

[Demo] NLP Dataset for Customer Service Automation

Company Type	Health Insurance Companies
Inquiry Category	Home health care coverage stipulations
Inquiry Sub-Category	Duration and Frequency of Coverage
Description	Queries about the limitations on the length of coverage or the frequency of home health visits allowed by the insurance policy.
Data Size	7,463 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.)

____ insurance specify a ____ or frequency ____ in-home medical ____?

Does ____ have a ____ limit for ____ assistance.

____ there a ____ in- home medical care ____ insurance?

Is there a ____ on the number ____ at ____?

____ there ____ for in- ____ medical ____ included in ____ policy?

____ there a ____ deadline for how ____ I ____ at- ____ medical ____?

Is ____ on the ____ of ____ home-based healthcare aid is ____ insurer?

____ there ____ stated by ____ insurance for ____ home healthcare ____.

____ my insurance ____ restrictions ____ when and ____ can ____ health support?

____ on the number ____ I can receive ____ home medical ____?

____ insurance have ____ restrictions on the amount of ____ get?

____ can ____ receive at- home medical aid through ____ how ____ I get ____?

____ there ____ how long ____ home ____ assistance can last?

____ there ____ on the ____ of ____ aid ____ home?

____ there ____ limit ____ how ____ times I ____ get ____ home medical ____?

Is ____ maximum duration ____ home ____ through insurance?

____ there a cap on ____ can receive in- ____?

____ want ____ know ____ there ____ a ____ for ____ and ____ long I ____ medical ____ at home.

I'd like ____ there's a ____ number or Frequency ____ medical care.

Does ____ the number of times ____ I ____ in- ____ services?

____ my ____ how frequently can ____ get in-house ____?

Is there any ____ on ____ often I ____ residential ____?

Is there ____ restriction ____ I can get ____ assistance?

____ terms ____ my insurance cover ____ in- ____ medical ____?

Under ____ insurance ____ there ____ limit on ____ medical care?

Is there ____ on ____ home medical care ____ my ____ insurance coverage?

Is ____ insurance ____ how ____ I can ____ home ____ assistance?

There ____ time ____ for ____ home medical ____ on my ____.

I'm ____ if there's a ____ number or ____ at- ____ care in the ____.

Does my insurer ____ restrictions on ____ they cover ____?

_____ would _____ know _____ is an outlined schedule _____ when _____ access _____ support _____ home _____ my insurance.
 _____ insurer _____ for _____ long I can _____ at home?
 Does _____ any restrictions _____ timing of _____ health support?
 _____ limitation _____ how _____ for in- home medical assistance?
 Does my coverage _____ limitations _____ of home-based medical _____?
 Is _____ in- home _____ assistance coverage in _____ policy?
 _____ my policy _____ the amount _____ I can _____ in- _____ aid?
 Does _____ insurance cover any _____ the length of _____ care?
 _____ a _____ home care visits?
 _____ time limit _____ in my insurance _____ for in- _____ care?
 _____ want to _____ any _____ limitations or maximum _____ for in-home health _____.
 _____ cap _____ the _____ of times _____ get _____ home medical assistance?
 Is _____ a limit _____ I can _____ in-home _____ aid?
 Is _____ a limit _____ frequently _____ receive at- home _____ aid _____ policy?
 Do the _____ a certain _____ time for _____ care?
 _____ my _____ have _____ the number _____ times I'm covered for _____ healthcare _____?
 _____ limit how _____ I can _____ in- home _____ aid?
 Is _____ time limit or _____ in- _____ medical assistance _____ policy?
 Is there _____ on the number _____ times my insurance _____ healthcare?
 _____ restrictions on _____ duration or _____ medical _____ at home?
 Does my insurer impose _____ constraints on _____ they _____ in- _____ services?
 _____ my insurance _____ often I _____ get help?
 _____ there a _____ on how often _____ pay for _____ medical _____?
 _____ there _____ on how _____ I can receive _____ assistance _____ my insurance _____?
 _____ my _____ a limit on time _____ for _____ home _____?
 _____ include any _____ the _____ or duration _____ home-based medical aid?
 Is _____ set _____ limit on _____ I _____ receive at home _____?
 _____ my policy _____ a _____ of times I _____ medical aid?
 _____ the number _____ times I can get medical _____?
 Can _____ inquire _____ the duration or _____ of receiving medical _____ my _____?
 Is _____ on _____ long I _____ in- _____ medical assistance?
 _____ my insurance have _____ restrictions _____ when _____ how to _____ support?
 _____ me _____ there's _____ maximum number _____ amount of covered _____ medical care?
 _____ any restrictions _____ the duration _____ in- home _____ authorized _____ insurance?
 Does _____ any _____ regarding _____ long and _____ often _____ can receive at- _____ medical aid _____ insurer?
 _____ there _____ restriction on _____ I can _____ at home _____?
 _____ me if _____ any limits _____ at home medical _____ my _____ policy?
 _____ an _____ for how _____ long I _____ access medical support _____ home?
 Is my healthcare _____ caps _____ medical support?
 Does my _____ specify a _____ aid at _____?
 _____ you tell _____ if _____ are any _____ home _____ support _____ my _____ policy?
 _____ there a _____ on _____ in- _____ assistance is done?
 Is it possible _____ sets maximum _____ receiving care _____ home.
 _____ there a _____ often I use _____ home _____?
 Is my _____ the _____ of _____ can _____ in-house _____ assistance?
 Can _____ me the time _____ in-home _____ assistance coverage _____ policy?
 Can you _____ if _____ a schedule _____ when I _____ medical _____ at _____?
 _____ my _____ limits on _____ number _____ times _____ cover in- _____ services?
 _____ there a _____ on _____ and where in- _____ medical assistance _____?
 _____ you tell me _____ my _____ limits _____ at _____ medical support?

Is it ____ problem ____ time ____ or frequency ____ from my insurance?

Is ____ on ____ number ____ times I get home-based healthcare aid ____?

Do ____ include a limit ____ in- ____ aid?

I need ____ know ____ are time limitations or ____ frequencies ____ services.

I ____ to ____ is ____ or frequency cap for in- ____ assistance.

____ may be ____ on ____ duration ____ in- ____ authorized ____ my insurance.

Does my ____ limit the ____ in- home medical aids?

Is there ____ limit on ____ often ____ in-home ____?

____ me if there are ____ limits ____ maximum ____ assigned to ____ home ____?

Is ____ a ____ limit for ____ home medical ____ insurance ____?

Is ____ a limit ____ how frequently ____ is offered?

____ there a time limit or Frequency ____ in home ____ under ____?

Is ____ a ____ times I ____ receive ____ home medical ____?

Is there ____ on the ____ times ____ insurer ____ healthcare for me?

____ know if ____ a ____ or Frequency ____ covered ____ medical care in the insurance ____.

Is there ____ limit ____ maximum for ____ health support under ____?

Please let me know ____ any time ____ or ____ in- ____ services.

Does ____ insurance limit the amount ____ I ____?

Does ____ insurance have ____ on when ____ health support?

____ there a limit ____ the number ____ in- ____ healthcare ____ can ____?

____ a time ____ in-home medical assistance according to ____?

____ there a limit ____ often I can ____ assistance ____ my insurance?

____ agreement ____ conditions regarding how long and how often ____ can receive ____?

____ need to know ____ any time limitations or maximum frequencies ____ home ____.

____ limit ____ I need at- home care?

____ you ____ if there's a ____ limit ____ cap ____ in- home medical ____?

____ a ____ limit for in- ____ medical ____ under ____ insurance policy?

____ my insurance ____ have ____ time ____ for in- home ____?

____ me if there is a time ____ or frequency cap ____ home ____?

Does my ____ home medical aid ____ visit ____?

____ a limit ____ how ____ I ____ at home from ____ insurance?

Has my ____ set a ____ limit ____ home ____?

____ policy set ____ time ____ for at- ____ healthcare?

Are there ____ maximum number or ____ of ____ medical care ____ insurance ____?

____ on ____ duration of ____ home healthcare support?

How ____ often can ____ receive ____ medical aid through ____?

Is there ____ or frequency ____ for in- home ____?

What is the ____ or ____ for in-home ____ support ____ plan?

Is ____ quota ____ in- ____ help?

Is there ____ on ____ often ____ eligible for ____ assistance?

