments encompassed by _____ long-term _____ plan.

What _____ the scope of coverage in my _____?

Can you tell me _____ included _____ the _____?

Is there _____ particular shared _____?

_____ illnesses/treatments _____ for _____ in my long term _____?

I'm interested in _____ more about _____ long-term _____ coverage _____ and _____.

_____ are _____ under _____ coverage?

Please _____ treatments or _____ included _____ my _____ care _____.

Is it possible _____ get information _____ the conditions _____ included _____ plan?

_____ want _____ know if there are _____ available _____ explain _____ therapies _____ covered by my _____ insurance plan.

I would _____ to _____ options _____ my long-term care plan.

_____ specific _____ treatments that _____ in my long-term care plan.

Can you let _____ how my _____ certain _____ and _____ long _____ care?

_____ are part of _____ care _____?

_____ possible to _____ regarding _____ conditions included _____ extended care plan?

Can you _____ about the _____ and _____ coverage for?

Can you _____ about my long-term _____ for _____ conditions?

_____ what _____ included in _____ long term _____ plan.

_____ tell _____ conditions or _____ encompassed _____ my long-term _____ plan

I _____ to _____ care insurance plan's _____ of certain ailments and _____.

I want _____ if any _____ treatments _____ under the scope _____ coverage _____ my long-term _____.

Can you tell _____ conditions/treatments that _____ in my _____ plan?

Please let _____ know about the specific _____ my _____ plan.

_____ want to learn more _____ treatments in _____ care _____.

I _____ to know _____ plan.

Can _____ more information about _____ coverage?

_____ is included in the _____?

Please _____ is included in _____ care _____.

_____ me _____ the exact conditions or _____ encompassed _____ my _____ care _____.

_____ the ability to tell _____ medical _____ and _____ are covered by _____?

I _____ in need of details _____ treatments _____ my _____ plan.

_____ conditions are _____ in _____ long _____ policy?

Inform _____ the coverage provided _____ the long-term _____.

What treatments _____ included _____ care _____ I have?

_____ the types _____ procedures _____ in my insurance plan?

_____ need to know _____ that are encompassed by _____ care plan.

Could you _____ query _____ the treatments covered _____ my _____?

Is it possible _____ get _____ the _____ or _____ under my long-term _____?

Please _____ me _____ the treatments _____ conditions _____ care coverage

Is it _____ out which treatments are _____ care plan

_____ find out more about my _____ care _____ for _____?

Tell _____ my long-term care _____.

I _____ to _____ details _____ ailments and therapies _____ my care _____.

_____ give me some information _____ the conditions and _____ care policy?

Can I _____ about the treatment _____ by _____?

_____ you tell me which _____ conditions are included _____ care _____?

I would _____ to _____ more _____ treatments _____ are covered by _____.

Is _____ information on covered _____ as part _____ long-term care _____?

_____ things _____ my long-term _____ cover?

_____ have _____ details of treatment _____ the _____?

Please, _____ what's _____ long-term care plan.

_____ on _____ conditions and treatments _____ in _____ long-term care plan _____.

What disorders _____ remedies _____ my long-term health _____?

_____ let me know the exact _____ treatments that are _____ plan.

_____ are _____ the long-term care?

Give me a breakdown _____ treatments _____ am entitled _____ care _____.

_____ need _____ and treatments fall within _____ scope of my long _____.

_____ treatments _____ lengthy care _____ contain?

I _____ to _____ which medical procedures and _____ are covered _____.

Provide _____ about _____ that are _____ in my _____.

Do _____ of what is _____ in _____ long-term care _____?

Information about _____ treatments and conditions encompassed _____ long-term _____ plan _____.

_____ you _____ information about which _____ are eligible _____?

Can _____ tell _____ what medical _____ and treatments _____ included _____?

_____ of treatment can _____ receive _____ long-term care _____?

Can _____ know _____ will _____ certain conditions and _____ in long-term care?

_____ you _____ tell _____ medical procedures _____ illnesses are covered _____ my _____ care _____.

_____ I know _____ what's covered by _____ policy?

Inform me about _____ treatment _____ my _____ policy.

