

[Demo] NLP Dataset for Customer Service Automation

Company Type	Pet Insurance Companies
Inquiry Category	Denied claims and appeals process
Inquiry Sub-Category	Denial due to policy exclusions
Description	Queries about claims that were denied due to certain conditions or treatments being excluded from coverage by the policy.
Data Size	6,425 paraphrases
Want to buy data?	Please contact nlp-data@gross.me via your business email address.

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

What _____ excluded _____ policy coverage?
_____ treatment options are ineligible for _____.
There _____ some treatments _____ in the coverage.
_____ some medical _____ from being _____?
What _____ are _____ covered _____ here?
_____ treatments are _____ my policy?
_____ therapies _____ in my _____?
_____ are the _____ of _____ covered?
_____ about _____ won't be _____?
What therapies _____ allowed _____ insurance _____.
I would _____ to know _____ aren't _____ my _____.
_____ specific medical _____ terms of my plan?
_____ treatments are _____ my policy _____.
_____ wouldn't be included _____ my _____?
_____ options may not _____ in the _____ plan.
Which _____ outside _____ my _____.
Which _____ aren't _____ in _____.
Any _____ types _____ my _____ policy?
_____ care _____ my current policy agreement?
_____ medical procedures _____ available _____ my _____?
_____ therapies _____ in my insurance?
_____ of _____ treatment options aren't _____ the _____ plan.
_____ any _____ not in _____ coverage?
_____ are excluded from coverage _____?
_____ type _____ treatment _____ being _____?
What _____ treatment is _____ being _____?
Are _____ excluded _____ coverage?
Which services _____ under _____?
_____ treatments can't be _____?
_____ treatments have _____ been covered _____.

_____ know what treatment options _____ on my plan _____.

What are some _____ here?

What specific _____ aren't going _____?

Which _____ are excluded _____ plan?

Are certain _____ procedures forbidden _____ by the _____?

What interventions _____ are _____ covered _____ insurance?

_____ treatments are _____ covered _____ policy?

_____ treatments _____ within my _____?

_____ therapies that can _____ be _____ this _____ agreement?

What therapies _____ interventions _____ the _____?

Can _____ me _____ the _____ excluded under my _____?

_____ coverage, what _____ are _____ included?

I need _____ list of _____ coverage.

Which procedures _____ in my _____.

_____ are _____ acceptable according to _____ policy _____?

_____ not in _____ coverage

What methods _____ covering?

_____ treatments _____ not included _____ policy _____.

Can you _____ what _____ covered by _____ plan?

I want to know _____ medical services _____ plan.

What kinds _____ not _____ in my plan?

What specific _____ methods _____ the policy?

_____ care _____ included _____ coverage?

_____ any _____ procedures _____ not _____ under my _____?

Treatments _____ are not _____ by _____.

remedies that _____ policy's support

_____ medical _____ included _____ my coverage?

_____ plan forbid certain _____?

Which _____ the _____ are _____ included _____ my plan?

In _____ what _____ options are _____?

Can _____ not _____ by _____ policy?

I _____ any _____ procedures fall outside of _____.

Which treatments _____ of _____?

_____ not _____ here?

Which _____ haven't _____ my coverage?

Which treatments fall _____?

What treatments are _____ to _____ policy _____?

Do _____ know which _____ options _____ ineligible _____ policy _____.

Which _____ were _____ covered by _____?

_____ aren't part of _____?

_____ therapies or interventions do _____ not _____?

_____ current policy has _____ types _____?

What _____ covered under _____?

I _____ to know what _____ taken _____ the _____.

_____ my _____ covered _____ for certain _____?

Any therapies that aren't _____?

_____ in _____ with my policy?

Which _____ choices are _____ policy _____?

_____ you list _____ not covered _____ plan?

How _____ services _____ included _____ my plan?

_____ have _____ for certain treatments?

Which treatments _____ according _____ my _____?

Some treatments do _____ count _____.

What _____ do not _____ the _____ of my insurance?

_____ treatments _____ inside of _____ boundaries?

_____ services _____ in _____ plan's terms?

_____ treatments that the _____?

_____ excluded from coverage in _____?

_____ treatments _____ in _____ policy.

What are the _____ aren't _____?

Specific _____ excludes?

_____ excluded _____ under my policy?

_____ procedures are _____ the _____?

_____ procedures aren't covered in _____?

_____ have _____ coverage?

Is _____ list _____ excluded treatments _____ my policy _____?

What _____ the _____ of _____ not covered?

Is _____ therapy _____ was _____ this insurance agreement?

What _____ covered _____ you?

_____ treatments _____ covered under _____.

Is _____ anyexcluded _____ in _____?

Which _____ covered by my _____?

Which _____ not _____ according to _____ policy _____?

Some _____ allowed _____ insurance agreement.

_____ treatments _____ covered?

What sorts _____ interventions _____ not _____ insurance?

What _____ do _____ in _____ insurance _____?

Which _____ aren't allowed _____ policy _____.

_____ my plan _____ exclude _____?

Is _____ plan excludes _____?

What _____ out _____ bounds when _____ to _____ benefits?

_____ are not _____ insurance plan

_____ treatment options _____ not eligible _____ policy reimbursement.

_____ specific treatments not _____?

Tell me _____ treatment _____ don't _____.

Specific _____ out of _____?

_____ not covered _____ policy coverage.

_____ treatments _____ covered by _____ coverage?

_____ services are not included _____ terms _____ conditions of _____ plan?

_____ it possible to _____ me _____ aren't _____ by my _____?

What therapies do _____ the scope of _____?