____ tell me ____ my healthcare policy ____ on home ____ support?

____ time limit ____ how often I can ____ healthcare ____?

Is ____ a ____ on how ____ can get ____?

Does ____ insurance contain any ____ can ____ home-based healthcare?

Does ____ insurer limit ____ of ____ they ____ home ____ services?

Is ____ a time ____ Frequency ____ in- ____ medical ____ under ____ insurance?

Rules about how ____ can ____ in- ____ aid?

____ of covered at- home medical care spelled ____ the insurance terms.

Does ____ policy ____ for at- home ____ aid?

Is there ____ for ____ home ____ assistance ____ my insurance?

_____ limit _____ in- home medical care under _____ insurance.

Is there a _____ on _____ long _____ last at _____?

Is _____ frequency of covered at- home _____ spelled out _____ the _____ the insurance?

_____ need to know _____ is _____ and _____ frequently I can access medical support at _____.

_____ there _____ cap _____ how often my insurance _____ for _____ home _____?

Does _____ policy _____ long I can get _____?

_____ my _____ a time _____ for in- _____ help?

Does _____ time limit on _____ help _____ my insurance?

_____ policy limit _____ long _____ receive _____ home medical aid?

_____ there a maximum _____ or _____ receiving _____ home _____ through insurance?

_____ my policy _____ a time _____ medical _____ home?

Is there _____ or _____ limit on _____ home _____ assistance _____?

_____ long _____ able _____ medical aid _____ this insurer, and how often?

_____ or _____ maximum for in- home _____ support _____ my insurance plan?

Is _____ limit on the _____ in- home _____?

_____ want to know _____ there _____ an outlined schedule for _____ long _____ access medical _____ home.

_____ a _____ time to _____ help in _____ own house?

Does my policy limits _____ number _____ get in- _____ aid?

I want to _____ there _____ time limitations or _____ frequencies for in- home _____.

Does my plan _____ a _____ in- home _____?

Does _____ coverage have _____ restrictions on the _____ of _____ medical _____?

_____ my plan limit the amount _____ home _____ aid _____ time _____?

Does _____ have a _____ limit for _____ in my _____?

_____ there restrictions _____ duration or rate associated _____ receiving _____ assistance at _____?

Is there _____ how many times _____ can _____ home _____ assistance?

_____ on how _____ I can _____ in- home medical _____?

Does _____ include _____ for in-house medical assistance?

_____ are I allowed to _____ at- _____ medical aid _____ this insurer?

_____ there any time _____ for _____ medical _____ covered _____ my _____?

I need to _____ if _____ a _____ for _____ home medical _____.

Is there _____ limit to _____ long _____ medical help _____?

Is there any _____ on _____ often _____ medical _____?

How long _____ receive at- home _____ aid through this _____ our _____ set forth?

Is there _____ limits _____ how many _____ in-house medical _____?

_____ my policy _____ many times _____ can _____ in-home medical _____?

Any time _____ for _____ support under _____ insurance _____?

_____ have _____ limits on _____ number of _____ medical aids?

_____ insurance _____ a _____ limit _____ in- home medical _____?

Is there _____ with _____ frequencies _____ home _____ from my insurance?

_____ any constraints _____ in-house _____ help _____ be done?

_____ provide _____ restrictions on when I can receive _____?

_____ if there's a time limit _____ for _____ home _____ assistance.

Is there _____ limit _____ times my insurer _____ aid for?

Is there a _____ how _____ cover _____ home healthcare?

Is the _____ maximum _____ or _____ care through insurance?

Under my _____ policy, _____ a time _____ in-home medical _____?

Can you tell me _____ any limitations or _____ frequencies _____ in- _____?

Is there a limit on _____ home care?

_____ my insurance _____ the amount of _____ get?

I want to _____ Frequency of _____ at home medical _____ in the insurance terms.

Can you _____ me _____ healthcare policy _____ or _____ at- _____ medical support?

_____ there a limit _____ the time _____ insurance _____ cover _____?

_____ my plan limits in- _____ medical _____ or visit.

_____ insurance _____ a time limit _____ cap for _____ medical assistance?

Will there _____ how _____ I _____ receive in-house medical _____?

_____ long and how _____ can I _____ at- _____ medical _____ this _____?

_____ there _____ in- home medical assistance can _____?

_____ insurer _____ any _____ the number of _____ cover in- _____ healthcare?

_____ a limit _____ my insurance regarding _____ healthcare _____?

_____ a time limit for in- _____ insurance?

Can you tell me if _____ a _____ of covered _____ care _____?

Does my _____ any restrictions _____ I can receive _____?

Do my _____ the amount of _____ I _____ get _____?

Is there a _____ on how _____ for _____ healthcare _____?

Is _____ a limit _____ the length of _____ insurance will cover _____?

_____ there _____ on the amount of _____ home _____ am _____ to receive?

I _____ my insurance _____ often I _____ get in- _____ aid.

_____ know if there is a _____ for how _____ and long I _____ support _____ home.

_____ a limit _____ the _____ times I can _____ healthcare _____ home?

_____ you tell _____ if there _____ or maximum _____ in-home health _____?

Is there a time _____ in _____ home medical _____?

Is _____ a limit to how _____ home _____ assistance?

_____ you _____ me _____ the _____ limit on _____ medical _____ in my _____?

_____ my coverage include _____ the amount _____ home-based _____ aid?

Is _____ a specific _____ period for in- home _____ insurance?

_____ there _____ limit to _____ often I can _____ medical _____?

Does _____ limit _____ number of _____ I'll _____ medical aid?

Does my _____ in- home _____?

Does _____ limit how much I can _____ assistance?

_____ a _____ of times I can receive _____ home _____ aid?

_____ frequently _____ I _____ at _____ medical aid _____ my _____?

_____ long can _____ receive medical aid _____ according _____ insurance?

I want to _____ my insurance _____ how long I _____ get _____.

I wonder _____ a _____ limit _____ at- home medical _____.

_____ any _____ regarding _____ time _____ receiving home-based health support?

I _____ to know if _____ an outlined _____ for _____ I _____ access medical support _____ home.

_____ of time _____ or limits on how _____ get _____ healthcare assistance?

Does my plan _____ in- _____ by _____ visit?

Does my _____ have _____ limit _____ long I can _____ medical _____?

_____ limit on how much I can _____ medical aid?

_____ max time my insurance allows _____ home _____?

Is there _____ limit on _____ time my _____ cover _____?

_____ my _____ include a time limit _____ assistance?

Does _____ time limit _____ my insurance _____ in-home _____?

Does my _____ the _____ of times _____ can receive _____ medical _____?

_____ a limit _____ the number _____ days _____ at- _____ healthcare support?

_____ my _____ limit how _____ I can receive _____ medical _____?

Is _____ on _____ long I _____ have at- _____ healthcare support?

_____ there any _____ on _____ frequently _____ can _____ medical assistance?

_____ want to _____ if there's _____ number _____ Frequency _____ covered _____ home medical _____ the insurance _____.

Is there ____ limit ____ in- home ____ is offered?

Do ____ know ____ my healthcare policy ____ regarding ____ home medical ____?

____ my ____ limit for in-home medical assistance?

____ there ____ on ____ I get at my ____ from ____ insurance?

____ a limit on the ____ of ____ covered ____ my ____ for ____ aid?

____ you ____ me ____ a time ____ frequency ____ in- home medical assistance?

Does ____ any restrictions ____ when ____ can receive ____ support?

Are ____ time limits or caps on ____ assistance coverage ____?

Is ____ time limit ____ care in my policy?

Does ____ insurance have a ____ how often ____ get ____ home ____?

____ my ____ how often I ____ get in- home ____?

Is ____ the number of ____ home medical ____ can be ____?

Is ____ on how frequently I'm ____ residential healthcare ____?

____ my ____ specify ____ time limit ____ home ____?

Can you tell ____ a time limit or a ____ assistance?

Is ____ a time ____ cap ____ in-home medical ____?

Can you tell me if ____ a ____ or ____ for ____ assistance?

____ there ____ limit stated in ____ insurance ____ at- ____?

____ there be ____ on how much ____ at- home ____?

Is ____ limit on the number ____ can ____ medical care?

Are ____ restrictions ____ the ____ of ____ medical ____ at home?

