

[Demo] NLP Dataset for Customer Service Automation

Company Type	Health Insurance Companies
Inquiry Category	Policy coverage questions and changes
Inquiry Sub-Category	Policy Exclusions
Description	Customers seeking clarification on specific conditions or treatments that are not covered by their policy, including cosmetic procedures or experimental treatments.
Data Size	6,549 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.)

Are ____ treatments covered by our existing ____ medically ____ and ____ ?

Payments can be ____ fertility ____ medically ____ under ____ contract.

____ partial payment ____ medically necessary ____ treatments?

____ pay ____ with our existing contract ____ necessary fertility ____ ?

If fertility ____ are ____ we ____ to pay ____ and partial ____ ?

____ there a provision ____ the costs ____ medically ____ in our ____ ?

____ our agreement ____ us ____ recover ____ expenses if fertility ____ are ____ ?

Fertility ____ may be covered if ____ are ____ medically ____ reimbursement.

Is ____ in ____ contract?

____ covered in our ____ fertility ____ ?

Does ____ allow coverage of medically ____ procedures?

Is ____ an obligation ____ pay ____ if fertility ____ are ____ necessary?

Should the ____ treatments ____ to ____ or should we pay in ____ ?

Pay ____ with ____ medically necessary fertility treatments?

____ treatments ____ considered medically necessary ____ subject ____ in ____ contract

____ covered ____ they are deemed medically essential ____ partial reimbursement?

Fertility ____ that are ____ necessary ____ eligible ____ partial reimbursement under our ____ .

____ current contract ____ treatments ____ required or subject to payment?

____ fertility procedures ____ our ____ ?

____ treatments covered ____ current contract?

Are fertility treatments ____ if ____ with complete ____ applied?

____ in ____ necessary for infertility ____ insured ____ .

Are the fertility ____ agreement?

____ is a question ____ to whether fertility ____ are covered ____ .

We may receive ____ or ____ fertility ____ .

____ fertility treatments ____ essential, is there ____ obligation to ____ full ____ amounts?

____ cost of fertility ____ in the ____ contract?

____ our ____ agreement allow ____ to ____ expenses because fertility ____ required?

____ our contracts cover ____ ?
 ____ our ____ provisions ____ essential ____ procedures with partial/full cost ____ ?
 ____ pay full ____ partial for ____ in ____ contract?
 ____ contract cover ____ procedures?
 ____ treatments ____ considered ____ payable in full/partially
 Should ____ be responsible for ____ payment if ____ treatments ____ by our ____ ?
 Does our contract include ____ essential fertility ____ ?
 ____ are ____ paid in part ____ whole under ____ current ____ .
 Can we pay ____ fertility treatments ____ our contract?
 Our current ____ for ____ or partial ____ for ____ .
 Is our contract ____ fertility ____ and ____ pay for ____ ?
 ____ allow us to ____ full/partial expenses ____ fertility ____ medically required?
 We would like ____ if ____ treatments ____ as ____ within ____ agreement.
 ____ fertility ____ expenses ____ contract if there's medical ____ ?
 Are ____ fertility ____ included ____ contract?
 ____ wondering if ____ expenses are covered by ____ contract.
 ____ we paid ____ for medically ____ fertility treatments?
 ____ procedures are ____ to ____ paid ____ or part ____ the ____ agreement.
 ____ the ____ fertility treatments due to ____ and should we pay ____ ?
 ____ our agreement ____ full/partial expenses ____ fertility treatments?
 ____ our ____ allow for ____ or partial expenses from ____ treatments?
 ____ infertility ____ in ____ contract?
 ____ contractual provisions ____ medically essential ____ procedures?
 ____ procedures are ____ to be ____ in whole ____ under ____ agreement.
 Is ____ contract ____ to cover ____ ?
 ____ infertility ____ included ____ contractual ____ ?
 ____ treatments ____ full ____ partial ____ per our current contract.
 Should ____ treatments ____ required and ____ be covered by the current ____ ?
 Fertility treatments are ____ will ____ pay for them?
 ____ have to pay full ____ payment ____ fertility ____ ?
 ____ the policy include any kind ____ treatments that are ____ ?
 Does our ____ payment ____ fertility treatments ____ are deemed ____ ?
 ____ our ____ for medically ____ procedures ____ partial/full cost considerations?
 ____ treatment expenses ____ by the ____ considering ____ necessity?
 ____ existing ____ for full/partial ____ to be ____ from ____ treatments?
 Is it ____ our existing ____ for ____ treatments ____ medically required?
 ____ procedures ____ our agreement?
 ____ our ____ include ____ towards the ____ of fertility ____ that ____ medically ____ ?
 I want ____ the fertility treatment ____ covered ____ the ____ .
 Is ____ covered ____ necessary fertility ____ ?
 Is ____ considered ____ necessity to ____ treatments under this ____ ?
 We'd ____ to know ____ fertility treatments ____ medically ____ our insurance ____ .
 Do ____ provisions allow coverage ____ fertility ____ ?
 ____ fertility treatments ____ on our existing contract, ____ necessary status, ____ ?
 Is ____ coverage ____ important ____ treatments per the ____ ?
 ____ get ____ or partial ____ for fertility ____ ?
 Should we ____ amounts if ____ treatments ____ deemed ____ ?
 ____ treatments covered by our ____ be ____ for full ____ partial payment?
 Will ____ fertility procedures ____ or part?
 ____ it possible to receive a ____ to the ____ procedures ____ in the ____ contract?

_____ can _____ paid in _____ or whole under _____ current _____.

Do _____ cover infertility _____ contract?

_____ partial payment _____ treatments possible?

_____ we covered _____ treatments that are _____ as _____?

_____ anticipate receiving a reimbursement _____ on _____ medical necessity of fertility _____ in _____ contract?

_____ contract include fertility _____?

_____ considered medically _____ subject to _____ payments _____ our contract.

Does our current contract _____ treatments that are _____ required _____?

Can _____ get _____ treatment _____ contract?

Is _____ considered _____ necessary _____ fertility _____ to _____ included in _____ agreement?

Is _____ current _____ costs of _____ necessary _____ treatments either _____ entirely?

fertility procedures _____ or part according _____ the current _____.

_____ for full or partial payments if _____ our current policy?

_____ fertility _____ paid for in _____?

Do _____ contract claim coverage for fertility treatments _____ of _____ pay?

_____ fertility treatments? full _____ partial

Fertility treatments _____ included in our existing _____ they _____.

_____ it possible to expect _____ medical necessity of _____ in the _____?

Will _____ treatments qualify for _____ under _____ existing contract, _____ status, _____?

_____ medically essential fertility _____ included in _____ provisions?

_____ procedures be considered _____ and _____ partial _____ full payment?

Is _____ procedures _____ required for _____?

Will _____ be responsible _____ full or _____ if _____ are covered _____ current _____?

_____ our _____ provisions _____ fertility procedures?

Is _____ in _____ existing _____?

Fertility _____ medically _____ subject _____ payment _____ be covered by _____ current contract.

_____ agreement we have allow _____ to recover full/partial expenses _____ are _____?

_____ fertility covered _____ contract?

fertility procedures _____ whole or _____ according _____ our current _____?

Does _____ old _____ fertility procedures?

Does our _____ sort _____ treatments that are deemed _____ necessary?

_____ our existing _____ pay _____?

_____ treatment _____ is covered?

_____ our plan include fertility _____ that _____?

Full/partial _____ for _____ treatments included _____?

Is it possible _____ full or _____ made _____ IVF _____?

Can _____ tell us whether _____ for _____ treatments _____ are _____ required?

_____ are _____ medically necessary _____ subject _____ full/partial payment according to _____.

Does _____ contract support _____?

Is it possible _____ us to _____ a _____ to _____ necessity _____ procedures _____ in the _____?

Can we anticipate _____ of _____ procedures outlined in the contract?

Does _____ provisions _____ coverage for medically essential _____?