What _____ therapeutic _____ the _____ exclude?

_____ of treatment _____ not covering?

_____ give _____ list _____ that are not covered _____ my _____?

_____ types _____ with my current _____?

What _____ not _____ here?

_____ the _____ not _____ by my _____?

_____ are not _____ to _____ policy terms?

What treatments _____ policy _____?

Some _____ procedures are _____ by the policy.

_____ are _____ types _____ not covered?

Any care types _____ with _____ agreement?

Do _____ know _____ options _____ ineligible for _____?

What treatments _____ my _____?

_____ which _____ not going to _____ covered _____?

_____ aren't covered?

Not covering _____?

Which treatments _____ not fit _____?

_____ do _____ fall under my _____?

Which _____ are not _____ insurance _____?

Can you give me _____ list of _____ excluded _____?

Can you _____ which _____ are excluded _____ my _____?

Which _____ not _____ in your _____?

Are _____ any therapies that are _____ insurance _____?

_____ don't fit _____ my _____?

_____ specific _____ procedures _____ of my plan?

Can you _____ me _____ aren't included _____ my _____?

_____ any treatments _____ not _____ in my insurance _____?

_____ therapies or _____ do not _____ insurance _____?

_____ treatments are not _____ in your _____ terms.

Some _____ options may be _____ my _____.

Does _____ certain _____ procedures?

_____ treatments do not _____ with _____?

_____ off-limits _____ terms of _____ benefits?

Which _____ are _____ part of _____.

What treatments _____ my policy.

_____ medical procedures _____ of the scope _____ my _____?

What treatments _____ coverage terms?

_____ the _____ therapeutic _____ that the _____ excludes?

_____ tell _____ a list _____ treatments that are not _____ by _____?

_____ any, what _____ types _____ not _____ by _____?

_____ are any _____ treatments?

What treatment _____ by _____ policy?

What _____ types _____ you _____ cover?

Which _____ are not appropriate according _____?

What _____ included in the _____?

_____ procedures _____ in my plan?

What _____ do not qualify _____ coverage _____?

_____ in my coverage.

_____ care types _____ included _____ the _____ policy _____?

_____ not coverage?

There _____ therapies that _____ not _____.

_____ treatments do not have _____?

_____ insurance _____ any treatments that are _____ covered?

Do you _____ off-limits _____ it comes _____ benefits?

What treatments _____ included in _____.

_____ precise _____ services _____ the terms _____ of my plan?

Which _____ aren't _____ policy boundaries?

Which _____ my policy?

_____ that aren't _____ by _____ policy.

_____ don't _____ in with _____ coverage?
 specific _____ is _____?
 Specific treatments _____ not _____ my _____.
 _____ not covered by the _____?
 _____ medical _____ are _____ by _____ insurance?
 What _____ are _____ of my _____.
 Is _____ treatments _____ insurance _____ cover?
 What are the _____ of interventions _____ covered by _____?
 Which _____ have _____?
 _____ outside the bounds _____ my _____?
 Does _____ insurance _____ include any treatments _____ are _____?
 _____ options _____ for _____ reimbursement?
 Can _____ me _____ exact _____ services are _____ included in _____?
 _____ treatments are _____ my _____ limits?
 _____ not under my _____?
 Which medical _____ covered _____ insurance?
 Are _____ not _____ by my _____?
 Are _____ treatments _____ covered?
 Is _____ insurance _____ covering any treatments _____?
 _____ there _____ in my policy?
 Specific _____ included in _____ policy _____
 When _____ comes to _____ are the _____?
 What treatments _____ policy _____?
 What therapies _____ of my _____?
 _____ treatment _____ covered in _____ area?
 Certain treatment _____ might not _____ in _____ plan.
 _____ there any excluded _____ under _____?
 _____ a list _____ excluded _____ in my _____?
 _____ policy _____ there any _____ treatments?
 Which treatments _____ by _____ policy _____?
 Does _____ plan _____ specific treatments?
 _____ treatments wouldn't _____ here?
 _____ covering _____ type _____ treatment?
 What _____ methods _____ the _____ include?
 _____ therapies are _____ under my _____?
 _____ plan _____ for specific treatments?
 Any _____ which _____ not allowed under _____?
 _____ therapies _____ my plan.
 _____ off-limits _____ treatment _____?
 So, which _____ covered _____?
 _____ there any specific medical _____ that _____ my plan?
 _____ no-nos according _____ the _____ terms?
 Which treatments are not _____ be _____ in _____?
 Can _____ be _____ therapies _____?
 _____ which treatments will _____ be _____?
 What _____ not _____ in _____ insurance _____.
 _____ wondering _____ there are _____ excluded _____ under _____ policy.
 What _____ methods _____ excluded from _____.
 Which _____ are ineligible _____ reimbursement is _____ problem.
 medical _____ that aren't _____ my _____

_____ procedures _____ not covered _____ my _____?

What medical services _____ my _____?

_____ possible to give _____ itemized _____ of the treatments _____ under _____ policy?

_____ procedures are _____ covered _____ my policy?

_____ therapies that are _____ insurance _____?

_____ treatments _____ not covered under _____.

Which _____ outside of _____?

Is _____ possible _____ list of the treatments _____ by _____ policy?

Can there _____ any specific _____?

What _____ types _____ cover?

_____ you _____ me what _____ my _____ cover?

_____ any _____ types denied _____ my current _____ agreement?

_____ are treatments that _____ my _____.

Which _____ are _____ from the _____ my _____?

Is _____ any therapies that _____ under this _____?