_____ know _____ conditions and treatments _____ in my long-term _____?

_____ need details _____ in _____ long-term care plan.

____ I have ____ to information regarding ____ under ____ care ____?
 ____ it possible ____ about ____ treatments are covered?
 Do you ____ information ____ or ailments ____ my long-term ____ insurance plan?
 Will ____ care plan ____ my treatments ____?
 ____ have access to ____ about ____ treatments under my long ____ arrangement?
 I ____ to ____ which ____ services are ____ my ____
 Can you ____ me ____ my ____ care plan covers?
 ____ treatments and conditions are ____ in ____ plan.
 Can you ____ the ____ in my long-term ____ plan?
 ____ Treatments ____ included ____ my coverage?
 Do you ____ specifics of ____ plan's ____ for ____ and treatments?
 Can ____ me what is ____ for ____?
 I ____ to ____ if ____ treatments ____ within the ____ of ____ in my long ____ care ____.
 ____ exact conditions ____ treatments ____ long-term care plan.
 What my ____ treatment and specific ____?
 ____ particulars ____ by my policy?
 Do ____ have ____ regarding the ____ by ____ long-term ____ insurance plan?
 Do I ____ information ____ the covered ____ my ____ term care ____?
 ____ circumstances and therapies ____ encompassed ____ my long ____ plan?
 I ____ to know ____ covered by my ____ term care ____.
 Is the ____ my policy?
 ____ my ____ contain information about covered ____?
 Is ____ receive information about the treatment options ____ by ____ long ____?
 ____ you ____ details ____ long-term care policy?
 I want to ____ are ____ my long-term ____ policy.
 I want to ____ treatments ____ to ____ my care ____.
 I would like ____ of ____ supported ailments ____ therapies ____ arrangement.
 ____ me the details ____ entitled ____ my long-term ____ plan.
 ____ give ____ details on what my ____ covers in ____?
 Information on which ____ included ____ care ____ should be provided ____.
 ____ treatments is included ____ care ____?
 ____ tell ____ about the treatments ____ covered in ____ coverage?
 ____ which medical services ____ conditions are ____ long-term care ____.
 Tell ____ about the ____ plan.
 What conditions ____ are ____ within ____ scope of ____ in my ____?
 Can ____ give me ____ of ____ my insurance ____ conditions in ____?
 Are there any ____ included in my ____?
 ____ there any information on ____ health issues and ____ are covered ____?
 Please ____ me ____ treatments or ____ covered ____ my long-term ____.
 ____ there any ____ pertaining ____ particular situations ____ therapies ____ qualify ____ under ____ scheme?
 ____ to know what disorders ____ treatment ____ included ____ my ____ policy.
 ____ know about the treatments ____ in ____ long term ____.
 Do you ____ any information regarding ____ remedies ____ my ____?
 ____ me what disorders ____ options are ____ in ____ care ____.
 How about ____ information ____ as ____ care policy?
 ____ illnesses ____ long-term care plan ____?
 ____ medical services and ____ my long-term care ____.
 ____ me ____ of ____ long-term care ____.
 ____ treatments are included ____ my ____ term care ____?
 ____ me know ____ of my ____ care plan.

Can you _____ the treatments _____ included _____ my _____?

Do _____ which conditions _____ treatments fall within _____?

_____ would like _____ what the _____ and conditions _____ plan.

_____ curious _____ the _____ of _____ care plan's coverage.

Do you have any information _____ therapies _____ by _____ insurance _____?

What can you _____ me about what's _____ I _____ an _____?

_____ are the _____ and treatments _____ by _____ term _____ policy?

Can you explain what _____ are _____ by _____ policy?

_____ to _____ specifics _____ my long-term care policy.

Do you have any information _____ my long-term care _____ plan?

_____ treatments and _____ conditions _____ in _____ long-term care _____?

_____ it possible _____ learn which _____ long-term care plan?

Please _____ the exact conditions or _____ that _____ by _____ long-term _____.

_____ me _____ remedies _____ included _____ my long-term health coverage.

Provide me with information about the _____ conditions _____ treatments _____.

_____ can you tell _____ about what's covered _____ my _____?

_____ you _____ me about _____ that _____ eligible _____ in my program?

_____ need to _____ the _____ of _____ supported _____ and therapies in _____.

_____ medical _____ and _____ are _____ in my long-term _____?

What is offered by _____?

I would like _____ know how my insurance _____ long _____ care.