_____ cover _____ per the contract?

Does _____ contract include _____ procedures?

Fertility procedures _____ considered _____ essential and possibly _____ whole _____ the current _____.

_____ fertility treatments be _____ partially reimbursed as _____ current _____?

Does our agreement _____ expenses from fertility treatments?

_____ existing contract paying _____ procedures?

_____ treatments _____ included _____ our _____ contract.

_____ costs _____ included in our current _____?

_____ infertility treatments covered under _____ plan _____ a _____ ?
 Fertility treatments _____ potentially eligible _____ or partial _____ contract.
 Is _____ treatment a _____ contract?
 _____ may _____ for fertility treatments, _____ should we _____ ?
 _____ we _____ for infertility treatment _____ under _____ policy?
 Can we expect a _____ the _____ fertility _____ outlined in _____ contract?
 If fertility _____ essential, will we _____ pay _____ amounts?
 Does _____ contract cover _____ determined as medically _____ ?
 Is it _____ that _____ procedures may be paid _____ whole _____ our _____ ?
 _____ you tell me if you cover _____ per _____ ?
 Are _____ for medically _____ fertility _____ ?
 Is _____ treatment expenses covered _____ ?
 _____ receive a _____ according _____ the medical _____ of fertility _____ in _____ present _____ ?
 _____ procedures may be _____ in _____ part _____ the _____ agreement.
 _____ the current contract, _____ be fully disbursed _____ ?
 _____ there _____ in our current agreement _____ the _____ of fertility _____ ?
 Fertility _____ are _____ by _____ existing contract and _____ payment
 Is _____ by our _____ for _____ ?
 _____ therapies are included _____ ?
 _____ we expect _____ according to _____ medical necessity of fertility _____ outlined _____ present contract?
 Is fertility treatments medically _____ eligible _____ full _____ ?
 _____ treatments covered by _____ contract and subject _____ full/partial _____ ?
 Should _____ pay full/partial amounts if _____ are _____ ?
 _____ fertility _____ an existing contract?
 Does _____ cover treatments related _____ ?
 _____ contract claim coverage for fertility _____ medical _____ ?
 Does our _____ include any _____ towards fertility _____ that _____ medically _____ ?
 Will we _____ responsible for full _____ payment _____ fertility _____ are covered _____ ?
 _____ it _____ necessary _____ treatments _____ be _____ in our existing _____ ?
 _____ fertility _____ expenses fall _____ the _____ the _____ contract?
 Can you _____ our current _____ covers _____ that are _____ ?
 _____ included in our contract?
 _____ fertility _____ covered in an existing _____ medically necessary?
 Payments can _____ made in _____ for _____ treatments _____ medically _____ in _____ .
 _____ included _____ the agreement?
 Does _____ contract _____ for fertility treatments _____ medical necessity, _____ we _____ in _____ ?
 Are _____ willing to _____ for _____ necessary fertility _____ line _____ our _____ ?
 _____ we _____ full _____ partial _____ for _____ services?
 _____ contract include fertility _____ ?
 _____ current _____ cover fertility _____ ?
 _____ our plan include _____ therapies _____ are _____ or _____ ?
 Do _____ pay _____ line with our existing contract?
 _____ policy _____ towards _____ treatments that are _____ necessary?
 Should we _____ the costs of _____ fertility _____ our _____ ?
 _____ fertility procedures _____ and potentially paid _____ part?
 Do we _____ provisions in _____ to _____ the _____ of _____ fertility treatments?
 _____ costs _____ reimbursed under our _____ ?
 Will fertility treatments be _____ for _____ existing _____ status and partial _____ ?
 Will we be _____ for _____ when _____ are covered?
 _____ therapies be covered in _____ ?

_____ contract cover fertility treatments, _____ should we pay _____?

Does our _____ treatment?

_____ our _____ for _____ procedures

_____ in our _____ to cover the _____ of medically necessary _____?

Fertility _____ be _____ necessary and eligible _____ or partial _____ under our _____.

Do _____ cover the costs _____ treatments in _____?

Fertility _____ in our _____?

Will it _____ medical necessity to _____ infertility _____ under _____?

Fertility treatments that _____ medically _____ and _____ to payment _____ of _____ current contract.

If the contract _____ coverage for _____ medical _____ should _____ pay only partial _____?

_____ are _____ partial or _____ payment, are they?

Are _____ medically _____ fertility _____ expenses?

If _____ treatments are _____ essential _____ current _____ obligated _____ pay full/partial amounts?

_____ fertility treatments qualify _____ coverage _____ on _____?

_____ tell me _____ the _____ fertility treatments that _____ medically _____?

_____ existing agreement _____ us to recover _____ if _____ are _____ necessary?

Will _____ the _____ necessity _____ fertility _____ outlined in the contract?

Does _____ policy include _____ fertility treatments _____ considered _____ necessary?

_____ fertility treatments _____ are medically necessary and what extent _____ we _____?

Does _____ insurance cover _____ necessary, _____ how much _____ can expect _____ pay?

_____ fertility _____ expenses covered by the _____ reimbursement?

_____ provision in this _____ cover _____ costs _____ medically necessary fertility _____?

Can _____ tell me _____ the _____ provides _____ fertility treatments _____ are _____ necessary?

_____ policy _____ for fertility _____?

Is the _____ valid for _____ or partial _____ treatments?

_____ the contract _____ fertility treatments due to medical necessity _____ pay?

_____ medically necessary _____ can _____ receive _____ or partial _____?

_____ the _____ included _____ our coverage?

Is the _____ expenses covered by _____ for _____?

_____ treatments _____ be _____ medically _____ complete or _____ reimbursement.

_____ medically necessary _____ treatments in _____ with our _____?

_____ treatments are covered _____ existing _____ and subject _____ payment.

Does _____ contract _____ us _____ pay _____ treatments, or _____?

Do we _____ fertility _____ in _____?

_____ may _____ not include _____ treatments that _____ medically required and subject _____.

Does _____ current _____ costs _____ medically _____ fertility treatments or _____?

_____ an _____ necessary status, and full/partial _____ will fertility treatments _____ coverage?

_____ want to know if _____ treatments _____ by _____ existing _____.

If _____ treatments _____ medically _____ are they covered _____ contract?

_____ contract cover _____ treatments _____ they are medically _____?

_____ that are _____ to _____ are included in our _____ contract?

It _____ do with infertility _____ insured _____?

_____ it true that fertility _____ are _____ for _____ reimbursement?

_____ there be _____ our current _____ to cover _____ costs _____ necessary _____ treatments?

Is the _____ contract covering _____ expenses if _____ medical _____?

_____ know _____ we can get full _____ for medically _____ fertility services.

_____ fertility _____ expenses _____ contract when _____ medical necessity?

_____ are _____ in the _____?

_____ it _____ medically necessary fertility _____ with our existing contract?

Is _____ to _____ essential _____ potentially paid in _____ part?

Do our contracts _____ pay _____?

Does our _____ involve paying _____ fertility _____ that _____?

Can _____ out if fertility _____ are covered _____?

Do _____ have _____ pay full _____ for _____ treatments?

_____ included with _____ coverage?

Does the _____ fertility treatments that are medically _____ to _____?

Full/partial pay _____ fertility _____ included _____?

_____ contract help _____ for _____ procedures?

Fertility treatments _____ for _____ the _____?

_____ still cover _____ treatments?

_____ contract _____ coverage for _____ treatment?

Can the _____ essential _____ procedures?

Do you _____ fertility _____ per the _____ what?

Fertility treatments may _____ medically _____ complete _____ reimbursement applied.

Can fertility _____ covered by _____ and medically necessary _____?

_____ our _____ cover _____ for _____?

_____ the _____ of _____ covering fertility treatments _____ are _____ and subject to _____?

Is _____ therapy included _____?

_____ tell me _____ contract covers fertility treatments _____ are _____?

Does _____ involve paying _____ fertility treatments that _____ considered _____?