How often can ____ assistance according ____ my ____?

Is there ____ limit on ____ duration ____ care authorized ____ my ____?

Is the time limit ____ cap ____ coverage in my ____?

____ any ____ on using ____ services at ____?

Is there a ____ how many times ____ in- home ____?

What ____ the maximum home ____ Frequency ____ allows?

____ my ____ on ____ I get home-based health support?

Is ____ a limit ____ I can get help ____ from ____?

____ limits and ____ in- ____ help from my ____ they mean?

Is ____ any limits on ____ I ____ medical ____?

Does my ____ time ____ for ____ home medical ____?

Is there a set amount ____ at home ____ aid?

Is ____ frame for when ____ medical assistance ____ covered ____ insurance?

I ____ to know if ____ is a ____ number of ____ care covered ____.

____ you ____ there ____ or ____ on at-home medical support ____ healthcare policy?

____ frequencies for ____ home help from my ____ is ____?

Is there ____ limit ____ many ____ I can ____ for ____ assistance?

Is ____ the length of time ____ home healthcare support?

Is there any limit ____ how ____ home healthcare services?

Does our ____ conditions regarding ____ long ____ often I can receive ____ aid?

I ____ know ____ insurance sets a ____ on ____ I can ____ home medical ____.

____ time ____ or ____ cap on in- ____ medical assistance?

____ I ____ to limit in- home medical ____ time ____?

____ it possible to cap the ____ of ____?

____ there ____ restriction ____ of ____ home medical ____ I ____ allowed to receive?

Is there a time ____ care under my ____?

Does ____ insurance ____ time I can ____ home-based ____?

Does ____ have a ____ on ____ long I can ____ assistance?

____ any limitation ____ how often ____ can ____ for residential healthcare ____?

Does _____ insurer have _____ limits _____ the number of _____ they _____ healthcare _____?

_____ me _____ my _____ policy _____ caps on at-home medical _____?

Is _____ coverage _____ on the _____ home-based medical _____?

_____ there _____ duration or rate of medical _____ at home?

_____ limit _____ time I _____ use in-home _____ assistance?

Does _____ state _____ specific time _____ home healthcare support?

_____ I _____ limit my _____ aid by time or _____?

Does my policy _____ limit _____ home _____ aid?

_____ maximum frequencies _____ in-home health services _____ within my coverage?

I _____ know if there _____ an outlined schedule for _____ I can _____ home _____.

Is there a _____ amount _____ time _____ I can _____ at home _____?

_____ my _____ duration of home-based _____ aid?

Does _____ insurer limit _____ of times _____ cover in-home _____?

I _____ like to know _____ is an outlined _____ how _____ I _____ at _____ via insurance.

Does my policy _____ I can receive _____?

Does _____ policy limit _____ spent _____ home for _____?

Can you _____ if _____ is a time limit _____ cap _____ assistance?

Do _____ know if _____ has _____ for at-home medical _____?

Does _____ plan limit in- _____ at certain _____?

I want to know if _____ limits in- _____ or _____.

Is there any restrictions _____ the _____ of _____ home medical _____?

How _____ can _____ receive _____ medical _____ to _____ policies?

Is there _____ insurance _____ limit _____ home _____ assistance?

_____ you tell me if _____ time limit or _____ in- _____ medical _____?

Does my insurance allow _____ for in- _____?

_____ there a _____ limit on in- _____ medical _____ my _____?

_____ may _____ restrictions on _____ of in-home _____ care _____ my _____ coverage.

Do _____ insurance policies _____ a _____ for _____ medical assistance?

I _____ to know _____ there is a _____ of covered _____ home medical care _____ in _____ insurance _____.

_____ there a _____ on in-home medical _____ policy?

_____ there _____ on how _____ can get residential _____ assistance?

Is _____ the amount of _____ medical care _____ can get?

_____ terms _____ a maximum duration _____ Frequency for _____ at _____ care?

_____ my _____ have a time _____ cap _____ medical assistance _____ my _____?

_____ my insurance limits how many _____ I _____ at _____?

_____ there _____ on how many times I _____ have _____ medical _____?

_____ there a time limit _____ maximum for _____ insurance plan?

Is _____ any restriction _____ length _____ in-home _____ within my health _____?

_____ there a _____ how often I can get _____?

I would like to _____ outlined _____ how _____ long I can _____ medical _____ at home.

_____ my insurance _____ help _____ can _____ at home?

I want to _____ limits _____ can receive in- _____ medical assistance.

_____ there _____ time limit on _____ insurance for _____ help?

I _____ if there is a maximum number _____ covered at- _____ medical care _____.

_____ you tell _____ is _____ time _____ cap on in- _____ medical assistance?

How _____ can I _____ medical _____ on _____ policy?

_____ setting a cap on _____ long _____ can get in- _____?

I need _____ time _____ or a maximum _____ in- _____ my _____ plan.

Do my plans specify _____ in-home _____ by _____ visit?

Is _____ any limit stated in _____ insurance _____ home _____?

_____ don't know _____ there's a _____ at- home medical _____ in _____ insurance _____.

Is there _____ how _____ in- _____ medical assistance I _____?

_____ long _____ often I can receive _____ through this _____ the agreement set forth?

Does my insurance have _____ can _____ medical aid?

Can you _____ me _____ a _____ at- _____ medical care _____ my insurance?

Is there a _____ limit _____ in- _____ medical _____ coverage _____ insurance _____?

_____ want to know if _____ on _____ duration _____ in- home medical _____ authorized _____ my _____ insurance.

_____ often _____ get in-home medical assistance _____ my _____?

_____ you _____ if I have _____ frequency _____ in- home medical assistance?

_____ me know _____ there _____ limits or _____ frequencies assigned _____ health services.

Does my _____ have _____ the _____ times they cover home _____?

_____ there _____ on _____ many times I can _____ in- home _____ insurance?

_____ do I have _____ wait _____ aid _____ this _____ and how often?

Is _____ rule _____ how _____ can get in- _____ aid?

_____ there a _____ on _____ number _____ times _____ can _____ in home _____?

Does _____ for how _____ I can _____ in- _____ medical aid?

Is _____ time _____ frequency cap _____ in- home medical _____ insurance policy?

Is it _____ restriction _____ how _____ I _____ home medical _____?

_____ you know _____ there's _____ maximum _____ at- _____ care covered _____ the _____ terms?

_____ Frequency _____ that is _____ in- home health support?

Does my insurer impose _____ times _____ in- home healthcare _____?

_____ limitations _____ maximum frequencies assigned _____ in-home health services?

Is _____ on how _____ times _____ get _____ home _____ assistance?

Does my insurer have _____ times _____ insurer _____ in- home healthcare _____?

Is _____ my _____ for getting help at home?

Does my _____ specify a _____ get in- home _____ aid?

_____ be _____ on the _____ of in- _____ healthcare sessions specified _____ insurance?

_____ you _____ is a time limit or a _____ in- home _____?

_____ there _____ the number of times _____ get in- _____ care?

_____ insurance require a _____ for _____ home medical _____?

Is _____ specific time frame _____ access _____ in-residence _____?

Do I have to _____ home _____ by _____ or _____?

Is _____ limit _____ number _____ times in-home medical _____ be provided?

I need _____ time _____ maximum _____ home _____ support in _____ plan.

_____ the _____ or rate of _____ at home through my _____ coverage?

Is there _____ limit _____ how many times _____ assistance?

For _____ home _____ support _____ plan, any _____ limit _____ maximum?

Is there _____ home medical assistance can _____ provided?

_____ am wondering if there _____ an _____ I can _____ medical support at _____.

Is there a limit _____ the _____ my _____ pay _____ at- home _____?

_____ there a _____ how long _____ can use at- home _____?

_____ any limit on _____ often I can _____ assistance?

_____ there any limitation _____ I can receive _____ medical _____?

_____ limited _____ limits _____ domestic _____ care services under _____ plan?

How _____ I receive _____ as _____ my coverage?

Does _____ restrictions _____ when I get home-based health _____?

_____ there a _____ limit _____ at- home healthcare _____?

_____ a _____ time for in-residence _____ in my _____?

Is there a cap on in- _____?

_____ me _____ there _____ any _____ or _____ on _____ support in my healthcare policy?

Does my _____ how much _____ I _____ at _____?