What _____ treatment _____ not _____?

Which _____ are _____ in _____.

_____ therapeutic methods are not _____ in _____?

Whose treatments are _____ my _____?

Which _____ aren't _____ in my _____?

_____ treatment option _____ ineligible _____ policy _____?

There _____ the _____ doesn't cover.

Which _____ are _____ gonna _____ here?

_____ covering some _____ treatment?

Which medical _____ not included _____ my _____?

Does _____ plan restrict _____?

_____ therapies _____ by _____ insurance?

_____ procedures are _____ by my _____.

Treatments _____ included _____ my insurance _____

_____ treatments that _____?

Specific _____ not _____ by _____

Is _____ insurance plan _____ options?

Which _____ aren't _____ in _____?

What _____ off-limits when _____ comes _____ treatment _____?

_____ therapies _____ not included _____ coverage?

Does my _____ on certain _____?

What _____ therapies _____ in _____?

Any _____ my policy?

Please _____ ineligible for policy _____.

What _____ are _____ included _____ coverage?

_____ specific _____ not _____ here?

Are _____ in my policy?

_____ you know _____ services are _____ in the _____ and _____ my _____?

I _____ a _____ excluded _____ my policy.

_____ aren't covered _____ policy

_____ certain _____ options be _____ insurer?

_____ are off-limits _____ benefits?

What treatment _____?

_____ is not _____ in the policy?

_____ my _____ deny some treatment _____?

Which medical _____ been _____ by _____ policy?

Can _____ me _____ what _____ by my plan.

Which treatments _____ be _____?

Can _____ provide _____ itemized _____ the _____ that aren't _____?

_____ you provide a _____ of treatments _____ coverage?

_____ types _____ therapies that _____ not covered _____ insurance?

_____ be covered under _____ policy?

_____ treatments _____ coverage?

_____ kinds _____ and _____ are not _____ my insurance?

_____ allowed under _____ insurance agreement?

Is it possible to _____ list _____ excluded _____ coverage?

Which _____ are not _____ plan?

Which treatments _____ into _____ terms?

Some therapies _____ coverage

Which _____ on _____ coverage?

_____ care _____ by my current _____?

_____ tell _____ treatments that aren't _____?

Is _____ therapy that isn't _____?

_____ or interventions _____ outside the _____ of my _____?

_____ Treatments _____ not included _____ my _____?

_____ which specific _____ will not _____?

There _____ some specific _____ that aren't _____ in _____.

What _____ the treatments _____ are _____ in _____ coverage?

Which therapies are _____ to my _____?

Which therapies _____ by my _____?

Can _____ about the _____ treatment _____ on _____ limitation list?

Which _____ are not _____ according _____?

_____ treatments _____ my policy _____?

What healthcare _____ aren't _____?

_____ policy doesn't _____ what _____ covered.

What medical _____ are _____ in _____ terms _____ conditions?

_____ my _____ exclude _____ treatments?

_____ not included in _____ plan?

Which _____ included _____ my _____?

_____ treatments not _____ in my _____?

_____ there any treatments that _____ not covered _____?

_____ you list _____ treatments _____ covered by _____ plan.

_____ medical _____ not _____ in the plan?

_____ out the unavailable _____ options on the _____ list?

_____ options excluded in _____ coverage?

_____ don't fall _____ guidelines?

What types _____ my insurance coverage?

_____ a list _____ excluded treatments under _____.

_____ treatments cannot _____ under my _____?

_____ therapies _____ not in _____ coverage?

_____ you _____ me _____ list of treatments _____ my coverage?

Which _____ be _____ here

Specific remedies _____ included _____ support.

Can _____ an _____ treatments that _____ covered _____ my policy?

_____ there any specific _____ services _____ the terms _____ of my _____?

_____ included in _____ insurance plan?
_____ some _____ be _____ by my insurance _____?
What types of _____ aren't covered _____ insurance?
So _____ types _____ covered?
Which _____ covered by _____ coverage?
Which _____ in _____ plan?
_____ weren't included in this policy's _____.
_____ types of _____ fall under _____ insurance _____?
_____ are not part _____ my _____?
_____ explain the unavailable treatment _____ the _____ limitation _____?
_____ of healthcare services _____ not _____ for coverage _____?
What kind _____ healthcare _____ for _____?
_____ treatment _____ may not _____ approved _____ insurer.
_____ care _____ not covered _____ coverage.
What treatments _____ your _____?
_____ get an _____ list of _____ treatments not _____ by _____?
What _____ according to my _____?
_____ the unavailable treatment _____ limitation list?
_____ specific _____ aren't included _____ my _____?
_____ plan have _____ for certain _____?
Which _____ will _____ be _____ here?
_____ are ineligible for _____?
Which treatments _____ not _____ according _____?
_____ insurance plan _____ some treatments.
_____ are specific _____ in _____ coverage.
In _____ how _____ excluded treatment _____?
What _____ in my _____?
Treatments _____ not _____ my _____.
_____ therapies _____ not _____ by my insurance
There are certain _____ are _____ in the _____.
_____ treatments are _____ my _____?
Is there _____ not within _____?
Which _____ by my policy.
What treatments _____ covered by _____?
_____ therapies _____ my coverage?
Does _____ not _____ specific _____?
_____ belong in _____ policy?
_____ are not _____ of the _____.
What _____ not be _____ my _____?
_____ medical procedures _____ from coverage in _____ plan?
Some _____ are not included _____
There _____ any therapies _____ aren't _____ under _____ agreement?
Is _____ treatment _____ denied _____ my _____?
Is _____ procedures not _____ policy?
_____ treatments _____ okay according to _____.
What _____ of _____ do _____ fall under _____?
_____ are _____ part of my _____.
_____ specific _____ were not _____ in this _____ support.
_____ therapies _____ fall within _____ of _____ insurance?
What _____ aren't _____ in my _____?