_____ me about _____ treatments and _____ part of _____ plan.

_____ info on my _____ plan.

I _____ which treatments are part of _____ care _____.

Tell _____ about the _____ the _____.

_____ you _____ a description of _____ conditions in my _____?

_____ want _____ about the treatments in _____ long-term care _____.

_____ want to know what medical _____ are covered by _____.

Can you tell _____ the _____ my _____ term care plan?

What _____ do _____ care plan?

Inform me _____ treatment options that are _____ extended care _____.

_____ you have any _____ the _____ or _____ covered _____ my long-term _____ insurance _____?

I need to _____ what's covered _____ conditions and _____ under _____.

Can _____ receive medical treatment _____ my _____?

I _____ know _____ specific _____ or _____ covered _____ my long-term _____ plan.

Can _____ request information _____ the _____ included _____ extended care plan?

_____ there _____ information about _____ and treatments are covered _____ my long-term _____?

_____ want _____ procedures and _____ are covered by the _____ care _____.

_____ on _____ exact conditions _____ treatments that _____ in my long-term care _____.

What are the _____ care _____?

What _____ treatments _____ included in _____?

What types of _____ does _____ plan _____?

I'm _____ about what _____ aspects _____ by _____ long-term care _____.

_____ need to know _____ treatments _____ conditions _____ in _____.

_____ you _____ know _____ insurance pays for _____ and treatments in long-term _____?

_____ about the _____ and treatments included in my _____?

Can you _____ me how _____ insurance _____ in _____ care?

I'd like _____ know more _____ medical _____ are _____ my _____ care _____.

_____ of the _____ and _____ included _____ my plan.

_____ of medical _____ can _____ get if _____ long-term _____ benefits?

_____ included _____ the long-term care policy?

_____ my insurance _____ give me _____ treatments _____ conditions?

_____ me about the conditions _____ treatments _____ are _____ in _____ long-term _____.

Information on _____ conditions _____ treatments encompassed _____ care _____ is _____.

_____ you _____ and conditions _____ be included _____ my plan?

Do I _____ access _____ information about _____ treatments under my _____ ?

Can you tell me _____ and conditions _____ coverage?

Which _____ included _____ insurance plan?

_____ me _____ disorders _____ options are _____ in my _____.

_____ know which illnesses/treatments _____ eligible for _____ under my _____ ?

Give _____ the information _____ what _____ under my _____ plan.

_____ to know _____ about the treatments _____ plan.

Is it _____ to figure out _____ treatments _____ under _____ care _____ ?

Do _____ medical procedures are _____ by the _____ ?

_____ want to _____ which treatments _____ covered _____ care _____.

Provide information about _____ encompassed _____ care plan.

Do you know anything _____ or _____ are eligible for _____ scheme?

_____ a way to _____ medical circumstances and therapies are _____ ?

Can _____ tell _____ my _____ and _____ ?

What _____ under my coverage?

_____ tell _____ and treatments are covered by _____ long-term _____ policy?

_____ to find _____ fall within _____ of my long-term care plan.

What _____ are _____ for _____ within _____ care plan?

_____ tell _____ what medical circumstances _____ are encompassed by _____ prolonged-care _____ ?

_____ need information about _____ treatments and _____ in my _____.

I want to know _____ details _____ and therapies within _____.

_____ I request _____ conditions _____ treatments in my extended _____ ?

Tell me _____ treatments that _____ my long-term care plan.

Can you _____ me what _____ are of my _____ ?

_____ the coverage _____ by my _____ care _____.

Do _____ to _____ therapies that are _____ for _____ under my scheme?

Information _____ or _____ included in my _____ care coverage _____ be _____.

_____ me what my _____ care _____ includes.

_____ you _____ details about _____ my _____ ?

_____ my long-term care plan's coverage _____ ?

I need _____ if _____ any conditions _____ treatments _____ my long-term _____ plan.

_____ treatments _____ my long care _____ ?

I would _____ which _____ procedures _____ illnesses _____ by my _____ policy.

_____ can share which _____ and illnesses _____ covered _____ long-term _____ policy.

What _____ I _____ about _____ is _____ my _____ healthcare policy?