Can _____ tell me the _____ home medical assistance?

Is there a limit _____ amount of time I _____ home through _____?

_____ any limits or caps _____ support in the _____ policy?

Is _____ cap _____ the _____ times my _____ home healthcare aid?

Does my insurance limit the _____ times _____ help _____?

Does _____ limit the amount of _____ can _____ in-home _____?

Is it _____ my insurance to _____ the number _____ home _____?

Is _____ policy _____ often _____ can get _____ medical _____?

How about time _____ caps _____ help from my _____?

Does _____ policy specify _____ on how _____ I _____ receive _____ home _____?

Does _____ policy have a limit _____ long I _____ medical _____?

_____ number of in- home _____ by my _____ capped?

_____ limit the _____ time I can _____ in- _____ medical help?

_____ there _____ to _____ home healthcare my insurance covers?

_____ any restrictions _____ length _____ in- home medical _____ authorized _____ my _____ insurance _____?

Does my insurance _____ the amount _____ receive _____ healthcare?

Does _____ health _____ have any restrictions _____ length of _____ home _____?

Is there a _____ many _____ I will be _____ healthcare _____ my insurer?

Is _____ a limit _____ long you can _____ care?

I'm wondering _____ there _____ a maximum number or frequency of _____ home _____ the _____ terms.

I wonder if my _____ has _____ allowed for receiving _____ at _____.

Is _____ to using _____ services at _____ residence?

Does _____ limit _____ amount of time _____ get _____ home _____ assistance?

Does _____ insurer have constraints _____ the _____ times _____ cover in- _____ services?

Is _____ time limit _____ policy for in- _____?

_____ my insurance _____ amount _____ home healthcare _____ get?

Is there _____ limit to the _____ of healthcare _____ can _____?

Is there any mention of time _____ or _____ on _____ I _____ healthcare assistance?

_____ limit on _____ medical _____ set by the _____?

Is _____ a _____ how _____ can _____ in-home medical _____ with my _____?

_____ wondering _____ there was _____ on the number _____ healthcare sessions.

_____ the _____ in- home healthcare sessions _____ be _____?

_____ you _____ me if my policy _____ limits regarding _____ medical _____?

_____ would like to _____ if _____ a _____ amount _____ covered _____ home medical _____.

Is _____ a _____ number _____ times my _____ home-based healthcare _____ me?

_____ policy _____ a time limit _____ medical aid?

Do you know _____ long and frequently _____ use _____?

I _____ know if _____ is _____ maximum _____ home medical _____ covered by _____ insurance _____.

_____ on _____ number of in-home healthcare sessions _____ my insurance _____?

Does my _____ have _____ number of times they _____ home _____?

Does my _____ time limit _____ a cap for _____ medical _____?

Does _____ insurer have a _____ how _____ times _____ in- home _____ services?

_____ a time limit _____ my _____ in- home _____ care?

Does my insurance _____ how _____ I _____ medical aid?

Is _____ limit on _____ frequently I can _____ home _____?

_____ there _____ limit on how long _____ can _____ care?

_____ there _____ specific _____ period _____ I can _____ medical aid?

Is there _____ in- _____ medical _____ I can receive?

_____ there a _____ of times _____ home medical care can _____?

Does my ____ limit ____ time ____ can ____ home medical ____?

____ cap ____ number of times my insurer ____ home ____ aid?

Is ____ limit ____ the length ____ home ____ support?

____ you ____ me know ____ a ____ number or ____ of ____ home medical ____?

Any ____ for in- home medical ____ my ____?

____ there any ____ on how ____ healthcare ____ home?

____ a limit on how many ____ receive ____ home ____ assistance?

Does ____ insurance have a ____ limit ____ in- ____?

Is there ____ cap ____ number of ____ healthcare sessions my ____?

Can ____ on how ____ can ____ healthcare at home?

Does my ____ time I can receive ____?

Does ____ policy prevent me ____ in-house ____ frequently?

Is there ____ on the number of in- ____ that ____?

____ a limit stated by my insurance ____ home ____?

Does ____ insurance ____ time limit ____ cap ____ in- home ____?

____ often I ____ at- ____ medical aid ____ this insurer ____ in the agreement?

Is ____ in how long ____ medical aid ____?

____ policy have ____ cap on how ____ medical aid?

Does my ____ time limit ____ a cap ____ home medical ____?

____ or ____ limits for ____ from my insurance?

Does my ____ cap ____ number ____ I ____ in- home medical aid?

____ my coverage ____ any limits ____ amount or duration ____ aid?

Is ____ a ____ how ____ I can ____ in-home medical ____?

Is ____ cap ____ number of ____ home ____ sessions?

Is ____ to ____ often I ____ receive ____ home medical ____?

____ my ____ give me ____ limit for ____ help?

Is ____ possible that ____ terms ____ maximum ____ for ____ at-home ____?

____ do my coverage have ____ duration of home-based ____?

____ insurance limit ____ for in- home ____?

Is ____ the ____ of times I ____ get ____ home medical ____?

Is there ____ by my ____ regarding home ____?

Is ____ any restriction ____ frequently I can get ____?

____ my ____ home medical aid ____ a ____ time ____ visit?

Is there ____ when I can ____ home ____ aid?

Is ____ limit ____ using health ____ at my ____?

under ____ coverage, ____ there a ____ on ____ help?

Is ____ the number of ____ can be eligible for residential ____?

____ there a ____ often I get ____ medical help?

____ my insurance ____ a ____ limit ____ home ____ help?

____ the number ____ that home-based ____ aid is covered by ____ insurer?

I'm ____ there's ____ when ____ can access ____ support ____ home via insurance.

What is the ____ and ____ limits ____ to in- ____ under my ____?

How ____ are I allowed ____ receive at- ____ insurer, ____ how often?

Is ____ time ____ or maximum frequencies assigned ____ in-home ____ services ____?

____ there ____ on how ____ I can ____ in- ____ health ____?

Can ____ is a ____ limit ____ home medical assistance under ____ insurance policy?

I ____ like to ____ are ____ time ____ or maximum frequencies ____ in- ____ health services.

____ my ____ a ____ limit for at ____ medical ____?

____ my ____ time limit on ____ home medical ____?

Can ____ confirm ____ policy ____ any ____ on at- ____ medical ____?

Is _____ how _____ in- home _____ assistance _____ be provided?
 _____ a _____ on the _____ times my _____ covers home-based _____ aid?

Is _____ on how long _____ can _____ at home?
 _____ to know _____ plan sets _____ limit _____ in- home _____ aid.
 _____ any _____ how _____ I can _____ healthcare assistance as per my _____?

Is there a _____ the number of _____ receive _____ medical _____?
 _____ the number of times _____ can get in- home _____?

Does _____ insurance have _____ limit _____ health care?

Can you _____ me if _____ limit _____ cap _____ medical assistance?
 _____ the _____ time _____ insurance allows _____ home _____?
 _____ my insurer _____ any _____ on the _____ cover in- home healthcare _____?
 _____ you tell _____ the time limit _____ medical _____ in _____?
 _____ there _____ on the number of times my _____ in- _____ healthcare?
 _____ can I get in- _____ assistance from my _____?
 _____ restrictions on the _____ of times I _____ receive _____ care?

Is _____ any _____ on _____ of _____ my _____ covers home _____ services?
 _____ my _____ set _____ limit on in- _____ aid?

I would _____ to know _____ are _____ constraints or _____ how _____ eligible for _____ healthcare assistance.

I want _____ if _____ is _____ outlined schedule _____ how _____ and long I can _____ home.
 _____ the _____ limit time _____ medical aid?
 _____ my insurer _____ the _____ month they cover _____ home _____ services?

Does _____ insurance _____ getting _____ medical aid too often?

Does _____ cap _____ number _____ times I _____ in- _____ aid?

Has _____ time limit for _____ home medical _____?
 _____ my policy has _____ limit _____ at- _____ aid?

Does my _____ the _____ of times I can _____ at- _____ support?

Does _____ impose any _____ on the number _____ I _____ home _____?

Is _____ maximum _____ covered at- _____ medical care _____ out in the _____?

Does _____ plan allow a _____ in- home _____?

Is _____ a _____ on _____ many _____ home _____ sessions _____ can _____?
 _____ there _____ time limit on in- home medical _____?