_____ possible to give _____ itemized _____ the _____ not _____ under my _____?

_____ could be denied by _____ provider.

Can you give _____ list _____ treatments not _____ by _____ policy?

There are _____ that are _____ by _____ policy.

_____ therapies aren't _____ coverage.

I _____ to _____ treatments you _____ for.

Which _____ deductible _____ policy?

_____ there specific _____ covered by _____?

_____ not included _____ the coverage.

_____ the _____ ineligible for _____ reimbursement?

Which _____ are _____ of _____ coverage?

_____ that are excluded _____ policy's _____

_____ some treatments that _____ the coverage.

_____ specific treatments _____ be _____?

_____ plan excluded _____ treatments?

Which medical _____ offered _____ for?

_____ treatments _____ not _____ by _____ policies?

_____ be _____ specific therapies _____ are _____ covered?

Do _____ treatments _____ count for _____?

_____ certain medical _____ not be _____ by _____?

Is _____ treatments _____ my _____ does not _____?

There _____ any treatments _____?

_____ the _____ preventing _____ procedures _____ being covered?

Which _____ don't _____ into _____ boundaries?

Are there any _____ under _____?

What are _____ methods _____ the _____?

Which _____ options _____ not _____?

_____ therapies _____ in this insurance _____?

I want to _____ medical _____ included _____ and conditions of _____ plan.

Any _____ not _____?

_____ treatment _____ are _____ covered _____ you.

There _____ some _____ by _____ policy.

Specific medical _____ included _____ the coverage offered _____ plan.

Some treatments don't _____

_____ any treatments not _____ under _____?

What treatments _____ of _____?

_____ that aren't _____ my plan listed?

Which _____ policy boundaries?

I _____ looking for _____ of excluded treatments _____.

_____ procedures that fall outside _____ scope _____ policy?

Any _____ treatments you _____?

What _____ the medical _____ included in _____ terms and _____ plan?

_____ not receive coverage?

What _____ services _____ included in _____ and conditions of _____?

What _____ covered by my _____?

What _____ not being covered.

_____ there any _____ covered?

_____ and _____ not covered by _____ insurance?

Some treatments _____ not included _____.

_____ treatment options _____ the insurance _____?

What are _____ to _____ benefits.
 _____ treatment _____ covered _____ this?
 What _____ the treatments _____ not _____?
 Which treatments _____ we _____ coverage _____?
 Does _____ exclude certain _____?
 _____ treatments are not _____ line _____?
 _____ therapies that _____ not _____ by _____ agreement?
 Which _____ included in my _____?
 _____ treatments are not being _____?
 Is _____ treatments _____ by _____ provider?
 What _____ aren't _____ of _____?
 Is _____ any _____ aren't _____ the _____?
 _____ treatments are _____ covered _____ my policy?
 _____ treatments don't _____ my policy _____?
 _____ that are _____ included _____ insurance _____.
 Is _____ plan _____ certain _____ options?
 _____ medical _____ aren't _____ by my policy?
 Is _____ itemized list _____ treatments not _____ by the _____?
 _____ am _____ what _____ included in my coverage.
 _____ therapeutic methods _____ from the _____?
 There _____ aren't included in _____ coverage.
 What _____ procedures that _____ my policy?
 There _____ are _____ included in my coverage.
 _____ treatments _____ count _____ my policy?
 What _____ treatments _____ covered by _____?
 Some _____ included _____ coverage.
 _____ are the _____ therapies not covered by _____?
 Has _____ current _____ agreement denied _____?
 There are _____ excluded from my _____.
 _____ treatments are not _____ by _____.
 Which _____ options _____ not eligible _____ policy _____?
 _____ therapies _____ covered by _____ insurance?
 Some _____ my policy.
 _____ be covered _____ my policy?
 What _____ do I _____ cover?
 _____ Treatments _____ by my _____?
 _____ not included in your _____.
 Which therapies _____ up _____ coverage?
 _____ are _____ therapies not _____ the _____?
 What _____ are _____ part _____?
 _____ treatments _____ from my _____?
 _____ tell me _____ my _____ won't cover?
 _____ list treatments that are not _____ my _____?
 Which treatments _____ by _____ insurance.
 _____ can _____ what treatments _____ not covered by _____.
 _____ care _____ included _____ the coverage?
 _____ off _____ when _____ comes to _____ benefits?
 _____ interventions or _____ not covered by _____ insurance _____?
 _____ not covered under _____ policy?
 _____ do not _____ the policy?

There _____ from my policy.

Any _____ by _____ insurance?

_____ were not included _____ the insurance _____.

_____ treatments _____ gonna be _____?

Can you provide _____ treatments _____ my policy?

Is it _____ are not included in _____ insurance _____?

_____ treatments are _____ covered _____ policy?

What _____ are denied _____ current policy _____?

_____ policy _____ include some _____.

There _____ by my insurance.

Is any of _____ care _____ my current _____?

_____ types _____ aren't _____ covered?

Do _____ list of _____ that _____ by my policy?

Not _____ some _____ of _____?

_____ you tell _____ treatment _____ you _____ not cover?

_____ any specific _____ in the _____?

_____ treatments _____ the policy boundaries?

_____ are some treatments _____ by _____ insurance plan.

What _____ do _____ not _____?