_____ you tell _____ what _____ eligible for coverage _____ program?

_____ medical services are covered by _____ care?

_____ need _____ know what _____ am _____ to _____ my _____ care plan.

_____ you _____ me _____ health issues are _____ by _____ policy?

_____ know what _____ policy _____ treatment?

_____ know what _____ entitled to in _____ care plan.

_____ the specific conditions or _____ in _____ care plan should _____.

I want _____ therapies that _____ under the scope of _____ long-term care _____.

_____ you give _____ information _____ my _____ covers treatments in long-term _____ ?

_____ you _____ the _____ or _____ in my long-term care policy?

_____ possible to get _____ specific _____ my long-term care _____?
 Can you _____ me about _____ treatment _____ my _____ care plan?
 What are the _____ covered _____ coverage?
 I want to _____ conditions _____ included in _____ long-term care plan.
 _____ do _____ long _____ plan include?
 _____ want to _____ there are any _____ fall _____ of coverage in my _____ care _____.
 _____ with _____ query about _____ treatments covered _____ my policy?
 Inform me _____ disorders or treatment _____ included _____ extended _____.
 _____ want to _____ if there are _____ resources available _____ explaining the therapies _____ care _____.
 I'm _____ conditions/treatments covered _____ my long-term _____ plan.
 _____ know if _____ access to information _____ treatments _____ long-term care _____.
 _____ to know if there are any resources _____ can _____ to learn more about the _____ insurance _____
 I need _____ know _____ about my _____ care _____ conditions and _____.
 I _____ conditions _____ treatments fall within _____ care policy.
 _____ to know _____ conditions _____ therapies _____ under my _____ care benefits.
 Do _____ about treatment _____ plan?
 I need _____ know about _____ care _____ for _____.
 _____ looking for information _____ what _____ are _____ in _____ plan.
 _____ about the coverage on _____ care _____.
 I'd _____ about my long-term care _____ coverage _____ conditions.
 _____ you have any information _____ or therapies that _____ for _____ my _____?
 I want _____ know _____ conditions and _____ long-term _____ covers.
 Is it possible _____ information on _____ and treatments _____?
 I'm _____ about my long-term _____ plan's coverage _____ certain _____ treatments.
 _____ ask _____ the _____ conditions _____ in my extended _____ plan?
 _____ you tell _____ long-term _____ cover health issues _____ treatments?
 _____ conditions/treatments are covered _____ healthcare _____?
 What _____ my long-term care plan's _____ treatments?
 _____ you _____ pertaining _____ situations _____ therapies that qualify _____ benefits _____ my scheme?
 _____ plan includes conditions and _____.
 _____ condition/treatment _____ shared by my _____?
 _____ know the specific _____ conditions _____ are part of _____ benefits.
 Which _____ and conditions _____ in _____ long-term care _____?
 I _____ know about my long-term _____ plan's _____ for _____ conditions _____.
 _____ the conditions _____ in _____ plan.
 I _____ to _____ the details _____ the treatments _____ long-term care _____.
 What are _____ various _____ my _____?
 Which _____ are covered by my insurance, _____?
 _____ need _____ know _____ health _____ are covered _____ my _____ policy.
 _____ would _____ to _____ treatments _____ covered by my _____.
 _____ you _____ details _____ treatment _____ under the _____?
 _____ need information _____ supported by my long-term _____ policy.
 _____ know what _____ treatments are _____ under _____ long-term care plan.
 _____ do the _____ plan _____?
 Do _____ have _____ information _____ specific situations or _____ eligible for _____?
 _____ conditions _____ fall within the _____ of coverage in _____ care _____?
 Inform _____ of the conditions that are _____.
 Tell _____ about the _____ that are _____ my _____.
 Do you _____ any _____ about which _____ are _____ my _____ plan?
 _____ receiving _____ treatment options supported by my _____ care policy?

What are the _____ plan?

_____ information _____ treatments and conditions are _____ in _____ plan?

I _____ know which _____ are included in _____ long-term _____ plan.

Do _____ have any information about _____ therapies that _____ for _____?

_____ get more details _____ illnesses _____ procedures approved _____ long-term _____ coverage?

_____ have any _____ which _____ and remedies _____ included _____ my health _____?

_____ there any _____ on covered treatments _____ conditions _____ my _____?

_____ there detailed information _____ treatments _____ my insurance _____?

_____ love to know which _____ procedures and illnesses _____ care _____.

_____ know details of the supported ailments and _____ long _____ care _____.

_____ you explain _____ long term care plan?

_____ long-term _____ specific treatments _____ conditions.

Give me _____ on what treatment I _____ under _____ plan.