Does my insurer _____ on the number of _____ healthcare?

Is there _____ on the number of _____ sessions _____ take _____?
 _____ there any _____ on _____ I can _____ in-house _____ assistance?
 _____ insurance _____ on how long or _____ I _____ receive _____ medical _____?
 _____ the _____ say _____ maximum duration _____ a _____ frequency _____ receiving _____ home _____?

Does my policy _____ time limit _____ home _____?

Does _____ policy _____ how _____ I _____ in-house medical _____?

Can there _____ time limit on _____ at _____ insurance?
 _____ there limits _____ home _____ help in my _____?

Does my insurer _____ the _____ of _____ they cover _____ healthcare _____?
 _____ there any _____ I receive _____ at home?

I _____ to know _____ are any _____ or _____ frequencies assigned _____ my in- _____ services.
 _____ can I _____ medical _____ home according _____ my insurance _____?
 _____ know _____ there are any time limitations or _____ frequencies assigned to _____ services?
 _____ my _____ limits _____ number of times _____ get _____ medical aid?

Does my policy _____ a _____ limit _____ in _____ house?
 _____ there _____ limitations _____ how _____ I _____ medical assistance?

Is there a _____ cap _____ aid on my insurance?
 _____ coverage include any restrictions _____ duration _____ medical aid?

Is _____ limit on _____ frequently I can _____ medical _____?
 _____ a limit on the amount _____ medical care _____ can _____?
 _____ have any _____ the _____ of home-based medical aid _____?
 _____ a _____ limit _____ I get at home from _____ policy?
 _____ on the duration _____ insurer-covered aid at _____?
 Is _____ a _____ how _____ I _____ receive _____ medical aid?
 Is _____ time limit _____ in- _____ medical _____ according _____ my _____?
 Is my insurance limit _____ number _____ times _____ can _____ medical _____?
 Can _____ tell me _____ limits _____ on _____ medical _____ in my _____ policy?
 _____ there _____ limit on _____ help at _____ from _____?
 Is _____ a _____ insurer-covered aid at _____?
 Is there _____ how often _____ get at- _____?
 _____ maximum _____ or duration for receiving at- _____ through _____?
 Do _____ in-home medical aid _____ time or _____?
 _____ want _____ if _____ insurance _____ a time limit _____ home _____ assistance.
 Any _____ maximums for _____ home health _____ under _____ insurance _____?
 Does my _____ have _____ on _____ of _____ cover in-home healthcare?
 _____ need _____ know if the amount of _____ covered _____ my insurance plan _____ be _____.
 Is there a _____ number of _____ I _____ covered for _____ with _____ insurer?
 Is there a cap on _____ of _____ can have _____?
 Does my _____ contain _____ restrictions _____ when _____ home-based _____ care?
 _____ there a _____ on _____ I _____ get in _____ medical _____?
 _____ there a time _____ for _____ aid within my _____?
 Does my _____ cover any restrictions _____ of in- _____ medical _____?
 _____ Frequency cap on _____ medical help?
 Does my insurance have _____ restrictions _____ when _____ receive _____?
 Can you tell me _____ there's _____ outlined _____ for _____ access _____ support _____ home?
 Is it _____ in _____ policy that _____ time limit _____ home medical _____?
 Is _____ a limit _____ the _____ in- _____ care authorized within my _____?
 Does _____ insurance limit _____ number of _____ get in-home _____?
 Does _____ restrict _____ amount _____ I can _____ in- home _____ help?
 _____ want to _____ are _____ limitations or maximum _____ in- home _____ services.
 Does _____ the amount of _____ I get at _____?
 _____ any limitation on the number _____ I _____ eligible _____ healthcare assistance?
 _____ insurer impose restrictions on _____ number of _____ home healthcare?
 Does my _____ I _____ in- home _____ aid?
 Is _____ a _____ how often _____ get in- _____ medical _____ with _____ insurance _____?
 Is _____ deadline _____ getting _____ home in _____ policy?
 Is _____ a time _____ or Frequency _____ applicable to in- _____ plan?
 _____ would _____ to know if there _____ time _____ or _____ assigned to _____ services.
 Is _____ to how long insurer-covered _____ last at _____?
 Is _____ a cap _____ many times I can _____ medical _____ insurance plan?
 Is there _____ limit to _____ times _____ in-home healthcare services?
 What _____ limit or cap on in- _____ in _____ policy?
 Should the _____ assistance _____ my insurance plan _____ limited?
 Is there a _____ of _____ I _____ at- _____ healthcare support?
 Is there a _____ the _____ I _____ at- _____ care?
 _____ my insurer impose _____ constraints _____ how _____ they _____ home _____?
 _____ there _____ on _____ in-house _____ help can be _____?
 Is there _____ time limit _____ home _____ on my _____?

_____ the number of times _____ have _____ home medical assistance?
 _____ insurance _____ I can get assistance?
 Is there a _____ the _____ of _____ residential healthcare assistance?
 Is there a time limit _____ can _____ at home _____?
 _____ want _____ know if there's _____ maximum number or frequency of _____ in _____ terms.
 Is _____ a _____ period where I _____ medical aid?
 _____ a time limit or _____ for in- _____ medical _____ my _____?
 What _____ time _____ frequency _____ in- _____ from my insurance?
 _____ there a _____ on the _____ in- home _____ care _____ my _____ insurance _____?
 What _____ for in-home help _____ insurance?
 _____ there a limit _____ how _____ I _____ in-home _____ aid?
 _____ my _____ limit _____ number of times I _____ home _____?
 _____ there _____ time frame under my _____ home medical _____?
 Can you _____ me _____ time limit _____ medical _____ under my policy?
 Frequency caps _____ home _____ from _____ insurance are something _____ know _____.
 _____ to know _____ outline schedule _____ how long I _____ access medical _____ at home.
 Does _____ policy have a _____ at- _____ medical _____?
 _____ and how often _____ at-home medical _____ this insurer?
 Is _____ mention _____ time _____ or limits _____ how _____ I _____ receive _____ assistance?
 Does my _____ max _____ for medical _____ in my _____?
 Does _____ policy cap the _____ of _____ I can _____ help?
 _____ there a limit on _____ I _____ in- _____ healthcare?
 _____ there any _____ on _____ I can get _____?
 Is _____ a cap on _____ times _____ cover me for _____ healthcare _____?
 _____ there a _____ limit _____ maximum for in- _____ my plan?
 Do _____ if there's a _____ for _____ medical _____ under _____ policy?
 Do _____ know if _____ is _____ limit _____ assistance under my _____ policy?
 _____ want to know _____ there _____ limits or _____ frequencies assigned _____ home _____ services _____ my _____.
 Is there a set _____ how often I _____ aid?
 _____ long and _____ I receive at- _____ medical aid _____ this _____ has _____ set forth?
 Does _____ on the number of _____ cover in- home _____ services?
 Is there a _____ or time _____ on _____ home _____?
 Can _____ any restrictions _____ length _____ in- home _____ care _____ my _____ insurance coverage?
 _____ time _____ avail medical help _____ my house?
 _____ this _____ entitles me _____ limited periods or annual _____ domestic _____?
 Does my insurance _____ a _____ home _____ help?
 _____ my insurance have any _____ on _____ amount _____ home-based _____ get?
 _____ set _____ on _____ of times I can _____ in- _____ medical aid?
 I need _____ are _____ time limitations _____ maximum _____ in- home _____ services.
 _____ a limit _____ times _____ can get home-based healthcare aid with _____?
 Is there _____ the _____ of times I _____ get in- home _____ from _____ plan?
 _____ there a _____ on how often _____ medical assistance with _____ insurance?
 _____ policy have _____ limit for at _____ medical _____?
 _____ need to _____ if my insurer _____ maximum hours for _____ at _____.
 _____ my policy _____ the _____ times I _____ get in-house _____?
 When _____ I receive medical aid at _____ according to _____?
 Is my _____ on _____ medical aid by _____ or _____?
 I _____ to know if _____ any _____ limits or _____ frequencies _____ to in- _____ health _____ my _____.
 _____ a _____ on in-home _____ help _____ my insurance?
 Can _____ tell _____ the _____ on _____ home _____ assistance coverage?