_____ medical procedures _____ covered by _____.

_____ treatment _____ are _____ not _____?

_____ fall outside of _____ scope?

_____ procedures _____ fall _____ policy?

_____ some treatments _____ under _____ policy?

Which treatments _____ not insured _____?

The _____ are not _____ in _____.

_____ medical _____ fall outside _____ the _____ my policy?

_____ there _____ in my policy?

Does my _____ cover any _____ that _____ not _____?

_____ any care _____ my policy agreement?

Which _____ inside _____ boundaries?

_____ therapeutic methods _____ not part _____?

_____ treatment options excluded from _____?

_____ it possible to _____ itemized _____ of _____ that aren't _____ by _____ policy?

Are some _____ coverage?

_____ what treatments _____ pay for?

_____ are certain treatment _____ the insurance _____.

What _____ treatment are not _____.

_____ not count _____ my policy?

_____ are _____ that _____ under this insurance agreement?

Which _____ allowed _____ to my _____?

_____ treatments don't have to _____ covered _____?

Is it _____ an _____ the treatments _____ are _____ covered _____ my policy?

_____ medical _____ won't _____ by my _____?

_____ you _____ an _____ treatments _____ covered under my policy?

_____ medical procedures _____ not covered _____?

_____ are _____ okay according to _____?

_____ plan restricted _____ treatments?

What _____ services aren't included in _____ and _____ my plan?

According _____ policy terms, _____ are not _____?

_____ treatments won't be _____?

_____ medical procedures not _____ policy?

_____ excluded _____ coverage in my plan?

Does _____ certain treatments?

Which _____ procedures _____ included in _____.

_____ services _____ not included _____ conditions of my plan?

Please tell me the _____ treatment _____ plan _____.

_____ treatment _____ do you _____ not _____?

What _____ services aren't _____?

_____ that are _____ by this _____ agreement?

_____ included from _____ coverage terms.

_____ aren't paid for?

You _____ which treatment options _____ not _____ for _____.

_____ under _____ insurance agreement?

_____ not part _____ coverage?

_____ medical _____ not included in _____ coverage?

_____ are not _____ for coverage?

_____ care _____ denied _____ my _____?

_____ it possible to list what treatments are _____?

_____ treatments are _____ covered by _____?

_____ there _____ treatments that _____ not _____?

Under _____ policy, _____ there _____ excluded _____?

_____ explain the unavailable _____ on my _____ list?

specific _____ coverage?

Can I _____ my policy?

Which _____ are _____ in _____ policy?

_____ are not _____ my policy?

_____ to know _____ some _____ counted _____ my policy.

_____ you won't _____?

Which treatments _____ within my _____?

Some _____ are not _____ my _____.

_____ know what _____ types _____ cover?

_____ treatments _____ in _____ my policy _____?

_____ options _____ eligible _____ policy funding?

What types _____ therapies aren't _____ my _____?

Does _____ exclude specific _____?

What treatments is _____ plan?

_____ treatments _____ outside of _____ boundaries?

_____ covered by my plan?

_____ medical procedures _____ been _____ from _____ covered _____ policy.

_____ medical procedures are _____ in _____?

There _____ therapies that _____ not _____ in the _____.

What _____ medical procedures that _____ from _____ plan?

Some _____ aren't _____ the insurance _____.

_____ treatments _____ covered by _____ policy?

Which _____ are _____ by my _____?

Which treatments do _____ within _____?

Specific medical procedures _____ plan.

There are certain _____ not in _____.

What _____ not in my _____.

What healthcare services are _____ the _____?

_____ tell us _____ treatment _____ not eligible for _____.

Which _____ a _____ according _____ my _____ terms.

_____ the treatments not _____ my policy _____?

Which _____ by the _____?

My _____ include _____ treatments.

_____ insurance _____ has any therapies that _____?

I _____ to know what _____ in _____ plan.

What _____ therapies or _____ not _____ my insurance?

_____ there an itemized list _____ covered by my _____?

_____ of _____ are not covered by my _____.

_____ there _____ therapies that _____ used under this _____?

_____ you _____ of _____ that aren't _____ under my policy?

_____ treatment _____ of the insurance plan.

Which specific _____ my plan?

_____ aren't _____ in my _____?

_____ therapies or _____ are _____ covered by _____ insurance _____?

_____ procedures aren't _____?

_____ any care types _____ by _____ policy _____?

I'm looking for _____ list _____ under my _____.

_____ are not included _____ my _____

_____ are not _____ my plan?

_____ you give _____ of treatments _____ covered by my policy?

_____ interventions are not covered _____ my _____?

Specific _____ covered _____ my _____.

What _____ not allowed in _____?

Is _____ not covered _____ policy?

_____ some _____ options _____ included in _____ insurance _____?

_____ and interventions _____ insurance coverage?

_____ are not allowed according _____ terms.

_____ outside of my _____ limits?

_____ treatments _____ excluded from _____ plan.

Any _____ that were _____ allowed under _____?

Can _____ list the treatments that _____ by _____?

_____ an itemized list _____ the treatments that aren't _____ by _____?

_____ treatments are not _____ in _____?

I _____ excludes _____ needs.

What _____ covered _____ my _____ plan?

_____ medical _____ aren't _____ my plan?

_____ procedures are not included in _____?

_____ therapies _____ covered _____ my _____.

_____ does not _____ some _____.

Is there _____ treatments that _____ covered _____?

Do _____ treatments _____ count under _____?

Any _____ that _____ allowed under this _____?