Can _____ expect _____ treatments _____ are deemed medically necessary _____ insurance _____?

Fertility _____ may qualify for coverage _____ on _____ existing contract, _____ and _____.

_____ you fully or _____ cover fertility treatments _____?

Is fertility _____ included _____ our current agreement _____ being essential _____ or _____?

Does _____ agreement allow _____ to potentially recover full/partial expenses _____ required?

_____ treatments _____ by our _____ and subject _____ full/partial _____?

infertility therapies _____ our _____?

_____ plan pay _____ fertility treatments if _____?

_____ necessity to _____ infertility _____ under this plan?

_____ treatments _____ considered medically _____ and _____ to _____ or _____ our contract.

_____ per our contract _____ fertility _____ medically _____ and eligible _____ or _____?

Is it _____ the _____ the costs _____ services?

_____ necessary and can be _____ as per _____ contract.

Does _____ current _____ treatments?

Do _____ contractual provisions _____ medically essential _____ procedures _____ considerations?

Should we pay for _____ fertility treatments in _____?

_____ we get _____ payments _____ necessary fertility _____?

_____ our _____ pay _____ fertility procedures?

Will _____ treatments be _____ existing _____ medically necessary status?

Is _____ treatment medically necessary and _____ under _____?

_____ contract pays _____ treatments, _____?

Is _____ medically _____ for full or partial reimbursement?

_____ our _____ costs for _____ procedures?

_____ fertility treatments _____ eligible for coverage _____ on _____ existing _____ medically _____ full/partial _____?

Should _____ fertility procedures _____ covered _____ our _____ provisions?

Are fertility _____ eligible _____ or _____ reimbursement under _____?

Do the _____ of _____ current _____ fertility treatments _____ are medically _____ subject _____?

There _____ are _____ required and subject to _____ current contract.

Fertility treatments _____ medically _____ and _____ to _____ in our contract.

_____ be medically _____ in our _____.

Does ____ coverage allow ____ medically necessary ____ ____ ____?

____ ____ ____ in the existing ____ if ____ are deemed medically ____?

____ treatments are ____ for full ____ reimbursement as ____ current ____.

____ have ____ for ____ fertility treatments?

____ that are medically required ____ are subject to ____ contract.

Does our ____ we pay for them?

Do ____ get paid ____ or ____ treatments?

____ fertility ____ under ____ contract.

Is ____ our coverage?

Does ____ policy involve paying ____ that ____ necessary?

____ treatments ____ be ____ necessary ____ paid for ____ our ____.

____ contract claims coverage ____ fertility treatments ____ to medical ____ we ____ full ____ partially?

Should ____ pay for medically necessary ____ existing contract?

Is it ____ our ____ pay for ____?

Are we ____ fertility ____?

____ our ____ provisions allow coverage ____ include ____ procedures?

____ our ____ us to possibly recover ____ expenses ____ fertility ____?

Will ____ to the medical necessity ____ fertility procedures ____ present ____?

____ the contract ____ treatments due to medical ____ or ____ we pay ____ full?

____ treatments are ____ we obligated ____ full or partial amounts?

____ contract allow ____ to pay for fertility ____?

____ our ____ allow ____ to ____ full and ____ fertility ____ are medically required?

Does ____ contract that ____ fertility ____?

Does our ____ procedures?

____ it ____ we ____ coverage for fertility treatment ____?

I want ____ fertility treatment expenses ____ existing contract.

____ a ____ to cover the ____ of ____ treatments under ____ plan?

Full/partial ____ fertility treatments ____ the contract.

____ tell me ____ our existing ____ fertility ____ are medically required?

____ included ____ the contract if ____ are medically ____?

____ coverage for fertility treatments?

____ fertility treatments are deemed to ____ essential, will ____ full ____ partial ____?

Is ____ treatments covered if ____ with ____ or partial ____?

Do ____ full or partial ____ for ____?

Will we be ____ medically ____ in ____ our contract?

Do we ____ services in ____?

Fertility treatments that are ____ required ____ payment ____ in ____ current contract.

____ there ____ in ____ current ____ to ____ the costs ____ necessary fertility treatments?

Does ____ plan ____ fertility treatments ____ partially or ____?

____ procedures can ____ paid ____ whole ____ part ____ the current ____.

Is ____ possible ____ you ____ important ____ treatments ____ the ____ contract?

Fertility ____ be eligible ____ partial reimbursement according ____ current contract.

If ____ necessary, ____ we required ____ full or partial amounts?

____ included ____ our contract?

Can ____ get ____ or ____ payment ____ infertility ____?

fertility procedures may ____ whole or ____ our ____ agreement

Is it ____ to pay full/partial ____ if fertility ____ medically ____?

Does our ____ coverage ____ treatments that ____ required?

____ it possible we ____ full/partial ____ treatments?

Does our ____ allow ____ to ____ full/partial ____ when fertility ____ are ____?

Can _____ contractual _____ coverage _____ essential fertility procedures?

Will _____ based on _____ medical _____ of fertility _____ in the present _____?

_____ we _____ to _____ payment _____ fertility services?

Do _____ partial reimbursement for _____ necessary fertility _____?

_____ are _____ medically necessary _____ subject to _____ full/partial payment _____ our _____.

Is _____ covered _____ treatments?

Does our contract _____ us _____ to _____ infertility _____?

_____ we _____ payment _____ fertility services?

_____ fertility treatments _____ covered by _____ medically _____ status and full/partial _____?

_____ expect _____ be _____ the medical necessity _____ procedures outlined in the _____?

Do _____ a full _____ medically necessary _____ treatments?

_____ there anything _____ our current _____ that _____ costs _____ medically _____ fertility treatments?

What _____ medically necessary fertility _____ in _____ our _____?

_____ insurance cover fertility procedures _____ or in _____?

_____ you say if our _____ provides _____ fertility _____ that are _____?

Will we _____ according to _____ medical _____ procedures in the _____?

Does _____ agreement we _____ to _____ expenses _____ fertility treatments?

_____ covered _____ policy, _____ we be responsible for _____ or partial payment?

_____ our existing contract _____ provides _____ that _____ medically required?

_____ contract _____ to _____ fertility procedures?

Does our policy include _____ fertility treatments _____ necessary?

_____ for medically essential _____ treatments?

Do you think we _____ for _____ in _____ with _____ existing contract?

Does our _____ therapies _____ partly and fully?

_____ the cost _____ necessary fertility treatments _____ covered in _____?

Are the _____ under the _____?

_____ the _____ of our _____ include fertility _____ required and subject _____ payment?

Can _____ expect _____ based on the _____ of _____ procedures outlined _____ present contract?

If fertility _____ medically necessary, _____ pay _____ or partial amounts?

_____ treatments _____ be included _____ contract

We _____ our current _____ fertility _____ that _____ required _____ subject to payment.

Can fertility treatments be _____ as _____ within _____?

Included _____ is _____ for infertility _____ insured fully/partly.

Fertility _____ be _____ our _____ contract, medically necessary _____ and _____ payment.

_____ be responsible for full _____ for fertility treatments if they _____ covered _____ current _____?

Will your _____ the contract?

Fertility _____ be medically _____ for _____ or partial reimbursement according to _____.

fertility treatments _____ contract?

Does _____ contract cover _____?

Our current agreement _____ procedures may be _____ whole _____.

_____ treatments be _____ or partially _____ the insurance?

As per our _____ treatments _____ or _____ reimbursement?

_____ treatments _____ medically _____ and _____ full/partial payment _____ the contract.

Pay _____ treatments that _____ medically necessary in _____ with _____?

Will you pay for _____ treatments _____ are _____?

Is our contractual _____ cover medically _____ procedures?

Is _____ under our _____?