_____ policy limit the number of times _____ get _____ ?
 _____ there _____ on the number of _____ for home-based _____ aid with my _____ ?
 Does my insurance _____ how _____ I _____ get in- _____ ?
 Does my coverage restrict the _____ ?
 Does _____ insurance provide _____ restrictions _____ can get _____ support?
 Is _____ a specific duration _____ support _____ by _____ insurance?
 Is _____ insurance restriction on _____ home medical assistance?
 Is there a _____ the _____ of times _____ use _____ home _____ ?
 Time _____ or _____ caps for in- _____ my insurance, _____ it?
 _____ restrictions on _____ amount _____ duration of in- _____ by my health insurance?
 _____ a limit to _____ many times I'm covered _____ healthcare _____ insurer?
 _____ there any restriction _____ the _____ or duration of in- _____ authorized by _____ ?
 _____ my insurance _____ time limit on my _____ ?
 Is _____ much _____ can get at- home _____ aid?
 Any time _____ or maximums _____ home _____ support _____ insurance _____ ?
 Is _____ limit _____ the number _____ times _____ can get in- _____ ?
 _____ you _____ the _____ number or Frequency _____ covered _____ care _____ spelled _____ in the insurance terms?
 Is there _____ deadline _____ how _____ I can receive _____ ?
 Is _____ on _____ number of _____ insurer covers _____ for _____ healthcare?
 How long can _____ insurance _____ medical aid at _____ ?
 Are there any _____ on how _____ can use _____ home _____ ?
 Is _____ limit _____ long _____ can use _____ home care?
 _____ my plan limit _____ medical aid _____ visits?
 _____ have a cap _____ how long I _____ in- _____ medical _____ ?
 Is there a _____ often I can _____ eligible _____ residential _____ my _____ ?
 _____ a _____ on _____ healthcare _____ I can have _____ home?
 Does my _____ a limit _____ in- _____ medical _____ ?
 _____ my policy _____ limit _____ long I _____ receive _____ home _____ care?
 Is there a limit _____ time _____ I _____ use _____ ?
 _____ often _____ for how long can _____ get _____ according _____ my _____ policy?
 _____ there _____ limit _____ how much at- _____ I can _____ ?
 Is there a _____ frame _____ in- home _____ insurance?
 Does _____ plan _____ a _____ on _____ medical _____ ?
 _____ on _____ duration or rate of _____ assistance at _____ ?
 _____ there any limit on how often I _____ ?
 Does _____ coverage have _____ limits _____ the _____ of _____ medical _____ ?
 Is _____ for _____ to limit the _____ of in- _____ healthcare _____ ?
 _____ want to _____ there _____ for how long I _____ at home via insurance.
 _____ a _____ on the number _____ times a _____ can _____ in- _____ assistance?
 Is there _____ how _____ can _____ residential healthcare _____ to my policy _____ ?
 _____ my policy _____ how _____ I _____ get _____ medical care?
 Is _____ restrictions on _____ times my _____ covers in-home _____ services?
 _____ there _____ a _____ limit or a Frequency _____ for in-home medical _____ ?
 _____ don't _____ insurance limits _____ often _____ get in-home medical aid.
 Does my _____ how _____ times I can _____ aid?
 Does my _____ time _____ or _____ cap for in-home _____ ?
 Does _____ insurance limit how _____ receive in- _____ assistance?
 Is there _____ the _____ of times _____ insurer _____ cover _____ healthcare services?
 I would _____ to _____ if _____ a maximum _____ home _____ covered _____ the policy.
 _____ there any limits _____ in- _____ help _____ my _____ cover?

Under _____ coverage, _____ in- home medical help?

_____ there _____ limit _____ I _____ get in- _____ medical help?

_____ is the max _____ care my insurance _____?

_____ tell me _____ limit on in- home _____ coverage in _____?

_____ time _____ on how frequently _____ residential healthcare assistance?

_____ any limits _____ using _____ services at _____ house?

_____ there _____ time _____ medical care in _____?

Is _____ a _____ limit _____ in- home _____ care _____ to _____ insurance _____?

How _____ can _____ get in-house medical assistance _____?

How _____ I have to _____ home medical aid _____ this insurer, and _____?

Is _____ a limit _____ number of _____ which _____ covered for _____ healthcare _____ with _____ insurer?

Does my _____ a limit _____ in- _____ aid?

Is _____ time _____ I get _____ home _____ my insurance?

_____ want to _____ if _____ are time _____ or _____ in- home health _____ within _____ coverage.

Is there _____ on _____ of _____ home _____ care I _____ get?

Is _____ insurer has _____ maximum hours allowed for receiving care _____?

Does my plan _____ home medical _____ or _____?

Is there a specific _____ how _____ insurance _____ at- home _____?

Does _____ any _____ number of _____ that _____ in- home healthcare services?

Is there _____ restriction on how _____ in-house _____?

Is _____ a time limit for _____ home medical _____?

_____ a limit _____ insurer aid at home?

_____ can _____ medical aid _____ home according _____ my insurance _____?

Is there _____ the duration _____ home healthcare support?

Does my insurance _____ the number _____ times _____ in-home _____?

_____ there _____ limit _____ in home medical _____?

Is _____ possible _____ have _____ cap on _____ medical help?

_____ there _____ cap _____ the _____ I'm covered for home healthcare _____ with my _____?

Does my _____ say how _____ medical aid?

Is there _____ limit on how _____ can _____ home?

How _____ how often can _____ get at- _____ medical _____ the _____?

Will _____ limit in- home medical _____ or _____?

Is _____ an outlined schedule _____ I _____ access _____ support at home _____?

Is _____ a cap on _____ I get in- home _____ insurance _____?

_____ there _____ frequently _____ can _____ in- home medical help?

Is there _____ deadline for when _____ get _____ aid?

_____ there _____ a _____ in- home medical help _____ my _____?

Is _____ long _____ in- home _____ assistance can last?

Is there _____ limit on how _____ times _____ be eligible for _____ assistance _____?

_____ there _____ time limit or _____ maximum _____ in-home _____ support _____ insurance _____?

Is _____ on the amount of in-home _____ authorized by my _____?

_____ my _____ limit in- home _____ aid _____ visit?

Does the terms _____ duration _____ Frequency for receiving _____ care?

_____ you _____ if _____ are _____ at- _____ medical support _____ my healthcare _____?

Is _____ time limit _____ the help _____ from my insurance?

Does _____ coverage _____ the _____ medical aid?

_____ you _____ me the _____ and cap on in- _____ medical _____ coverage _____?

I _____ know if there are _____ or maximum _____ health services.

I want _____ know if there _____ an outlined _____ for when _____ I _____ medical _____ home.

Can you tell _____ time _____ or _____ home medical assistance _____?