_____ are the conditions _____ that fall _____ my long-term _____?

_____ tell me _____ included _____ my long-term _____ plan.

I _____ to _____ which illnesses/treatments _____ for coverage in _____ care _____.

Is it _____ to _____ out which treatments are _____ my _____?

_____ tell me details _____ that _____ covered _____ my long-term _____ plan?

Inform me about the _____ long-term _____ policy

You can _____ me about the _____ that _____ by _____.

What treatment _____ under my _____ care plan?

Please describe the _____ or _____ included _____ my _____.

_____ tell _____ more _____ what my _____ care _____ covers?

_____ are included _____ my _____ for long-term care?

What treatments _____ they _____ in _____?

_____ me _____ conditions and _____ in my _____ care policy?

_____ a _____ treatment that is _____ for coverage _____ program?

I need _____ know what _____ my _____ care plan.

Is it _____ to _____ details about the applicable illnesses _____ medical _____ long-term health _____?

Do you _____ about _____ are _____ for _____ in my long-term _____ plan?

_____ to know _____ about the illnesses _____ medical procedures approved _____ long-term _____.

Can _____ tell me about the specific _____ covered _____ long-term _____?

I need to _____ long-term care _____ has _____ specific conditions _____.

_____ us _____ of _____ options _____ the _____.

_____ tell me _____ the conditions and _____ plan.

What are _____ health issues _____ my long-term _____?

_____ interested _____ knowing _____ of _____ supported _____ and therapies within _____ arrangement.

_____ I _____ which of _____ by my plan?

Is it possible _____ information _____ covered _____ long-term care _____.

_____ to know _____ have access _____ about covered conditions or treatments _____ long-term _____ arrangement.

Can _____ tell _____ and medical conditions _____ in the _____ care _____?

I _____ information _____ and treatments _____ my plan.

_____ about the coverage in my _____.

_____ I _____ the conditions _____ in my extended care _____?

Give me a _____ I am _____ under _____ long-term care _____.

_____ it _____ ask about _____ particular _____ and treatments _____ my _____ care _____?

Do you _____ about _____ long-term care _____?

_____ would like to _____ the specific conditions and _____ in my extended _____.

_____ a _____ my insurance covers certain conditions _____ treatments _____ long-term care?

_____ tell me exactly _____ my long-term care _____.

_____ like to _____ procedures are _____ by _____ long-term care _____.

_____ you _____ me how _____ care policy covers _____ issues _____?

I _____ to know about the _____ in _____.

_____ is included _____ my _____ care _____?

_____ me about _____ long-term care _____.

Can you tell _____ are _____ in my long-term _____ plan?

Should I _____ about the _____ supported by _____ long-term _____?

_____ you _____ me what is covered in _____ term _____?

_____ need to know _____ plan provides coverage _____ specific _____.

Is it _____ to get _____ information _____ long-term _____.

_____ am curious about my long-term _____ for _____.

_____ you _____ about the conditions that fall _____ the _____ long-term _____ policy?

_____ me _____ the _____ long-term care.

_____ would _____ to _____ treatment options _____ supported by _____ care policy.

I want to know _____ I _____ a _____ treatment using _____.

What disorders and remedies _____ in _____ long-term _____.

Can you _____ me _____ the _____ plan?

What medical aspects _____ long-term care _____?

_____ treatments _____ included _____ care plan?

Is there _____ on _____ in my _____ policy?

Can you detail what _____ and treatments _____ covered by _____?

_____ me a breakdown _____ what _____ entitled _____ under _____ term _____ plan.

Can you _____ what _____ covered _____ my long term care _____?

Can _____ for my conditions in my _____ plan.

_____ is important for _____ to know _____ medical conditions _____ fall under _____ long-term care _____.

_____ need to know which services and _____ my _____ coverage.

_____ and _____ want to know what conditions and treatments are _____.

Can you give _____ more _____ the treatments _____ by _____?

Can _____ give me _____ how _____ covers certain conditions and _____ long-term _____?

_____ possible to give _____ information _____ conditions or treatments are included _____ care _____?

Can you give _____ specific information about _____?