_____ treatments are not _____ under _____?

_____ list _____ treatments excluded _____ my policy coverage?

_____ the treatments _____ to cover?

What sort _____ not being _____?

There may _____ some _____ that are _____ covered by _____.

Which _____ do _____ in _____ coverage?

What _____ you cover?

Which _____ not _____ under _____ policy?

What treatments _____ my _____ plan.

_____ Treatments are not _____ in _____?

_____ like _____ know _____ medical _____ are not included _____ plan.

What therapies or interventions do not fall _____?

Does _____ policy _____ certain _____ from being _____?

Is _____ medical services _____ included _____ the terms and _____ plan?

_____ treatments don't fit _____?

What treatments _____ covered _____ to _____?

_____ aren't going _____ be covered _____?

Does _____ certain therapies?

There _____ care _____ by my current _____?

_____ it _____ list of _____ treatments under my policy _____?

_____ you know _____ treatments are _____ covered _____ plan?

Which _____ not _____ my _____?

Under _____ policy, _____ not covered?

Are there _____ excluded _____ under _____ policy coverage?

What treatments _____ policy?

What treatments _____ for _____?

Any specific _____ covered _____ us?

_____ therapies _____ not _____ this insurance agreement?

What _____ not included _____ my _____

Is _____ any _____ types denied _____?

Which therapies do _____ not _____?

Are there any medical services _____ included _____?

Do you know _____ options are _____ eligible _____?

Specific _____ not _____?

There _____ treatments _____ by my _____ plan.

_____ medical procedures are not _____ in the coverage _____?

I _____ to know _____ services _____ not included _____ my _____.

_____ treatment options _____ valid _____ reimbursement?

_____ therapies are out _____?

_____ therapies _____ my coverage?

Do _____ coverage _____ treatments?

what _____ not covered _____ policy

Which treatments _____ not _____ policy _____?

Which _____ are _____ the insurance _____?

Does my _____ cover _____?

Is there a list _____ treatments _____ coverage?

_____ medical _____ part of my _____?

Which _____ are _____ in my _____?

_____ policy _____ certain treatments are _____ allowed.

_____ options not included in _____ plan.

_____ are treatments _____ are _____ my _____.

Which _____ weren't _____ by _____?

_____ treatments _____ with my policy?

Is _____ specific _____ you _____ cover?

_____ treatments do _____ have no _____?

_____ treatments are _____ according _____ my _____ ?
_____ certain _____ covered _____ the policy?
Can _____ list treatments _____ by my _____ ?
_____ know which _____ covered by my _____ ?
What _____ included _____ my coverage?
What treatment _____ be _____ ?
What _____ included _____ my _____ ?
Any _____ that are _____ covered _____ insurance _____ ?
_____ are outside of _____ boundaries?
Which _____ are not _____
_____ are treatments _____ will _____ cover?
Any _____ that _____ not _____ this insurance _____ ?
_____ procedures _____ in my plan?
Can you _____ me a list of _____ treatments _____ covered _____ ?
Are you able _____ itemized list _____ the _____ my policy?
_____ therapies _____ insurance agreement?
_____ treatments _____ of the _____ ?
Which treatment _____ are _____ insurance _____ ?
Can you give _____ itemized list _____ the _____ aren't _____ ?
What treatments _____ included _____ policies?
_____ are _____ explicit _____ methods _____ are not _____ the policy?
What _____ fall outside _____ ?
Is _____ from _____ covered by _____ policy?
_____ medical procedures _____ outside the _____ of _____ policy?
_____ therapies _____ are denied under _____ ?
Please clarify _____ treatment _____ eligible for _____ .
_____ want _____ know _____ there _____ any excluded _____ in _____ policy.
_____ of your _____ are not _____ in _____ terms.
Are _____ any _____ covered?
Can you _____ of _____ treatments that are _____ by my _____ ?
_____ are not _____ my _____ boundaries?
Which treatments aren't _____ covered in _____ ?
The _____ plan excludes some _____ .
Is there _____ services _____ in _____ plan?
_____ treatments do not fall _____ ?
_____ any _____ procedures _____ outside _____ policy?
What therapies _____ by _____ insurance _____ ?
Which treatments _____ the _____ boundaries?
Does _____ include _____ treatments?
Can _____ the unavailable treatment options _____ list?
Is there specific medical _____ included _____ terms _____ my plan?
_____ therapies that cannot _____ this _____ agreement?
_____ treatments _____ not _____ covered _____
_____ treatments _____ covered.
_____ it comes _____ what's _____ off-limits?
Can you _____ me _____ list _____ the _____ that _____ covered?
_____ medical procedures _____ not _____ in _____
_____ treatments _____ comply _____ policy terms?
_____ treatments don't get covered _____ ?
_____ policy doesn't _____ procedures

What _____ of my _____ coverage?

_____ remedies not _____ this _____ support.

_____ treatments _____ not part of _____?

Is there any _____ treatment _____?

_____ the healthcare services _____ eligible for _____?

So, _____ specific _____ will _____ covered?

Which treatments are _____.

Can _____ give _____ list _____ treatments _____ aren't covered by _____?

Do _____ count in my _____?

Is there an _____ medical service that _____ plan?

_____ it possible _____ procedures are not _____ by the _____?

_____ a list of excluded treatments _____ coverage.

_____ treatments _____ excluded _____ coverage?

_____ there _____ treatments that are _____?

Which _____ not _____ my _____ terms?

Which healthcare services _____ coverage _____?

_____ medical _____ are not _____ policies?

_____ types denied _____ the _____ agreement?

_____ not covered?

What _____ included _____ my insurance?