____ my coverage restrict the ____ medical aid ____?
 ____ want to know ____ restrictions on how ____ I can ____ medical ____.
 ____ my policy set a ____ limit ____ at ____?
 ____ coverage limit ____ home medical ____?
 ____ how often I get in- ____ health aid?
 Is ____ on ____ and how much in- home medical ____?
 ____ is ____ insurance will allow for ____ care?
 ____ want ____ know ____ any ____ limitations ____ frequencies ____ to in-home health services.
 ____ say ____ often ____ long I ____ in- home medical aid?
 ____ there a ____ number of ____ home medical care is authorized by ____?
 Can ____ be ____ how ____ get in-house medical assistance?
 ____ often can I ____ healthcare ____ to my ____ policy?
 ____ my ____ impose ____ on ____ number ____ times ____ my in- home ____ services?
 Is ____ a ____ to ____ my insurance will ____ at- ____?
 ____ how ____ I can get in- home medical ____?
 ____ coverage have ____ limits on the ____ medical aid?
 ____ a time ____ for ____ medical aid on ____?
 Is there a limit ____ the ____ can ____ home healthcare ____?
 Is ____ of times ____ can get ____ home medical assistance?
 Is there a ____ number of days ____ insurance ____ at- ____?
 ____ there ____ on how ____ can ____ at- ____ medical aid?
 Does my ____ any restrictions on how ____ home-based health ____?
 ____ insurance restrict when I can ____ support?
 ____ there ____ the number of ____ insurer ____ home healthcare services?
 ____ the term maximum Frequency or ____ receiving ____ Insurance?
 There ____ be ____ the duration ____ of receiving ____ assistance ____ through my insurance ____.
 Is there ____ on how ____ I can ____ assistance?
 ____ to know if ____ outlined schedule of how frequently ____ I can ____ medical ____.
 Does my ____ cap ____ times ____ can get ____ home medical ____?
 ____ coverage ____ there a limit ____ in- ____ help?
 ____ impose a ____ on at ____ medical aid?
 Is ____ limit ____ in ____ about at- home ____ support.
 ____ long ____ when ____ receive at- home medical ____ through ____?
 ____ like to ____ there's ____ number or frequency ____ covered ____ medical care.
 Is ____ my ____ policy for in- ____ medical care?
 Is there a ____ to ____ number of ____ home-based healthcare ____?
 ____ any restriction ____ duration or ____ of ____ assistance at home ____ my ____?
 Is ____ a cap on ____ of times ____ I am ____ for home-based ____ aid ____?
 ____ there a ____ how ____ and ____ use at ____ care?
 ____ curious ____ any ____ frequencies ____ to ____ home health services within ____ coverage.
 Does my plan ____ limit ____ medical ____?
 According to ____ how ____ can ____ get in-house ____?
 ____ to know if there ____ number or Frequency of ____ medical care spelled out ____ terms.
 Are there any ____ on ____ of ____ I ____ receive?
 ____ policy give a max ____ to ____ medical help ____ own ____?
 Does my ____ the amount ____ I can get ____ assistance?
 Does the ____ health ____ my ____ plan ____ a time ____?
 ____ you tell ____ if there are ____ time ____ frequencies ____ in-home health ____?
 As per my ____ how ____ I ____ in-house ____?
 I would ____ if there's ____ maximum ____ or ____ covered ____ medical care.

_____ limits or _____ on _____ home medical support _____ my healthcare _____?
 _____ there _____ limit on the _____ of _____ assistance _____ be done?
 _____ there a _____ on _____ of times I _____ have at- _____?
 Does my _____ any restrictions on _____ health support I _____?
 _____ may _____ restrictions _____ the duration _____ in- home medical _____ authorized _____ insurance.
 _____ time limit _____ maximum _____ to in- _____ health support _____ my _____?
 _____ insurance _____ how often I _____ in- _____ medical _____?
 I don't know if _____ plan _____ home _____ time _____ visits.
 _____ limit _____ how many times I _____ receive in- _____ assistance?
 _____ specific _____ of _____ I can get _____ medical aid?
 _____ limitation on _____ and _____ in- home medical _____ can _____ provided?
 Is it possible _____ inform me _____ any time _____ maximum _____ assigned _____?
 Does my insurer _____ times they cover in- _____ healthcare?
 Is _____ any time _____ or _____ in-home health _____ my coverage?
 Does my _____ how long _____ get _____ home _____ assistance?
 Is _____ any restriction _____ in- _____ medical care authorized by _____ health _____?
 Can you inform me of any _____ for _____ services?
 _____ number _____ times I can use at- _____ care?
 _____ my policy _____ a max _____ to _____ my house?
 Does my policy _____ a time _____ medical _____?
 Does my insurance limit _____ can receive in- _____?
 _____ there _____ to how _____ can be eligible for _____ assistance?
 _____ my insurance _____ the number _____ I _____ home medical _____?
 _____ there _____ limit on _____ I _____ in-house _____ assistance?
 _____ you _____ me _____ when _____ can access medical support at home?
 _____ my plan have a _____ in- _____ medical _____?
 _____ know if _____ a maximum _____ Frequency of covered at- _____ medical care spelled _____ in the _____.
 Is there a _____ for _____ aid on _____ insurance?
 Is _____ in- home medical care authorized by _____ health insurance?
 Does _____ policy _____ frequently I get _____ medical _____?
 Is there any restriction _____ the _____ or _____ medical _____?
 _____ a limit _____ number of times I'm covered _____ by my _____?
 _____ to _____ if my _____ has set _____ maximum _____ for _____ care at _____.
 _____ set _____ for the amount of time _____ at home?
 _____ constraints or limits _____ I _____ get _____ healthcare assistance according to my _____ provisions.
 _____ limit on _____ of times my _____ me for home-based healthcare _____?
 Will _____ be a time limit _____ in- home _____ in _____?
 _____ my _____ give me _____ limit for in _____ assistance?
 Is _____ a limit to _____ time _____ in- _____ assistance?
 _____ a time _____ the in- _____ aid on _____ insurance?
 _____ any _____ on _____ home _____ care I am allowed to receive?
 _____ my insurance _____ limit on the duration _____ at- _____?
 I'd _____ know _____ there is _____ number _____ Frequency of _____ at- home _____.
 I _____ to know _____ there is _____ outlined _____ how frequently _____ access medical support _____ home.
 _____ there a _____ on _____ times I can use at- _____?
 Does _____ specify _____ for at- home medical _____?
 Does my _____ set _____ time _____ for _____ medical _____?
 _____ long, _____ often, _____ receive at- _____ medical _____ through this insurer?
 _____ if there is _____ maximum _____ at- home medical care _____ in _____ insurance terms.
 _____ there _____ limit on _____ frequently _____ can _____ home _____?

_____ want to _____ a _____ how frequently and _____ can _____ medical support at home.
 _____ there be _____ on _____ I get _____ at _____?
 Is _____ a limit _____ how _____ healthcare at home?
 _____ often _____ long can _____ receive _____ aid at _____?
 _____ a _____ or duration _____ receiving at- home _____?
 Is _____ any _____ use _____ health services at _____ house?
 _____ my _____ in home medical _____ by _____ visits?
 Is there _____ specific _____ for _____ can get _____ medical _____?
 Any _____ limit _____ maximum _____ to _____ home _____ under my _____ plan?
 _____ insurance limit _____ amount of time that _____ can get _____ _____?
 _____ include _____ to avail medical help in my _____?
 _____ restrictions on _____ duration _____ rate _____ receiving _____ assistance at _____?
 Is there a _____ the _____ of _____ I can _____ care?
 _____ my insurance have any _____ on when _____ can receive _____?
 _____ need _____ know _____ frequently and _____ I _____ home via insurance benefits.
 _____ there be restrictions on _____ I _____ healthcare?
 _____ my insurance have any _____ on _____ medical aid?
 _____ policy limit _____ of times I can _____ in-home _____?
 Is _____ a _____ number of _____ I _____ home _____ aid _____ my policy?
 _____ the time limit _____ in my policy?
 _____ there a _____ how _____ can receive _____ home medical _____?
 Can _____ me if my _____ has any _____ on _____ medical _____?
 Does my _____ policy _____ a _____ limit for _____ medical _____?
 Is there a limit on _____ receive _____ assistance _____ through my _____?
 _____ me _____ there is a maximum _____ frequency of _____ home medical care _____ the _____ terms?
 _____ a limit _____ by _____ in regards _____ at home healthcare _____?
 _____ want to know _____ there _____ any time _____ or _____ associated with _____ home _____.
 _____ plan _____ limit in- _____ aid by _____ visits.
 Does my policy _____ how often _____ in- home medical _____?
 Does my insurance _____ a _____ limit _____ medical _____?
 Is _____ a _____ frequency for _____ home care?
 Is there any restrictions _____ amount of in- _____ care _____?
 Is _____ on the amount of in- _____ medical care _____ insurance _____?
 _____ you tell me the _____ coverage _____ in- _____ assistance?
 _____ there _____ limit or Frequency cap for _____ under _____ policy?
 There may be a time _____ on _____ from _____.
 _____ you tell me _____ maximum number of _____ medical care _____ by _____ policy?
 Does my _____ it comes to the _____ home-based medical _____?
 Is there _____ limit on _____ number _____ times _____ can _____ done?
 I _____ to _____ if there _____ time _____ maximum frequencies _____ to _____ health _____.
 I'd _____ outlined schedule _____ how _____ I can access medical support _____ home.
 How long _____ receive _____ aid _____ home, _____ my _____ policy?
 Is _____ restriction _____ the _____ times _____ can have in- home _____?
 I want _____ know _____ there _____ an outlined schedule _____ often _____ I can _____ medical support _____.
 How long _____ how _____ receive _____ medical aid _____ this _____ been _____ forth in the agreement?
 Does my insurance _____ any restrictions on _____ receive home-based _____?
 Is there a _____ the _____ of times that _____ home-based healthcare aid _____.
 _____ my _____ a limit _____ time _____ for in- home _____ aid?
 Do _____ if my healthcare _____ any limits _____ caps _____ at- _____ medical _____?
 _____ there a limit _____ long _____ receive in- _____ medical _____?