I am _____ in _____ my long-term care plan.

_____ my extended healthcare policy, _____ is covered _____?

_____ you tell me what conditions or _____ included _____?

Can you _____ the treatments and _____ my _____ care plan?

Can it be possible to _____?

_____ like to _____ are covered _____ my policy.

I _____ like to _____ treatments _____ in my _____ care _____.

Inform me _____ coverage of _____ policy.

What _____ or _____ included in _____ long-term _____ policy.

Can _____ information _____ the _____ and conditions _____ long-term care plan?

_____ me _____ the _____ and _____ that _____ included in the _____.

Provide _____ with information _____ disorders or treatment options _____ extended _____ policy.

_____ know the _____ or _____ included in _____ coverage.

_____ know _____ treatments and medical conditions are _____ care plan?

Would _____ possible for _____ tell me _____ and therapies _____ in my _____?

_____ me _____ on how my insurance _____ certain _____ in _____ care?

_____ you have _____ information _____ situations _____ qualify for _____ my scheme?

I _____ to know what _____ or _____ are included in _____.

I _____ what _____ and conditions I'm _____ to _____ the long-term _____.

Do you _____ about which _____ included in _____ health coverage?
 _____ me _____ the specific _____ treatments _____ included _____ long-term care plan.

Do you have _____ information _____ therapies _____ qualify _____ benefit _____?
 _____ procedures and illnesses are covered _____ my long-term care _____.

Please _____ any treatments _____ my long-term care _____.

Can you tell _____ what _____ my _____ term care _____?

Are there _____ details _____ the _____ procedures _____ plan _____?
 _____ need to know _____ the specific conditions or treatments _____ term _____.

Please tell me _____ expect _____ my _____ plan.
 _____ is _____ my _____ care plan?

Do you _____ which _____ are _____ within my _____ care plan?

I _____ specifics _____ the _____ ailments and _____ within _____ arrangement.
 _____ you have _____ information about _____ are _____ my _____ care insurance plan.
 _____ want _____ know _____ conditions _____ treatments fall _____ the _____ my long-term care plan.
 _____ I be aware _____ supported _____ long-term care policy?

What _____ particulars _____ by _____ policy?

I would _____ know _____ my long-term _____ coverage _____ specific _____.

I _____ what the _____ supported by _____ long-term care policy.
 _____ me figure out _____ treatments _____ by my _____?
 _____ want to know _____ are _____ my plan.
 _____ treatments and _____ that _____ included in my coverage?

Is there any _____ the _____ my plan?
 _____ know about _____ are _____ in my plan.

I am _____ treatments included _____ long term care _____.
 _____ to _____ and remedies are included _____ my _____ health coverage.
 _____ know which _____ procedures _____ illnesses are _____ in my long-term _____.

Is _____ request _____ regarding _____ conditions and _____ included in _____ extended care _____?
 _____ me of _____ my _____ provides.

Inform _____ of _____ exact conditions or _____ by _____ plan.

I _____ treatments _____ conditions in _____ plan.

Can _____ specify _____ and _____ that _____ included in _____ coverage?

Is it _____ you to tell _____ the medical circumstances _____ are _____?
 _____ is included _____ care plan?

Do _____ have _____ regarding therapies _____ qualify _____ under _____ scheme?
 _____ you _____ information about _____ and treatments included _____ policy?

I _____ coverage provided _____ my long-term care policy.

Do _____ what _____ included _____ my _____ care plan?

Do you have _____ information _____ treatments _____ in my _____?
 _____ tell me _____ the conditions covered in _____ long-term _____?
 _____ about _____ conditions or _____ in my _____ plan should be _____.

I am _____ in _____ specifics _____ long-term _____ coverage _____ conditions.

Can you tell _____ what _____ conditions and _____ for _____?
 _____ me what is covered under _____ care _____?
 _____ is _____ in my long-term _____?

Is _____ condition _____ particulars shared by _____?

Can you _____ the specific _____ are covered by _____ long _____ plan?
 _____ I have access to information about _____ under _____?

Is it _____ you to tell me _____ conditions _____ in my _____?

I _____ to know _____ treatments _____ my _____.

What is _____ in _____ policy for certain _____?

Is the _____ particulars _____ by _____?

I _____ to know _____ included in my long-term care policy.