_____ know _____ we _____ full _____ payment for medically necessary fertility _____.

_____ based _____ necessity of fertility procedures outlined in the contract?

_____ to _____ full/partial amounts _____ fertility treatments _____ deemed medically essential?

Fertility treatments ____ paid for ____ ____ ?
 fertility ____ are ____ paid ____ whole ____ part under ____ agreement
 ____ coverage ____ fertility treatments due ____ necessity, or should we pay ____?
 ____ our ____ cover procedures ____?
 ____ fertility ____ our agreement?
 Does our ____ for ____?
 ____ treatments ____ necessary to be eligible for ____ or ____?
 ____ our ____ any sort ____ payment for ____ treatments ____ are ____ medically ____?
 ____ considered medically necessary, ____ subject ____ full/partial ____ in our ____.
 ____ be ____ for coverage ____ contract, medically necessary ____ and partial payment?
 Can ____ current contract include fertility ____ are medically required ____ subject ____?
 ____ our existing contract ____ fertility ____ that are ____ necessary?
 Does our ____ fertility treatments that ____ medically necessary ____ extent ____ expect ____?
 Are ____ treatments ____ by ____ existing ____ subject to ____ partial payments?
 ____ to ____ medical ____ of ____ procedures outlined ____ the ____ can we ____ a ____?
 ____ treatments are ____ by ____ contract, ____ they subject ____ payment?
 ____ our ____ cover fertility procedures ____ in partial?
 Does ____ policy involve ____ for fertility ____ that ____ medically ____?
 ____ considered ____ essential and ____ in whole or part ____ our ____ agreement.
 Should ____ covered ____ our ____ medically necessary ____ and full or partial ____?
 Does ____ contract include ____?
 Is ____ considered medically ____ subject ____ partial/full payments?
 Does ____ pay ____ fertility treatments?
 Can ____ confirm ____ contract provides coverage for fertility treatments ____?
 ____ you ____ if our contract ____ for fertility treatments ____ necessary?
 Is ____ treatments covered under ____ existing ____ are deemed ____?
 Is there a ____ the ____ agreement ____ cover ____ of ____ treatments.
 ____ fertility treatments be ____ for full ____ partial ____ current ____?
 Does our ____ involve ____ for fertility treatments ____ medically essential?
 Can ____ the ____ contract covers fertility ____ are ____ required?
 ____ treatments may be ____ for ____ partial reimbursement as per ____ contract.
 If ____ are deemed medically ____ we ____ to ____ part of the ____?
 Will fertility treatments ____ the ____ we have?
 ____ the ____ claiming coverage for fertility ____ to medical ____ should ____?
 ____ you pay ____ all or part of ____ in ____?
 ____ it possible ____ fertility treatments ____ necessary and ____ for ____ partial ____?
 Fertility procedures ____ potentially ____ or ____ in our current ____.
 Does our policy involve any ____ for fertility treatments ____?
 Fertility treatments can ____ or partial ____ as ____ our current ____.
 ____ our policy ____ treatments that are ____ medically necessary, and ____ much ____ we ____?
 ____ you ____ medically necessary ____ treatments in line ____ contract?
 Are ____ for ____ fertility treatment ____?
 Can ____ be ____ in part ____ that are ____ necessary?
 ____ we ____ fertility services?
 Is ____ treatments ____ for full or partial ____ the ____?
 Are ____ costs of ____ fertility treatments ____ in ____ current ____?
 Do we get ____ or ____ for ____ fertility ____?
 ____ fertility ____ are ____ medically essential, ____ an obligation to ____ full or ____?
 Fertility treatment expenses are ____ the contract, ____ considered ____?
 ____ fertility treatments eligible ____ on ____ medically necessary status, ____ payment?

Can we _____ a _____ according to the medical _____ outlined _____ the contract?
 _____ us if our existing contract _____ fertility _____ that _____ medically _____?
 _____ the _____ fertility _____ due to _____ necessity, _____ we _____ full or half?
 Under the current contract can _____ be _____ deemed _____ necessary?
 Do the terms of our _____ fertility _____ that _____ medically _____ to _____?
 _____ our _____ provisions extend _____ to include _____ fertility _____?
 _____ our policy _____ the _____ of _____ treatments _____ deemed medically _____?
 _____ may include _____ essential fertility _____ with partial/full cost _____.
 _____ there full _____ payment for medically _____ fertility _____?
 _____ contract _____ consider _____ necessity with partial _____ reimbursement for fertility _____.
 Does our insurance _____ allow _____ for _____ treatments?
 Should _____ full or _____ fertility treatments are considered _____?
 _____ there a full or partial _____?
 Should our _____ include fertility treatments _____ are medically _____ payment?
 Do our _____ provisions allow coverage _____ procedures?
 _____ treatment available _____ contract?
 Is it _____ be _____ to the medical _____ of _____ procedures _____ in _____ contract?
 Will _____ contract pay _____ procedures?
 _____ fertility treatments _____ the _____?
 Do _____ provisions _____ coverage to _____ fertility procedures?
 _____ it possible to _____ receiving _____ according to the _____ fertility procedures outlined _____ contract?
 Fertility _____ that _____ required and _____ to _____ are _____ current contract.
 _____ contract _____ have coverage for fertility _____?
 _____ receive _____ reimbursement based on _____ medical necessity _____ the _____ outlined _____ the _____?
 Is _____ treatments _____ our _____ payable in full?
 _____ treatments are covered _____ medically _____ complete _____ partial _____
 _____ insurance _____ cover fertility treatments that _____ deemed _____?
 Is fertility _____ our _____?
 Should we _____ partial _____ if fertility _____ are covered by our _____?
 Does _____ have to _____ for fertility treatments _____ medical necessity?
 _____ we _____ to get _____ reimbursement _____ on _____ medical necessity _____ fertility procedures _____ contract?
 Can _____ get a partial payment for _____?
 Are fertility _____ covered _____ our _____ contract _____ subject _____ or _____ payment?
 _____ treatments _____ and can be reimbursed _____ or _____.
 _____ it _____ to get reimbursement _____ the medical _____ of _____ procedures _____ in _____ contract?
 _____ infertility treatment _____ covered _____ our _____?
 Does our contract _____ coverage _____ treatments _____ are _____?
 Our _____ contract _____ fertility _____ are _____ required and subject _____ payment.
 _____ treatments _____ covered by _____ but should we _____ for them _____?
 _____ per _____ fertility _____ medically necessary and _____ full or _____ reimbursement?
 _____ give _____ for fertility treatments that are _____?
 Fertility treatments _____ considered medically _____ and _____ payment in _____ existing _____.
 Fertility _____ are potentially _____ whole _____ our current agreement.
 _____ it _____ in _____ contract for _____?
 Should we have _____ treatments in _____?
 fertility _____ covered by _____ contract
 _____ we get a reimbursement according to _____ outlined in _____ contract?
 Does _____ agreement _____ us _____ recover _____ expenses if _____ treatments are _____?
 Is _____ included _____ the _____ and _____ in full/partially?
 Is it _____ full _____ partial payment _____ fertility _____?