_____ some treatment options _____ excluded from the _____.

_____ treatments _____ covered by _____ insurance?

Some _____ will be _____ by _____.

_____ certain _____ not _____ the plan?

_____ specific treatments _____ gonna be _____?

Do you have an itemized _____ not _____ by _____ policy?

_____ some treatments _____ by my _____.

_____ medical procedures _____ in my plan.

Which treatments are _____ going _____.

_____ there _____ treatments in my _____?

The _____ included in _____ policy's support.

_____ is _____ treatment benefits?

_____ not _____ in my _____.

Please _____ me if _____ treatments don't count _____.

_____ care does _____ coverage?

_____ treatment options be _____ my _____ provider?

There _____ treatments _____ insurance plan _____ cover.

_____ isn't covered?

_____ is _____ exact _____ services _____ in _____ terms _____ of my plan?

Can _____ tell _____ aren't covered by _____ plan.

Some _____ procedures _____ covered _____ policy.

_____ aren't covered by _____?

Treatments _____ you _____?

Any _____ allowed under this _____ agreement?

Which specific _____ covered here?

There are _____ not covered by _____.

_____ fit within my _____ boundaries?

_____ policy _____ covering _____ medical procedures?

_____ treatment _____ be rejected _____ insurer?

What _____ not included by _____?

What ____ fall outside ____ ____ ?
____ medical procedures ____ the plan?
____ are certain therapies ____ are ____ insurance agreement.

Some remedies ____ not ____ policy's ____ .
____ treatments are ____ according ____ terms?
____ treatments do ____ cover?

Do ____ medical ____ of the scope ____ my ____ ?
____ are ____ care ____ under my current ____ agreement?

Which ____ under my policy?

Which ____ are not ____ ?
____ treatments ____ the insurance plan?

What ____ in ____ coverage?

Which ____ won't ____ here?

I ____ a list ____ treatments that ____ my ____ .
____ you ____ me what ____ aren't covered ____ the ____ ?

Can you tell me ____ under my ____ ?

____ don't fit my ____ ?
____ are ____ therapeutic ____ that are excluded ____ the ____ ?

Some treatments do ____ my ____ ?

Under ____ are ____ any ____ treatments?

Some ____ not ____ under ____ policy.

Is ____ any treatments ____ coverage?

____ therapies ____ in ____ coverage?

Do ____ of the ____ outside of ____ scope ____ the ____ ?

Do ____ procedures ____ outside ____ the scope of ____ ?

____ are not ____ in my ____ .
____ procedures are not ____ insurance?
____ treatments are excluded ____ coverage.

Under ____ policy, are ____ any ____ ?

What treatments ____ coverage?

____ is off ____ when ____ treatment benefits?

Which ____ aren't ____ my ____
____ that were denied by my current ____ ?

Is ____ any therapies ____ not allowed ____ agreement.

____ certain procedures not ____ to ____ by the ____ ?

____ treatment ____ not ____ covered?

____ medical ____ are not ____ to ____ ?

____ exactly are the ____ not included ____ my plan?

What ____ treatments that are not ____ my ____ ?

Can you ____ me ____ treatments not ____ by ____ policy?

Is ____ possible ____ you ____ treatments ____ your coverage terms?

How ____ excluded treatment ____ this ____ ?

____ medical procedure ____ not ____ policy?

____ about treatment ____ won't ____ ?

Specific ____ coverage ____ ?

____ not ____ in the plan?

Can ____ provide a ____ treatments ____ under ____ policy?

What ____ procedures ____ by ____ policy.

What treatments don't ____ by ____ ?

____ treatments ____ will not ____ ?

I _____ what's off-limits _____ it _____ to _____ benefits.
_____ it comes _____ treatment benefits, what _____?
_____ treatments _____ included in _____ coverage?
_____ treatments _____ not covered, _____ policy?
_____ treatment options _____ insurance plan?
Some treatment _____ may not be _____ the _____.
_____ and _____ aren't included _____ insurance coverage?
_____ me _____ are not covered by my _____?
Can _____ if _____ are any _____ under my _____?
_____ any _____ that _____ not covered by _____ plan?
What treatments _____ by _____ plan?
Which therapies _____ not _____ the _____?
What treatments _____ come _____ insurance _____?
_____ treatments not count _____?
_____ of _____ not covered by _____ insurance?
Does my _____ contain _____?
Will _____ options denied _____ my _____ provider?
_____ are not _____ by _____ policy?
_____ any _____ types denied _____ my _____?
_____ isn't included _____ coverage?
_____ treatments _____ off _____ to my _____ terms?
_____ offered by _____ plan excludes certain _____.
Which treatments _____ covered _____
_____ specific healthcare _____ covered _____?
_____ you tell me _____ treatments not _____ by _____?
What treatments _____ include in your _____?
What therapeutic methods _____?
Any care types _____ in the _____?
There _____ certain _____ options that _____ from _____ insurance _____.
Under _____ treatments aren't _____?
_____ treatment _____ included _____ my _____?
Which _____ are not _____ according _____ my _____?
_____ won't _____ covered here?
_____ treatment options _____ be denied _____ my _____.
What therapies are _____ covered _____?
Can you tell _____ about _____ excluded _____ under _____?
_____ some treatments _____ under my _____.
_____ are not _____ of _____ coverage.
What _____ types _____ not _____?
_____ treatment _____ are disqualified _____ reimbursement?
Certain _____ covered _____ the policy.
Which _____ procedures are _____ covered by _____?
_____ me the unavailable _____ options _____ limitation list?
Which _____ procedures _____ by my _____ plan?
What _____ and interventions don't fall _____ scope of _____?
_____ are _____ treatments _____ won't _____?
What _____ are _____ eligible _____ coverage _____?
I don't know _____ fall outside _____ insurance _____.
What therapies aren't _____.
_____ medical _____ are _____ covered _____ my _____.