Does _____ policy have _____ on covered treatments _____?

_____ health issues _____ covered by my long-term _____?

_____ me _____ the _____ conditions or _____ by _____ long-term care _____

_____ not sure about _____ policy, could you help _____ query?

Can I _____ more _____ about my long-term _____ coverage _____ and _____?

Do _____ know _____ fall in the scope _____ long-term care _____?

I would like _____ which treatments _____ my long-term care _____.

Tell me what's _____ care _____

_____ about which conditions are _____ my long-term care _____?

_____ it _____ to find _____ which _____ covered by _____ long-term _____ plan?

Are _____ conditions _____ my long-term care _____ me?

Would it be _____ to provide _____ on _____ conditions?

Do _____ specific _____ are covered in my _____?

_____ issues _____ treatments _____ by _____ long-term care policy?

_____ you _____ me the _____ and _____ included in _____ care _____?

Is there any _____ which _____ coverage under my _____ care _____?

Please _____ me _____ or treatments included in _____ plan.

Is _____ possible to _____ medical _____ and _____ included _____ my plan?

Is _____ a list of _____ treatments _____ care policy?

_____ me _____ the treatments that my _____ term care plan _____?

_____ to know the _____ conditions _____ treatments in my long-term _____.

Can you _____ about the conditions _____ fall _____ my long-term _____?

_____ me what treatments and conditions _____ am _____ to _____ long-term _____.

Is _____ information _____ in my policy?

Do _____ or treatments fall within my _____ care _____?

What _____ covers _____ treatment or specific _____?

_____ give _____ exact conditions _____ treatments that _____ encompassed _____ care plan.

I would _____ know _____ procedures _____ illnesses are _____ by _____ term care _____.

I'm in _____ specific _____ or _____ covered _____ my _____ care _____.

_____ to know what conditions _____ treatments _____ within the _____ in my long _____ plan.

_____ you give me information about the _____ long-term _____ plan?

Specific details about conditions and treatments _____ care plan _____.

_____ you _____ what _____ the long-term care?

I would like _____ illnesses _____ by my long-term care policy.

_____ need to _____ how _____ are included _____ my _____ plan.

Can you _____ covered by _____ long-term _____ policy?

_____ on the _____ treatments in _____ long-term _____ plan.

_____ know _____ treatments are _____ coverage in my long-term _____?

I _____ conditions _____ treatments fall under _____ long-term _____ plan.

Is it _____ to _____ covered _____ long-term care?

_____ you _____ any _____ about the _____ conditions that _____ included in _____?

_____ it possible _____ ask _____ the conditions _____ treatments _____ care plan?

_____ know what treatments _____ scope _____ coverage in my long-term care _____.

Do you _____ information about _____ and _____ my coverage?

_____ you could tell me which _____ procedures _____ covered by my _____.

You _____ what's covered _____ extended healthcare policy.

_____ want to know _____ conditions _____ fall under _____ of _____ in _____ long-term care _____.

_____ are the _____ that _____ covered _____ me?

Can you _____ what conditions my _____ covers?

What are _____ specific _____ that are _____?

Do I have _____ covered conditions under my _____ agreement?

What _____ aspects _____ be _____ by _____ long-term _____ policy?

_____ know what my long-term _____ plan _____.

_____ would like _____ about the _____ covered _____ my _____ care _____.

_____ want to _____ if my _____ policy _____ treatment _____.

I _____ to know the _____ therapies that fall under the scope _____ benefits.

Let me know what treatments and _____ I _____ long _____ plan.

_____ appreciate _____ the specific medical _____ are _____ by _____ long-term care _____.

_____ any information on _____ illnesses are eligible _____ in my _____?

_____ give _____ information about the _____ or _____ in _____ care _____.

_____ medical _____ by _____ I need long term care?

_____ covered _____ certain conditions/treatments _____ per my extended _____?

Can you _____ more information _____ my _____ covers _____ conditions _____ treatments _____ care?

I _____ know what treatments _____ covered under _____ term _____.

_____ my long-term care plan can _____ share _____?

Can you _____ more about the _____ care plan.

_____ are _____ or treatments _____ in my long-term _____?

_____ my coverage

Can I ask _____ particular conditions _____ in my _____ care _____?

_____ it _____ information about _____ or _____ conditions under _____ long-term care arrangement?