_____ fertility treatments be _____ based on our _____ necessary _____ full/partial _____?
 Can _____ payment for fertility treatments _____ they are _____?
 _____ considered _____ necessity to _____ for _____ treatments under the _____?
 _____ we _____ coverage _____ necessary fertility _____?
 _____ it _____ for us _____ full or _____ payment for _____?
 Does the current _____ cover _____ and _____ we be _____ full or _____?
 Fertility _____ that are _____ required _____ subject to _____ may _____ covered _____ current _____.
 Fertility treatments _____ by _____ necessary status, and full/partial payment.
 Is the _____ cover _____?
 _____ we _____ full payments for _____ services?
 Is _____ our obligation _____ pay _____ amounts _____ fertility treatments are _____ medically _____?
 _____ our policy involve any _____ payment towards _____ medically necessary?
 Fertility _____ are likely _____ in whole or _____ our _____ agreement.
 Fertility procedures _____ be _____ whole or _____ to _____ current _____.
 Pay for medically _____ in _____ our _____ contract?
 _____ it _____ to _____ the costs _____ medically _____ fertility treatments _____ current _____?
 Fertility treatments _____ based on our existing contract, _____ necessary _____.
 Was _____ contract _____ fertility _____?
 _____ the fertility _____ in _____ contract _____?
 Will _____ responsible for _____ or partial payment if _____ in _____?
 _____ our policy _____ of fertility _____ are medically essential?
 Does _____ contract _____ essential _____ procedures?
 If fertility _____ are considered _____ will we be _____ pay full _____?
 _____ our contract _____ fertility _____?
 Do we _____ coverage for _____?
 _____ are _____ required _____ subject _____ payment are under the current _____.
 Is there partial _____ full payment _____ medically _____?
 Should _____ be _____ my existing _____?
 _____ medically _____ and eligible for reimbursement _____ contract?
 Does our _____ agreement _____ full/ partial _____ from fertility _____?
 _____ the _____ expenses covered in _____?
 _____ we _____ a reimbursement _____ on the medical _____ of fertility _____ outlined _____?
 Should _____ partial or _____ for _____ treatments _____ to medical _____?
 Is _____ a _____ that _____ costs _____ necessary fertility _____ in _____ current agreement?
 Will fertility _____ covered _____ our _____ necessary status _____ payment?
 _____ get a _____ partial payment for _____ treatment?
 _____ current agreement include the _____ services?
 Are _____ for _____ our contract?
 Fertility _____ could _____ for _____ or _____ reimbursement as per _____ current _____.
 Fertility _____ may be covered _____.
 _____ fertility procedures _____ our current agreement _____ and _____ in part?
 Does our contract _____ pay _____ fertility _____?
 _____ agreement _____ us to _____ all or part _____ the cost _____ fertility _____?
 Is _____ possible _____ paid _____ medically necessary fertility services?
 Do _____ receive _____ payments for _____?
 _____ are deemed medically essential, _____ to _____ full and partial _____?
 Fertility _____ considered _____ necessary _____ to _____ partial payment _____ our existing contract.
 Fertility treatments _____ medically _____ and eligible for _____ or _____ reimbursement.
 _____ us to receive _____ payments for _____ services?
 Fertility treatments _____ be eligible for full or _____ according _____.

Does ____ contract ____ for ____ that ____ medically necessary?
 ____ infertility ____ covered under ____?

Fertility procedures may be ____ or part ____ agreement?
 ____ you ____ me ____ the ____ contract ____ coverage ____ fertility treatments that are ____?
 ____ treatment is ____ the ____?
 ____ payments ____ made for ____ treatments that ____ medically ____?
 ____ infertility ____ included in ____?
 ____ allow us to recover ____ expenses if ____ treatments ____ medically ____?
 ____ our ____ include fertility ____ are medically required ____ payment?

Is ____ covered by ____ existing ____ subject ____ payment?
 If ____ are considered medically essential, are ____ to ____ amounts?
 Can ____ tell ____ if our contract provides coverage ____ that ____?
 Does ____ the cost ____ fertility treatments ____ are ____ essential?
 ____ are covered ____ contract?

Can ____ a full ____ for our fertility ____?
 The ____ contract may ____ treatments that are ____ subject to ____.
 Fertility treatments ____ necessary ____ eligible ____ or partial ____ under our ____.
 ____ per ____ current contract, ____ fertility ____ medically ____?
 fertility treatments ____ classification of medically ____ insurance agreement

Fertility ____ are medically ____ and paid ____ in ____.
 Full ____ for ____ treatments?
 ____ treatments that ____ required and subject ____ covered ____ our current ____.
 ____ fertility ____ included ____ the ____?

Do ____ full or partial ____ fertility ____?
 ____ treatments ____ be ____ for fully ____ partially ____ our ____.
 Does ____ plan ____ fertility therapies ____ paid ____ fully?
 Included ____ agreement is the need for ____ insured ____.
 ____ our ____ cover treatments ____?

We don't ____ if ____ covers ____ treatments fully ____.
 ____ include ____ of ____ towards fertility treatments that are ____?
 ____ our ____ covered for ____ treatment?

Fertility treatments are ____ our existing contract ____ subject ____.
 Is there ____ for ____ treatment ____.
 Will our ____ procedures?

Fertility ____ required ____ to payment are the ____ of ____ current contract.
 Does our insurance ____ treatments ____ they ____ medically necessary?
 Is the infertility ____ plan considered a ____?
 ____ get a ____ payment for certain fertility ____?

Is ____ by the ____?

Should we pay ____ treatments ____ are in ____ our ____ contract?
 Does ____ existing ____ pay ____ services?
 ____ fertility ____ covered ____ the contract?
 ____ fertility treatments ____ in our ____?
 ____ may or may not include ____ that ____ and subject ____ payment.

Can ____ full or ____ for ____ services?
 Full ____ for ____ treatments included?
 Fertility procedures may ____ in ____ or part ____ current ____.
 Does ____ include fertility ____?
 ____ you confirm ____ the ____ contract ____ fertility ____ medically necessary?
 ____ our ____ afford fertility ____?

Is _____ covered _____ our current _____ will _____ have _____ pay?

Is _____ current _____ treatments?

Is it possible _____ us to _____ or _____ services?

Will our policy pay for _____ full _____?

_____ paid for medically _____ treatments?

Will _____ be given _____ reimbursement _____ the _____ procedures outlined _____ the contract?

_____ our _____ pay for _____ procedures?

Can fertility treatments _____ our _____ contract, medically _____ full/partial payment?

Is the _____ included in _____ agreement?

_____ contracts pay for _____?

fertility procedures _____ potentially _____ part under the _____ agreement.

Does our _____ for _____ essential _____ procedures?

Fertility treatments are _____ by _____?

Is infertility treatments _____ coverage?

_____ coverage for fertility _____ medical necessity or should we _____ price?

_____ it possible _____ we receive _____ partial _____ medically _____ treatments?

_____ it _____ to cover _____ treatments _____ plan?

Are fertility treatments that are _____ required _____ to _____ in _____?

Should _____ pay _____ if _____ treatments are deemed essential?

If _____ are _____ medically essential, _____ we _____ to _____ partial amounts.

_____ treatments that _____ required and subject to payment are _____ in the _____.

_____ a contract that _____ fertility _____?

Payments _____ be made in part _____ treatments _____ medically _____ the _____.

_____ treatments are _____ if _____ medically _____ with complete or _____

Can _____ coverage _____ medically _____ fertility procedures _____ considerations?

_____ infertility procedures _____ required _____ coverage?

_____ our _____ entitles _____ pay for _____ treatments?

_____ our _____ obligated to _____ for _____?

Does our _____ fertility _____?

_____ medically _____ does the current agreement obligate _____ to _____ or partial amounts?

Are _____ to pay for _____ necessary _____ treatments _____ the contract?

_____ fertility _____ part _____ our _____ contract?

fertility procedures _____ to _____ in whole _____ part _____ current agreement

_____ coverage _____ fertility treatment _____ contract?

_____ or _____ be _____ for IVF expenses?

Is fertility _____ necessary _____ for _____ or _____ reimbursement in our _____?

_____ our _____ fertility procedures in full or _____?

Is _____ treatments medically necessary _____ per _____?

Will the _____ included in our current _____?

Does _____ agreement _____ us _____ and partial _____ fertility treatments are _____ necessary?

Fertility _____ could be _____ whole or _____ under our _____.

Can _____ expect to be reimbursed _____ to _____ medical necessity _____ in _____ present _____?

_____ procedures _____ be paid in whole _____ our _____ agreement.

Is there a _____ our current _____ to cover _____ medically _____ fertility _____ or _____?

Is _____ agreement _____ cover the costs _____ necessary _____ treatments?

Should _____ treatments _____ classified _____ medically _____ within _____ insurance _____?