Which therapies _____ be _____ in _____?

I _____ know _____ the unavailable _____ are on _____ plan limitation _____.

_____ medical procedures _____ of the scope of _____?

_____ are _____ types of _____ that aren't _____?

_____ are _____ covered by _____ policy?

What _____ types _____ covered _____ you?

What's the _____ when _____ to _____?

What are some _____ qualify _____ coverage?

_____ clarify _____ unavailable _____ options _____ plan limitation list?

_____ outside _____ my policies?

_____ you know _____ are not included _____ plan?

Does anyone _____ what treatment _____ you _____?

_____ not covered by the _____.

What _____ off-limits _____ benefits?

Treatments _____ will not _____?

_____ should clarify _____ treatment options on _____ limitation _____.

What _____ options _____ not _____ in the _____?

_____ not _____ under my policy?

Which _____ not _____ according _____ my _____?

_____ treatments are _____ not _____?

What _____ are _____ covered by _____?

_____ about _____ that _____ covered?

_____ do _____ fall within my _____?

_____ you _____ the treatments _____ are not covered by _____?

Treatments _____ not _____ my _____

_____ some treatments _____ count under _____?

_____ therapies aren't _____ my _____

_____ specific treatments are _____ covered _____?

_____ what treatments you _____ pay _____.

Which _____ excluded from my plan?

_____ are not _____ my _____ coverage?

Not _____ treatments?

Which _____ are _____ to be _____?

Under _____ which _____ covered?

_____ weren't _____ here?

_____ treatments are _____ coverage?

What treatment _____ covered by _____?

_____ procedures are _____ under _____ plan?

_____ included _____ my policy?

_____ treatments are _____ going _____ be covered _____?

_____ treatments _____ count _____ policy.

I want to know if you _____ me what _____.

Is the _____ services not _____ the terms _____ conditions of _____?

_____ care types _____ by _____ policy agreement?

_____ therapies does _____ exclude?

_____ therapies are excluded _____?

_____ want _____ know _____ not covered by my _____.

_____ explicit therapeutic methods _____ included in _____?

Exactly what healthcare _____ qualify _____?

_____ treatments you _____?

Are ____ any ____ that are not ____ my ____?

Any ____ treatments ____ cover?

Is it ____ list ____ treatments ____ by my ____.

Specific ____ included ____ coverage?

What ____ are left ____ my ____?

____ treatments aren't ____ policy.

Which ____ medical ____ aren't ____?

____ aren't ____ to ____ covered.

____ need ____ what treatments ____ covered by my ____.

Some treatments ____ removed from ____.

What ____ are ____ in ____ policy?

____ any ____ that can't be used ____ agreement?

____ will ____ be ____ under my ____?

____ provide ____ itemized ____ of the ____ that ____ covered ____ my policy?

what treatments are ____ by ____?

____ tell which treatment ____ are ineligible ____.

I don't ____ treatments ____ not included ____ coverage.

Any ____ not allowed ____ this insurance ____?

Any care types ____ were ____ my ____ policy ____?

Tell ____ some ____ don't ____ under the ____.

Can ____ me an itemized ____ of ____ covered?

____ the insurance ____ excludes ____ options?

____ healthcare services don't ____ coverage ____?

Specific therapies ____ the coverage.

____ you ____ specific ____ are ____ included in my plan?

____ that ____ procedures aren't ____ by the policy?

What medical ____ my policy?

____ have not ____ covered under ____?

____ aren't ____ my policy?

My ____ plan ____ some treatments.

____ treatments are ____ covered ____ my ____

____ types be denied with my ____ agreement?

Any ____ allowed under my ____?

There ____ some therapies or interventions ____ are ____ by ____.

Is certain medical ____ the ____?

What therapeutic methods ____ the ____?

____ you don't ____?

____ are not covered under ____?

____ wondering ____ there are ____ treatments under my ____.

What specific ____ services ____ included ____ the ____ and conditions?

What ____ outside of ____ of ____ insurance?

I ____ to know which treatments ____ by ____.

Did ____ plan exclude ____?

What ____ and interventions ____ in my insurance ____?

____ medical ____ in my plan's ____?

____ itemized list ____ the treatments ____ in my policy?

____ are treatment ____ that ____ in ____ insurance plan.

Can ____ what treatment ____ not covered?

____ to be covered here

Which ____ my policies?

Which _____ aren't allowed _____ policy _____?

_____ excluded from this _____ support.

Please tell me _____ are _____ eligible for _____.

Is _____ denied by my _____?

Can you _____ me _____ itemized list of treatments _____?

_____ possible _____ give a list _____ excluded treatments under _____?

Which therapies _____ policy?

Can anyone tell _____ treatments _____ not _____?

Any _____ therapies _____ insurance _____?

_____ type _____ are not being _____?

_____ therapies can't _____ covered _____ coverage?

_____ to know _____ treatment _____ are on my _____ limitation list.

What _____ interventions are not _____ my _____?

_____ treatments are not included _____?

Several _____ are not _____ policy.

What treatments don't _____ insurance _____?

_____ the _____ from my policy?

Does the policy _____ being covered?

Any therapies _____ not allowed _____?

_____ don't know what _____ are excluded _____ policy _____.