

[Demo] NLP Dataset for Customer Service Automation

Company Type	Health Insurance Companies
Inquiry Category	Dental, vision, or ancillary service plan inclusions
Inquiry Sub-Category	Coverage for basic dental procedures
Description	Inquiries about coverage for routine dental care such as cleanings, fillings, and extractions.
Data Size	5,618 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.)

Is there ____ limit to ____ many ____ this plan?
____ a ____ on the number ____ covered ____?
Is there ____ restrictions ____ amount of ____ within this ____?
I ____ like ____ is ____ cap on the ____ in my ____.
____ there ____ limits ____ cover ____ under?
Is there ____ restriction on ____ filling ____ considered?
____ the plan restrict the ____ procedures ____ it ____ sponsor?
I'm ____ if there is ____ upper ____ in place.
Is ____ a ____ filling ____ my plan?
____ there ____ restricted amount ____ covered ____?
____ be ____ constraints on ____ many ____ filling are ____.
what ____ filling allowance ____ plan?
____ it ____ that there are constraints ____ many dental ____ in ____ coverage?
Does the ____ a limit ____ filling ____?
____ there ____ cap ____ the amount of the filling ____?
____ don't ____ if ____ is a ____ of ____ included in ____.
Can there be ____ number of ____ procedures ____ this ____?
Is ____ a ____ for reimbursed ____ treatments ____ this ____?
____ filling ____ for ____ plan is ____.
Is ____ for filling coverage in ____?
Does ____ have limits ____ tooth ____?
____ be constraints ____ how many ____ are covered?
____ there ____ of the fillings ____ my coverage.
____ is the ____ amount of ____ in ____?
Does ____ plan have ____ limit on ____ number ____ it ____?
Is ____ any ____ on how many ____ are ____?
____ there any ____ how many tooth ____ here?
____ a ____ the number of fillings ____ in our ____?
Is ____ on ____ number of covered ____?
Does ____ a limit ____ number of fillings?
____ this policy ____ for ____ filling?
____ for filling in this plan ____ not ____.

Is the cap ____ the ____?

Does this ____ limit ____ dental ____?

____ be limits to the ____ covered.

What ____ maximum ____ filling in this plan ____?

Can ____ of ____ limited?

Is ____ limited ____ coverage?

____ you limit ____ amount ____ filling ____?

____ don't know ____ there ____ on the ____ my plan.

Is ____ restriction ____ number of approvedfills in ____?

Does this plan have ____ of filling?

Does ____ policy have ____ filling?

Is there an ____ filling ____?

____ this ____ upper limit ____ filling coverage?

What ____ number ____ filling procedures ____?

____ may ____ on ____ number ____ filling done.

____ might be ____ on ____ number of ____ considered for ____.

Is ____ any restrictions ____ in this ____.

There might be restrictions ____ how ____ be ____.

____ you tell ____ the limitations ____ filling ____?

____ there a ____ on the number ____ considered ____ this plan?

There ____ constraints ____ the amount ____ dental ____ in the ____.

There ____ restrictions ____ how ____ filling ____ by this plan.

____ not sure what the filling cap ____.

____ is the ____ for ____ plan?

What's ____ in this ____?

____ a limit on ____ number ____ filling ____?

Is ____ limit to how many ____ procedures ____?

____ upper ____ on ____ amount of ____ can be filled in?

Does ____ plan ____ on the quantity ____ filling?

Are ____ numbers ____ filings ____ here?

Is this ____ of covered ____?

____ there ____ restrictions for filling ____?

____ don't know if ____ to how ____ fillings ____ covered.

Is there a limit ____ the ____ considered for ____ plan?

____ may be ____ many dental filling ____ included in ____.

Is there ____ on ____ number ____ filling?

____ it ____ for this ____ a maximum ____ of filling?

Can ____ about ____ on filling under ____ coverage?

Are ____ any limitations on ____?

____ be ____ on the number ____ covered ____

Is ____ possible ____ this ____ a limit on ____?

Does ____ have a ____ coverage ____?

Is it ____ that ____ has ____ for dental filling?

There ____ be limits on ____ number ____.

____ could be restrictions ____ procedures the plan ____ sponsor.

____ there any ____ how many filling ____ can ____?

____ a ____ to ____ of fillings considered for ____?

____ there's an upper ____ for ____ you ____ me about ____?

Limitations ____ filling ____ this policy?

There ____ a ____ the amount of ____ considered ____ coverage.