_____ we _____ full _____ for _____ necessary fertility services?

_____ treatments could _____ under _____ classification of _____ within our _____.

_____ agreement _____ the costs _____ medically _____ fertility treatments partially or _____?

_____ be covered based on our _____ medically necessary _____?

_____ it _____ for infertility treatment?

Is fertility _____ medically necessary _____ in _____ contract?

Does our insurance _____ cover _____ medically necessary, and _____ we _____ payment?

_____ fertility treatments included _____ existing agreement and _____?

_____ paying for medically necessary fertility treatments _____ contract?

_____ allow us _____ recover _____ expenses if _____ are medically necessary?

Considering _____ treatment expenses covered _____ the _____ contract?

Is there _____ payment _____ medically necessary _____?

Will fertility _____ coverage _____ on _____ existing contract, _____ necessary _____ full/partial _____?

_____ procedures could be paid _____ whole _____ our _____ agreement?

Can you confirm _____ contract _____ coverage _____ are medically necessary?

_____ cover important fertility _____ the current _____ not?

_____ covered based on our existing contract, _____ necessary _____ and _____?

Can our _____ agreement _____ recover _____ expenses _____ fertility treatments are _____?

_____ our insurance _____ pay for fertility _____ medically _____?

_____ our insurance _____ are deemed medically _____ and what _____ can we expect _____?

Is _____ treatment _____ the contract if they _____ medical _____?

Does _____ policy include any _____ payment for fertility treatments _____?

_____ possible _____ pay for fertility treatments _____ medically _____ under _____ contract?

_____ it possible that fertility _____ be covered _____ on _____ contract and _____?

_____ our contractual provisions _____ cover medically _____ procedures?

_____ anything in _____ current _____ cover the _____ of medically necessary _____ treatments?

_____ for coverage based _____ our _____ contract and medically necessary _____?

_____ we be _____ partial _____ of fertility treatments if they _____ by our _____ policy?

Will _____ be _____ for _____ or _____ payment _____ fertility treatments _____ covered by _____?

Will _____ treatments _____ under _____ contract?

_____ you confirm whether our _____ for fertility treatments that _____?

Is _____ services _____ our current _____?

Are _____ necessary and eligible _____ or partial _____?

_____ the contract _____ for fertility _____ are medically necessary?

Are we _____ a _____ according to _____ medical _____ of _____ in the present contract?

If _____ treatments are _____ medically _____ will _____ have _____ full _____ partial _____?

_____ our _____ us to recover full/partial _____ fertility _____ medically required?

_____ therapies included _____ contract coverage?

Fertility _____ covered by _____ contract _____ subject to full/partial _____.

If _____ treatments are covered by _____ current _____ will we _____ for _____?

_____ agreement _____ us _____ full/partial expenses if _____ treatments are required?

_____ treatments covered if _____ medically _____ with full _____ reimbursement?

Are _____ covered _____ our contract?

Does _____ existing _____ state _____ fertility treatments _____ required?

We want to _____ fertility treatments _____ within our _____ agreement.

_____ current agreement _____ us _____ recover _____ expenses from fertility _____?

_____ possible to _____ a partial _____ necessary fertility services?

_____ you _____ the _____ contract provides _____ fertility _____ that are medically _____?

The _____ may include _____ treatment.

Is infertility therapies _____ by _____?

_____ we _____ being _____ according to _____ medical _____ procedures outlined in _____ present _____?

Will _____ be _____ for _____ or partial payment of _____ treatments _____ we _____ by our _____?

Does our agreement _____ us to recover _____ treatments _____?

Do _____ contract _____ coverage for fertility treatments _____ medical necessity, _____ pay _____?

Fertility treatments _____ are medically required _____ are _____ in _____ current _____.
 Should we _____ or _____ full for fertility _____ medical _____?
 _____ fertility _____ are medically necessary, are they _____ for _____?
 _____ a _____ on the medical necessity of fertility _____ mentioned _____ contract?
 Do _____ important fertility treatments _____ the current _____?
 Does _____ cover _____ of infertility?
 _____ covered by our contract, _____ subject _____ payment.
 Does our _____ us _____ recover partial or _____ fertility treatments?
 Are fertility treatments included _____ and _____ in _____?
 _____ contract _____ cover _____ procedures?
 Is _____ current agreement covering _____ costs _____ medically _____ fertility _____ partially?
 _____ paid _____ fully _____ partially in our contract.
 _____ be full _____ partial reimbursement according _____ our current _____.
 _____ agreement allow us _____ recover full/partial _____ fertility _____ medically required?
 _____ medically _____ that _____ be part of _____ coverage?
 _____ our contract _____ procedures?
 fertility treatments _____ covered _____ on our _____ and full/partial payment
 Do you _____ fertility treatments in our _____?
 Will fertility _____ under _____ current _____ medically necessary _____ and _____ payment?
 _____ for _____ to cover important _____ treatments per _____ current _____?
 _____ by our existing contract _____ subject to _____ payment?
 _____ our _____ cover the _____ fertility _____?
 _____ existing _____ fertility treatments?
 _____ be considered medically _____ with complete _____ partial _____ applied?
 _____ it possible _____ get a reimbursement based _____ medical _____ of fertility _____ in _____ contract?
 Fertility treatments _____ eligible for _____ or _____ reimbursement _____ our _____.
 _____ get _____ partial payment for infertility services?
 _____ fertility treatments _____ covered _____ we _____ an _____ medically _____ and full _____ partial payment?
 Are _____ treatments covered _____?
 If fertility treatments _____ pay full and partial amounts?
 _____ fertility _____ be eligible for _____ our contract, _____ status and _____ payment?
 Is _____ on _____ coverage?
 _____ treatment _____ our contract?
 Is fertility _____ covered in _____ contract if _____?
 _____ treatments _____ covered if they _____ deemed _____ with _____ partial reimbursement applied?
 Does our policy include _____ payment _____ that are _____?
 _____ fertility treatments _____ covered based _____ our _____ medically _____ status _____ full/partial _____?
 Is there _____ medical _____ pay for infertility treatments _____?
 _____ medically _____ fertility _____ with partial/full cost considerations?
 _____ our contract cover _____
 _____ there _____ provision in _____ current _____ to _____ the costs _____ treatments?
 _____ our _____ include paying the _____ of _____ treatments _____ medically _____?
 Is _____ in _____ contractual _____?
 Does the _____ policy cover _____ treatments _____ are deemed _____ necessary, and _____ expect to _____?
 Can we _____ depending _____ the _____ necessity _____ fertility procedures _____ in the present contract?
 Can our contractual _____ essential fertility _____ with partial/full _____?
 Is fertility treatment _____ the _____?
 _____ the contract if they are _____ necessary?
 Will the _____ treatments because _____ medical necessity, _____ we pay _____ full?
 _____ treatments _____ in _____?

Is _____ included in _____?

_____ you know if our contract covers fertility _____?

_____ treatments are subject to _____ our existing _____.

_____ about fertility treatments that _____ to payment?

Is it considered _____ fertility _____ to _____ included _____ agreement?

_____ full/partial _____ for _____ necessary _____ treatments _____?

_____ treatments included _____ our _____ agreement?

_____ per _____ current contract, can fertility treatments be _____?

Are _____ paid for?

_____ treatment _____ by the _____ because of medical _____?

_____ infertility therapies be _____ contractual _____?

_____ Treatments are _____ necessary _____ paid in full/partially.

Is _____ therapies _____ in _____ contractual _____?

Is _____ fertility treatment _____ by _____?

_____ infertility _____ included _____ coverage?

_____ our agreement _____ us _____ expenses _____ fertility treatments _____ medically required?

Does _____ contract _____ coverage for _____?

_____ by our contractual coverage?

Does our _____ require payment _____ treatments _____ are deemed _____?

_____ fertility _____ expenses covered _____ the _____ contract _____ considering medical _____?

Does _____ include fertility _____ paid _____ or fully?

_____ fertility _____ part _____ our _____?

Can _____ expect _____ based on the necessity _____ in _____ contract?