Is _____ to the _____ times I can _____ medical assistance?
 _____ there _____ max _____ for in-residence _____?

Is there any _____ often _____ get in- _____ health _____?

Is _____ a _____ on how long I can receive _____?

Is _____ duration _____ for receiving at- _____ care?
 _____ set _____ limit on _____ home medical aid?
 _____ there _____ time _____ forvailing _____ medical _____ my policy?
 _____ tell _____ healthcare _____ has any limits or caps on _____ support?

Does _____ a _____ limit for _____ house _____ assistance?

Is there any _____ use _____ health services _____ my _____?
 _____ there any _____ the number _____ times I can _____ residential _____?

Does my insurance limit _____ help I _____?

_____ there _____ time _____ a _____ on in- _____ medical assistance?
 _____ any _____ on the number _____ in- _____ care is authorized?

Does my insurance have _____ limit or _____ for _____ medical _____?
 _____ you _____ me _____ there are time limits _____ for in- _____ health _____ within my _____?
 _____ there _____ to _____ I can get in-house medical _____?
 _____ long _____ can _____ get at- _____ medical _____ from this insurer?

Does my insurance have _____ restrictions on the _____ health _____?

Does my _____ the _____ of _____ aid?

Is there _____ limit or _____ cap on in- _____ my _____ policy?

Can _____ give me _____ time _____ on in- _____ assistance _____ policy?
 _____ give a time limit for at- _____?
 _____ my _____ have _____ duration _____ for _____ home healthcare support?
 _____ terms _____ long a person _____ receive at- _____ care?
 _____ there _____ how frequently _____ can get in-house _____ assistance?
 _____ know if there's a _____ for _____ can access medical support _____ insurance.
 _____ the terms state a maximum duration or a _____?
 _____ there a _____ the duration of _____ care authorized by _____ insurance?
 _____ to _____ there _____ limits or _____ frequencies _____ to in- home _____ services.

Is _____ a _____ on _____ number _____ for _____ aid with my insurer?
 _____ often can _____ receive in-house _____ assistance from _____?
 _____ to _____ there are _____ limits _____ maximum _____ to in- home health _____.

Time limits _____ caps for _____ help _____ what _____ it?
 _____ a _____ use of health services _____ my home?

Do the _____ a maximum _____ for receiving at- _____?

Is there a _____ to _____ number of _____ I _____ aid?

Is _____ on how frequently I can receive _____?
 _____ there _____ on _____ amount of times my insurer _____ home-based _____?
 _____ the time frame for _____ medical _____ under my _____?

Is _____ limit on how frequently I _____ at-home _____?

Are _____ any limitations on _____ often _____ can _____ assistance?

Does _____ insurer _____ on _____ number _____ times _____ covers in- home healthcare _____?

Is _____ limit on _____ help I _____ at home _____ insurance?
 _____ is the maximum or time _____ to in- home _____ insurance _____?

Can _____ a time limit or _____ for in- _____ medical _____?

Is _____ any limit _____ the number _____ I'm _____ residential _____ assistance?

Is _____ set time period _____ I can _____ at- home _____?

Is there _____ limit _____ the use _____ services _____ residence?

Is _____ possible _____ my insurer _____ set guidelines _____ allowed _____ at home?

_____ often can _____ get _____ medical _____ the policy?
 _____ a _____ limit on how _____ get _____ medical aid?
 Is _____ limit _____ how _____ my _____ will cover at-home _____?
 _____ my _____ a _____ on the _____ of _____ home healthcare _____?
 Is _____ a _____ how many _____ I _____ in-home _____ assistance?
 _____ limits or frequencies for _____ home _____ support _____ my _____?
 _____ limit _____ in- home medical aid on _____ insurer?
 Can _____ me if _____ are any time _____ maximum frequencies _____ home health _____?
 _____ on how _____ I receive _____ home healthcare?
 Does _____ policy require a time _____ aid?
 _____ insurance state any _____ when _____ receive home-based _____ support?
 _____ need to _____ if _____ a maximum number _____ covered _____ home _____ spelled out in the _____.
 Is there a _____ limit _____ in-residence _____ my policy?
 Does _____ plan _____ limit on in- _____ medical _____?
 _____ constraint on the _____ times _____ insurer covers _____ healthcare services?
 _____ there a limit _____ the _____ of healthcare _____ can _____ your _____?
 _____ need _____ frequently _____ can get at- _____ medical _____ my policy.
 _____ there a limit _____ I can have _____ medical _____?
 _____ me _____ there's a time _____ or a Frequency cap _____ in- _____?
 _____ can _____ in-house medical _____ according to _____ policy?
 Is there _____ limit _____ healthcare sessions _____ be _____ at home?
 _____ my _____ a _____ many times a month they cover in- _____?
 _____ my insurance _____ how _____ get in- home medical assistance?
 _____ there a _____ how many in-home healthcare _____ can _____?
 _____ my _____ time limit for in- _____ assistance?
 _____ there a limit on _____ I'm eligible _____ residential healthcare _____?
 _____ need _____ know if there's a schedule _____ I _____ medical support _____ insurance.
 _____ a cap _____ covered _____ at home?
 There may be _____ limits on how _____ healthcare assistance under my policy _____.
 _____ defined rate _____ duration associated _____ receiving _____ assistance _____ home through _____ insurance?
 Is there a _____ deadline _____ medical _____ my _____?
 _____ restrictions _____ frequently I get in-house _____ assistance?
 _____ policy _____ the number of times _____ can get in- _____?
 _____ know _____ a time limit for _____ medical assistance _____ insurance policy?
 Is there a cap _____ frequently I _____ assistance?
 I want to _____ if _____ is a time _____ maximum for in- _____ my _____.
 Can _____ a limit on _____ long _____ can _____ home _____?
 _____ to _____ there is _____ outlined _____ frequently and long _____ can access _____ home via insurance
 benefits.
 How _____ can I receive _____ depending _____ my _____?
 Is there _____ limit on _____ help _____ home _____ policy?
 Can _____ tell me _____ there's a _____ number _____ at- home _____ by _____?
 Does my _____ I can get medical _____?
 Does my _____ when _____ medical help in _____ house?
 _____ like to know if there _____ a maximum _____ at- home medical _____ spelled out in _____.
 _____ like to know the time _____ and maximum _____ in- home health services _____.
 _____ there a _____ on how frequently _____ in- home _____?
 Is _____ limited _____ I can get help _____?
 _____ plan limiting in- _____ medical aid _____ or _____?
 _____ my _____ have any _____ on _____ number _____ that _____ in- home healthcare _____?
 Is _____ insurance limit how often _____ get _____?

Is there a _____ the _____ of times my _____ will pay _____ _____ ?

Does _____ place _____ time limit on _____ aid?

Is _____ on _____ or rate of medical assistance _____ ?

_____ limit how _____ I can _____ given in- _____ medical _____ ?

_____ there a limit _____ how often _____ get _____ _____ as per _____ policy?

Does the _____ a _____ for _____ at- home _____ ?

Can _____ tell me _____ there is _____ limit _____ medical _____ under _____ insurance policy.

_____ the _____ has _____ for in- home doctor support?

_____ amount of times _____ my _____ assistance at _____ ?

_____ you clarify if there _____ time _____ for _____ home _____ under _____ insurance _____ ?

Is _____ regarding how long and _____ I _____ home medical _____ set _____ ?

_____ limit on in- _____ set _____ the plan?

_____ outline any _____ when I can _____ health support?

_____ to know if there _____ or maximum _____ in- _____ health services.

Does _____ insurance _____ a time limit _____ Frequency _____ medical assistance?

There _____ time _____ or _____ on _____ often _____ can get _____ assistance as _____ my _____ provisions.

Is there _____ time limit or _____ in- _____ ?

Will _____ have _____ time _____ for _____ home _____ assistance?

_____ my coverage restricts the duration _____ ?

_____ you tell _____ is _____ maximum _____ at- _____ medical care covered by _____ policy?