What's _____ filling _____ on this _____?
 _____ want to _____ if my _____ has _____ maximum cap _____ tooth _____.
 _____ are any restrictions _____ filling _____?
 Can you _____ coverage _____ fillings?
 Do _____ a _____ coverage limit?
 Is there _____ limit _____ how _____ are in this _____?
 _____ there _____ restrictions on the _____ filling within the _____?
 Can _____ tell me _____ for _____ this _____?
 Is the _____ able _____ cover _____ maximum number _____?
 Is _____ an upper _____ to _____?
 I want to _____ is _____ limit _____ filling coverage
 Is the cap on the _____.
 Does the _____ a _____ on the _____ filling?
 _____ cap _____ my plan _____ not known.
 _____ any limit _____ the number _____ that can be _____?
 Can _____ be a maximum number _____ in _____?
 Can _____ be restrictions _____ the _____ of _____?
 _____ may be _____ cover multiple _____
 _____ plan _____ a maximum _____ of _____?
 _____ this _____ a ceiling on the _____ it does?
 _____ is _____ cap on _____ many _____ are _____ the plan.
 _____ any _____ on _____ of covered fillings?
 Is there any restrictions on _____?
 _____ restriction _____ amount of _____ can _____ done under this plan?
 _____ are constraints _____ many dental filling are _____ in _____.
 Will _____ a _____ fillings are included in the _____?
 _____ is _____ restriction _____ the number _____ covered _____ this plan.
 _____ there _____ number _____ filled teeth?
 _____ would like _____ if _____ coverage _____ maximum _____ obtaining tooth filling.
 Should _____ be an _____ coverage?
 Is this _____ of _____ of covered filling?
 _____ a _____ on how many fillings are _____ in _____?
 _____ are the _____ covered filling _____ this plan?
 Does the plan have _____ on _____ number _____?
 Is there _____ filling _____ this _____?
 _____ the maximum number _____ fillings _____ this _____?
 Do you have _____ coverage _____?
 _____ would like to _____ if there _____ a restriction _____ fillings.
 Is _____ good _____ for a _____ number of _____?
 Can I _____ filling _____ my coverage.
 _____ would _____ to know _____ my _____ has a _____ for _____ tooth _____.
 Is there any _____ on how many _____ plan?
 What is _____ in the _____.
 I'm _____ if this _____ limitations _____ filling _____.
 _____ a _____ the number of fillins _____?
 There might be _____ on filling _____ coverage _____.
 _____ there _____ on the fillings _____ my _____?
 Is there a limit on _____ fillings _____?
 Is there a _____ on _____ of filling _____ our _____?
 _____ you know _____ there _____ a limit _____ the _____ considered?

_____ there a _____ on _____ amount _____ fillings _____ can be _____?
 _____ filling cap on this _____.
 Is _____ limitation _____ covered _____?
 Is _____ for _____ filling in the _____?
 _____ to cover _____ filings?
 Do _____ the plan has _____ on filling _____?
 _____ cap _____ how _____ filing procedures are included?
 Is the _____ number of filling _____?
 _____ plan has a _____ number _____ filings.
 What's the maximum _____ filled in _____ plan?
 _____ may _____ restrictions _____ number of covered _____.
 _____ is _____ of covered fillins?
 Are there _____ many filling _____ be sponsored?
 _____ there _____ on _____ coverage for _____.
 Is _____ any limitations _____ covered _____?
 _____ restrictions _____ many filing procedures will _____ this plan.
 _____ a limit _____ many fillings are _____ plan?
 Is there any _____ the _____ covered _____?
 Is _____ to have _____ maximum of covered _____?
 Do you know _____ is a _____ for _____?
 _____ there _____ multiple Filings?
 There _____ restrictions on filling coverage _____?
 I want _____ know _____ on _____ is covered in _____.
 Is _____ possible _____ maximum dental _____ to _____ this coverage?
 _____ be _____ on _____ dental filling _____ included in the _____.
 Is there _____ limit on the _____ filling _____.
 _____ a _____ on _____ of fillings _____ for coverage?
 _____ this plan _____ a number _____?
 _____ to a _____ number of covered filling?
 _____ be _____ upper _____ for _____ coverage?
 _____ is a limit _____ that can be _____ for coverage.
 _____ have _____ limit _____ the amount of _____ covered?
 Is there _____ fillings under _____?
 What _____ for covered _____ in this _____?
 _____ possible that _____ filling _____ exist?
 Is there _____ to _____ number _____ fillings?
 Is _____ on how many filling _____?
 Is _____ limit to _____ many filling _____ be _____?
 Is it _____ on covered _____?
 _____ there a _____ the _____ included _____ my coverage?
 _____ the _____ on the _____ plan?
 _____ coverage _____ a _____ on _____ of tooth _____ I can obtain?
 _____ that has a _____ the number of _____ filling.
 Is _____ a _____ on the _____ of fillings _____ our _____?
 Does _____ include _____ number of covered _____?
 Is _____ cap _____ the policy?
 Is _____ allowance _____ plan?
 Is _____ of _____ by _____ limited?
 I want _____ know _____ is _____ of maximum fillings _____.
 What _____ the _____ for covered _____ in _____ plan?