Is _____ considered medically necessary _____ include _____ the existing _____?

Is fertility treatments _____ our policy _____ we _____ responsible _____ or partial _____?

_____ pay _____ medically _____ fertility _____ in _____ with our contract?

Is _____ treatments _____ for under _____?

Does our _____ fertility treatments?

Is the costs _____ fertility _____ our _____?

Are _____ treatments covered under the existing contract _____?

_____ current agreement _____ us to _____ expenses _____ to fertility treatments?

Am _____ in our _____?

Should fertility _____ expenses _____ covered _____ the contract _____?

Fertility _____ covered based _____ our _____ contract, _____ necessary _____ and _____ or partial _____.

Is _____ essential fertility procedures?

_____ you covering important fertility _____ per _____?

_____ possible _____ fertility procedures may be paid in _____ or _____ under _____?

Can _____ treatments be covered due _____ necessary _____ and full/partial _____?

Fertility _____ medically _____ and eligible _____ reimbursement under _____ current _____.

Is _____ possible _____ a reimbursement according to the medical necessity _____ fertility procedures _____?

_____ the _____ contain coverage _____ fertility _____?

_____ covered in _____ contract?

Can _____ to pay _____ fertility treatments _____ necessary _____ our _____ policy?

_____ treatment part _____ the _____?

Are fertility _____ by our current _____ will _____ responsible _____ full or _____?

_____ our contract _____ fertility procedures?

Does our _____ include fertility _____ are _____?

_____ contracts _____ for _____ procedures?

_____ our _____ covering _____?

fertility _____ the contract?

_____ a reimbursement based on the _____ necessity of fertility _____?

_____ medically necessary _____ treatments, do _____ partial payment?

Is it _____ that _____ are provisions _____ current agreement _____ costs of _____?

_____ the _____ of fertility _____ in the current _____?

Does _____ contract covering _____?

Is _____ covered _____ existing contract _____ they _____ essential?

_____ we _____ amounts _____ fertility treatments are _____ essential?

_____ the _____ agreement include provisions to _____ of fertility _____?

Is _____ treatment expenses covered _____ the contract _____ medical _____ with _____?

_____ to _____ are eligible _____ full or partial reimbursement.

Will fertility treatments _____ based _____ existing contract _____ necessary _____?

Fertility treatments may be covered by _____ existing _____ considered _____.

Does _____ agreement _____ us to recover _____ treatments?

_____ could _____ paid in whole or part under _____.

Do our _____ provisions include _____ fertility procedures with partial _____?

_____ treatments _____ considered medically essential, are _____ pay _____ partial amounts?

_____ should _____ covered based _____ existing _____ medically _____ status, and _____ payment.

_____ fertility _____ be covered _____ current _____ medically necessary _____ full/partial payment?

Is _____ treated _____ contract?

_____ fertility treatments _____ under our _____ policy, _____ be _____ for _____ partial payment?

_____ include _____ towards fertility treatments that _____ considered medically _____?

Is _____ our agreement?

_____ fertility _____ covered _____ our policy and _____ we be _____ partial payment?

We _____ to _____ if fertility _____ are _____ as _____ within our _____ agreement.

_____ we get _____ according _____ the _____ necessity of _____ procedures outlined in _____?

Can _____ get a _____ a partial _____ for _____?

Does our policy cover _____ that are _____ necessary _____ expect to pay?

_____ fertility treatments _____ by _____ contract?

_____ treatments will qualify _____ coverage based on _____ necessary status and _____

Does _____ cover or _____ for _____?

_____ you _____ for _____ in _____ contract?

Does _____ contract _____ for fertility treatments _____ medically necessary?

Should we _____ a _____ according _____ the _____ necessity _____ procedures outlined in _____?

_____ we covered _____ fertility treatment?

_____ insurance _____ fertility treatments _____ medically _____ and how _____ do _____ expect _____ pay?

_____ it possible _____ have coverage for medically _____ costs?

Is _____ provisions _____ current agreement _____ cover _____ costs of _____?

_____ on our existing _____ necessary _____ and full/partial _____ treatments qualify _____ coverage?

_____ treatments _____ paid for _____ our _____.

_____ procedures _____ paid _____ whole or part _____ terms of _____ current _____.

Is _____ procedures part _____?

Will there be _____ partial _____ for _____ IVF _____?

Does _____ allow _____ us to potentially recover _____ treatments?

Does our _____ take _____ treatments?

_____ in our existing agreement?

_____ treatments qualify for coverage _____ our _____ necessary status and _____?

Does _____ pay for _____?

Does _____ include _____ of payment _____ fertility treatments that _____ necessary?

_____ fertility _____ expenses _____ by the _____ contract _____ medical necessity?

_____ medically essential fertility treatments?

_____ you _____ if our contract _____ for _____ treatments _____ medically necessary?
 Is it _____ that _____ current contract _____ fertility treatments _____ medically _____ subject _____ ?
 _____ contract _____ that _____ medically necessary and subject to payment?
 _____ it _____ disburse _____ payments _____ fertility _____ deemed _____ necessary _____ the current contract?
 _____ treatments _____ covered by _____ contract and _____ to _____ partial _____ .
 _____ fertility treatments _____ in _____ contract?
 Can we _____ get _____ according to _____ necessity _____ fertility procedures _____ the present _____ ?
 Is _____ included in _____ ?
 _____ procedures be _____ in _____ coverage?
 _____ the _____ treatments _____ our contract?
 _____ it _____ our contract _____ treatments?
 _____ our _____ us _____ recover _____ expenses _____ to fertility treatments?
 Should we _____ responsible for _____ of _____ under _____ current policy?
 Is our existing _____ coverage _____ fertility treatments _____ required?
 _____ contract says that _____ treatments _____ be _____ or partial _____ .
 Full _____ partial _____ the _____ cover fertility treatments?
 _____ we _____ or _____ claims coverage _____ fertility treatments due _____ medical necessity?
 _____ might include _____ treatments that are _____ required and subject _____ .
 Are _____ treatments covered _____ medically essential _____ complete _____ reimbursement applied?
 Does _____ existing _____ us _____ recover _____ expenses if fertility _____ are _____ ?
 _____ we _____ payment for _____ services?
 Does _____ contract _____ for fertility _____ ?
 _____ includes the necessary _____ infertility _____ and _____ fully/partly.
 Are _____ part _____ the _____ ?
 Fertility _____ necessary and are _____ in our existing contract.
 If _____ medically _____ are we obligated _____ full _____ partial amounts?
 Does _____ existing contract _____ ?
 _____ pay for some or all of _____ fertility _____ ?
 Does our _____ us _____ recover full/partial _____ fertility treatments are _____ ?
 _____ contract claims _____ for fertility treatments _____ to medical _____ should _____ amount?
 Is it _____ medically necessary _____ to _____ or _____ payment _____ fertility _____ ?
 Are fertility _____ covered _____ we be responsible for _____ or partial _____ ?
 Is _____ fertility treatments due to _____ should _____ in full?
 _____ fertility procedures _____ be paid _____ part under our current _____ ?
 _____ fertility _____ of our _____ ?
 Will _____ reimbursed according to the _____ of _____ fertility procedures _____ the _____ ?
 Fertility _____ be _____ necessity with partial _____ full reimbursement.
 _____ to _____ if fertility _____ are _____ as medically necessary _____ our insurance _____ .
 Does our _____ treatment _____ ?
 Do we expect _____ receive _____ reimbursement according to _____ of _____ outlined in _____ ?
 Are _____ covered _____ our _____ and should _____ for them?
 fertility _____ could be _____ whole or _____ current agreement?
 We do not know _____ fertility _____ fully or _____ .
 Is it possible _____ the fertility _____ the contract?
 Does _____ for infertility _____ ?
 If _____ treatments are _____ current policy, _____ responsible for _____ partial payments?
 _____ are considered medically necessary, so _____ subject _____ full/partial _____ ?
 _____ it possible to receive reimbursement _____ to the _____ necessity _____ outlined _____ ?
 _____ possible for us _____ reimbursed _____ infertility treatment costs under _____ ?
 fertility _____ may _____ paid _____ whole under our current _____ .

fertility _____ to be paid in whole _____ the current _____.

_____ to receive _____ reimbursement _____ to the _____ necessity of _____ procedures outlined _____ the current _____?

_____ will be eligible _____ based _____ our existing _____ status, _____ full/partial payment.

_____ treatments be covered _____ on _____ medically _____ status, and _____ or partial _____?

_____ covered _____ treatment in our _____?

_____ treatments are _____ paid for under _____ contract.

Should _____ agreement _____ the costs _____ medically _____ treatments partially or _____?

_____ for us _____ receive partial or _____ payment _____ fertility _____?

_____ the _____ cover _____ treatments due _____ medical _____?

Do _____ our current _____ include _____ treatments _____ are medically _____?

_____ our policy include any sort of _____ towards _____?

Can fertility _____ covered based _____ our _____ necessary status _____ payments?

_____ our reimbursement be based on _____ necessity of _____ in _____ present _____?

_____ procedures _____ be paid in _____ part _____ the _____.

Can _____ get _____ for _____ costs _____ the policy?

Will _____ include _____ that _____ medically required _____ subject to payment?

Is infertility therapy _____?

Is it possible _____ fully _____ for fertility _____ deemed _____ the _____ contract?

_____ our _____ fertility therapies?

_____ the contract _____ fertility treatments because _____ medical _____ pay in _____?

Can _____ treatments be covered if we have an _____ full/partial _____?

_____ our _____ agreement allow _____ to _____ expenses _____ fertility treatments are _____?

_____ it possible to _____ reimbursement _____ to the _____ of fertility _____ outlined _____ the _____?

_____ we _____ full/partial _____ for _____ treatment?

_____ treatments are _____ necessary _____ subject _____ full payment _____ contract.

Do _____ know _____ our _____ gives coverage _____ fertility _____ that _____ required?

Fertility treatments are _____ necessary and subject _____ payment _____.

_____ our policy include the _____ fertility _____ that _____ necessary?

_____ treatments _____ coverage based on _____ contract, medically _____ status, _____ payment.

_____ fertility _____ covered _____ policy _____ will we _____ responsible _____ full or _____ payments?

Medically necessary _____ included in _____?

_____ treatments _____ be _____ by our _____.

_____ treatments are _____ essential with complete or _____ reimbursement _____.

Fertility _____ are _____ medically _____ and _____ to _____ under _____ existing contract.

_____ procedures may _____ be _____ in whole or _____ our current _____?

_____ medically necessary, and _____ paid in full/partially?

Is _____ possible _____ fertility _____ can be _____ whole or part _____ current _____?

We _____ know _____ the terms _____ our current _____ fertility treatments _____ are medically _____ subject _____.

Can the reimbursement _____ medical necessity _____ procedures outlined _____ contract?

_____ contractual _____ medically essential _____ procedures?

Is _____ existing _____ coverage _____ fertility treatments that are _____?

_____ our _____ recover full or _____ from fertility treatments?

_____ our contractual _____ coverage to medically essential _____?

_____ included _____ current agreement _____ cost _____ fertility services?

_____ get partial _____ payment _____ fertility services?

Will you _____ for _____ treatments _____ part of _____?

_____ treatment covered _____ contract?

_____ pay _____ treatments included in our contract?

_____ infertility _____ included in _____ coverage?

_____ policy include payment towards _____ that _____ medically essential?

_____ to _____ full/partial expenses from fertility treatments?

Does _____ coverage _____ fertility _____ are medically required?

I _____ to know _____ costs of _____ included _____ current agreement.

Does our policy include _____ towards the _____ fertility _____ that _____?

Are there provisions in the current _____ that _____ treatments?

_____ covered by _____ contract for medical _____ with _____ reimbursement?

_____ services _____ our agreement?

_____ treatments _____ necessary and subject to _____ payment _____ contract.

_____ contractual _____ extend _____ to _____ essential fertility procedures?

Is _____ treatment medically _____ contract?

_____ are _____ in _____ current _____ the costs of medically _____ treatments

_____ we get _____ for medically _____?

If fertility _____ considered _____ do _____ to _____ full _____ partial amounts?

Do we _____ for medically _____?

_____ terms _____ current _____ fertility treatments that _____ medically necessary and subject _____?

_____ contract provide _____ fertility procedures?

_____ we covered for fertility _____?

_____ contract _____ fertility treatments

Does our _____ include _____ therapies _____ or _____?

_____ fertility _____ that _____ medically required and _____ to payment be included _____?

Is _____ possible _____ our contractual _____ coverage _____ include medically essential _____?

_____ we pay _____ medically _____ fertility treatments _____ with our _____?

_____ get full or _____ payment for _____ fertility _____?

_____ our _____ include any payments _____ the _____ that are deemed _____ essential?

_____ we _____ full/partial _____ for fertility _____?

Should _____ receive _____ or partial payment _____ medically _____?

Does _____ contract _____ fertility procedures?

Is fertility procedures _____ an _____ potentially paid in _____?

_____ our _____ include _____ therapies _____ paid _____ or fully?

Is _____ possible for fertility treatments _____ be _____ on our _____ necessary status _____ payment?

_____ to get full/partial _____ for _____ necessary _____ services?

_____ existing _____ cover _____ of fertility procedures?

Is our current contract _____ fertility _____ medically necessary _____ to _____?

_____ existing _____ cover fertility _____?

Does _____ contract include _____ for fertility treatments _____ medically _____?

_____ procedures _____ be _____ in _____ or _____ our current agreements.

Is fertility treatments _____ necessary _____?

Does _____ coverage for fertility treatments, _____ we _____ not?

Should we pay _____ treatments _____?

I want to _____ if fertility _____ expenses are _____?

_____ be covered in our _____.

_____ take coverage for _____ essential _____?

_____ procedures _____ paid in _____ or _____ the current agreement?

Does _____ policy pay _____ fertility _____ are _____ necessary?

Is _____ treatments _____ coverage?

Does the _____ for fertility treatments due _____ necessity _____ should _____?

_____ the existing _____ covering _____ treatment _____ considering _____ necessity?

_____ our current contract include fertility _____ that _____ and _____ to _____?

_____ the _____ contract allow _____ be fully _____ fertility treatments?

Is it _____ our _____ agreement _____ fertility services?

_____ the _____ include _____ fertility procedures with partial/full _____ considerations?

_____ about the costs of _____ fertility treatments _____ agreement?

Fertility _____ are _____ existing _____ and subject _____ full payment.

Should _____ costs _____ services _____ included _____ current agreement?

Is there _____ in the _____?

_____ treatments _____ are medically required are _____ in the _____.

If fertility _____ deemed medically _____ we _____ pay _____ amounts?

Fertility treatments _____ be _____ our _____.

_____ existing contract cover _____ that are _____ necessary?

_____ our _____ provisions extend coverage _____ essential fertility _____?

Is _____ contract covering _____ treatment _____ considering medical necessity _____?

_____ reimbursed _____ to the _____ necessity of fertility procedures outlined _____ contract?

Does _____ medically essential fertility _____ partial/full _____ considerations?

_____ it possible _____ cover _____ our contract?

Is infertility a _____ required _____?

Is it _____ to receive _____ to _____ medical necessity of _____ procedures _____ in _____ present contract?

If fertility _____ are _____ medically essential, _____ obligated to _____ or _____ the _____?

_____ policy _____ any _____ for fertility treatments that _____ essential?

_____ pay for some or _____ fertility procedures?

_____ there _____ for fertility treatment _____ contract?

Is the current _____ fertility treatments that _____ required _____ payment?

Are fertility treatments covered _____ they are _____ partial _____?