I _____ to know if _____ is _____ for filling _____.
 Has _____ imposed _____ maximum _____ for _____ filling?
 _____ plan able to cover _____ maximum _____ fillings?
 Can you _____ if there is _____ ceiling _____ reimbursed _____?
 _____ there a ceiling _____ treatments _____?
 _____ there any _____ on _____ filling _____ in this _____?
 I _____ know _____ has a maximum _____ on _____ filler.
 Will _____ be _____ on _____ number _____ filling _____ sponsored _____ this _____?
 _____ the _____ for the plan?
 _____ there _____ cover multiple _____?
 _____ is an upper limit for _____ can you _____ me?
 The plan _____ have _____ filling _____.
 In _____ what _____ the allocated limit for _____?
 Can _____ be _____ limit to _____ tooth filling _____ covered _____?
 _____ restrictions _____ more than one filing?
 Can I _____ about _____ on _____ under _____.
 _____ this _____ a _____ number of _____?
 _____ there _____ a limit on _____ number _____ fillings _____?
 _____ am wondering _____ has limitations on filling _____.
 _____ restrictions on the filling _____ this plan?
 _____ there a _____ on _____ in this plan?
 _____ may be _____ on _____ many _____ are _____.
 _____ possible _____ this _____ limitations on filling _____ reimbursement?
 _____ restrictions on _____ coverage?
 There may be _____ on _____ number _____ filling _____ will _____ by this _____.
 _____ restrictions _____ multiple filing under?
 _____ a _____ amount of _____ filling under this _____?
 _____ the amount of filling that _____ be done under _____.
 _____ anyone _____ there _____ a _____ for reimbursed filling treatments _____?
 _____ the plan have a _____ the amount _____ be _____?
 Are _____ plan limits _____?
 _____ the _____ used for a maximum _____ of _____?
 Do you _____ amount _____ filling that _____ by _____ arrangement?
 _____ the amount of coverage that _____ filled in _____?
 There _____ restrictions _____ filling _____ coverage in this _____.
 There _____ be restrictions _____ number _____ covered filled _____.
 _____ there _____ cap _____ amount of _____ included _____ this plan?
 _____ maximum _____ of covered fillings?
 _____ if there's a _____ in my plan.
 _____ a limit on _____ of _____ in my _____?
 _____ plan _____ a _____ on the amount of _____?
 Is there a _____ on _____ is _____?
 Can _____ whether the _____ for filling reimbursement?
 _____ how many fillings are included?
 How _____ covered _____ maximum?
 Is _____ of filing limited _____?
 _____ there _____ on how many _____ procedures are covered _____?
 Do _____ have _____ restrictions on the _____ approved filling?
 Can _____ me _____ procedures _____ covered by this plan?
 _____ on the amount _____ approved filling?

____ this ____ restrict ____ number ____ filling?
 ____ a ____ number of covered fillings ____ this plan
 ____ on filling under ____ plan?
 There ____ limitations ____ filling.
 ____ don't know if ____ a maximum cap ____ obtaining ____.
 ____ is the maximum number ____ covered ____ done?
 There ____ on the ____ covered fillings.
 ____ the ____ any restrictions ____ number of ____ filling?
 ____ you ____ if there ____ a ____ for ____ coverage?
 ____ any ____ for ____ in this plan?
 Is ____ on ____ of approved filling ____ this plan?
 Are ____ any restrictions ____ how ____ are covered?
 There ____ questions regarding the quantity ____ within ____ plan.
 ____ plan able to cover a ____ fillings?
 ____ a cap ____ the fillings ____ in ____ plan.
 Is ____ a maximum ____ covered ____?
 ____ is a cap on the filling ____?
 ____ amount of ____ that are covered?
 Are there ____ restricted ____ covered ____?
 Is ____ on ____ filling?
 ____ would ____ to ____ there ____ a ____ of filling ____ my coverage.
 ____ on the number ____ filling procedures covered ____ plan.
 Is ____ any ____ number ____ covered filling?
 Do ____ if ____ on ____ amount of approved filling?
 ____ the limit ____ the covered filling ____ this ____?
 ____ the fill ____ for this ____?
 ____ there ____ limitation ____ with this policy?
 Is there ____ limit on ____ of fillings ____ in ____?
 ____ have a ____ to ____ filling?
 Is there ____ on ____ plan?
 Can there be a ____ to ____?
 ____ require a ____ the amount of filling it ____?
 ____ for ____ plan ____ not known.
 ____ plan impose a ____ dental ____?
 How ____ the ____ for ____ this plan?
 ____ filling cap on ____ policy?
 ____ this plan have a ____ number ____ filling?
 Is ____ regarding how many filling ____ be sponsored ____ this ____?
 Is there limitations ____ in ____?
 ____ is ____ the number ____ covered fillings
 Does the ____ include ____ limit ____ number ____ covered ____?
 Do you ____ limit ____ of fillings?
 Is ____ a ____ amount of ____ in ____ coverage.
 Does that mean ____ an ____ filling ____?
 ____ you limit ____ amount ____ filling that ____?
 Is ____ on the amount ____ within this plan?
 Does ____ allow for ____ limit on ____?
 ____ are possible ____ in this plan.
 What is ____ maximum number ____ that this ____?
 I ____ to ____ if ____ limitations on covered _____.

_____ there any _____ to _____ ?

A _____ limit _____ this plan.

_____ the _____ imposes a _____ limit for _____ filling.

The maximum _____ in _____ ?

_____ the _____ a maximum _____ filling?

Is there _____ maximum _____ this _____ ?

_____ there _____ on the _____ fillings in this plan?

Is _____ possible _____ are _____ covered fillings?

There is a limited _____ of _____ policy.

_____ many filling _____ allowed _____ plan?

_____ on _____ number of _____ filing?

_____ a coverage limit for _____ ?

_____ have a limit on _____ of covered _____ ?

I _____ if there are restrictions _____ my _____.

_____ contain a maximum _____ limit?

Is _____ any restrictions for _____ in _____ plan?

_____ restrictions on _____ number _____ filling?

_____ the _____ for filling _____ plan?

_____ there _____ on the number _____ fillings considered for _____ plan?

_____ on the _____ my plan?

_____ be restrictions on how _____ are _____ by this _____.

_____ restrictions _____ there on filling _____ in _____ ?

Can _____ tell _____ plan has limitations _____ filling _____ ?

What is _____ actual _____ policy?

Is _____ a _____ filling are included?

_____ there be _____ many filling _____ the plan will _____ ?

_____ a _____ on _____ number _____ covered fillings under _____ plan?

_____ this _____ put _____ ceiling _____ the _____ fillings it covers?

_____ the plan impose _____ the number _____ fillings it _____ ?

_____ you _____ me if it _____ limitations _____ reimbursement?

Are _____ restrictions about _____ filling procedures _____ sponsored?

_____ cap on the fillings _____ my _____.

_____ the _____ limit for _____ plans?

Is there a _____ filings?

_____ the plan impose _____ filling?

_____ might have _____ on the _____ covered filling.

Is there _____ restriction _____ Filings?

_____ is _____ limit _____ covered filling _____ the plan?

_____ is the filling _____ policy?

Is _____ possible to _____ of fillings _____ our arrangement?

_____ the _____ have _____ limit on _____ number _____ fills?

Is there _____ restriction _____ filling of _____ plan?

Do you _____ the amount _____ covered _____ arrangement _____ check?

The _____ covered _____ might _____ restricted _____.

_____ a _____ on _____ number of _____ that are _____ ?

_____ is the filling _____ this _____ ?

_____ allocated limit _____ covered filling in _____ ?

There _____ how _____ be sponsored by this plan.

Is _____ coverage _____ a certain _____ when _____ to _____ augmentation?

I want to _____ if there is _____ maximum _____ fillings _____.

How much is ____ filling cap ____ ____ ____ ?

Can ____ if ____ plan has limitations ____ reimbursement?

____ on the number ____ dental fillings you cover?

____ you tell ____ limit for filling coverage in ____ ?

____ limitations to covered ____ ?

There might ____ on how many ____ sponsored.

Can ____ me the coverage ____ .

____ ceiling on ____ of fillings ____ covers?

____ a ____ much ____ is considered for coverage?

Does this ____ have ____ many filling are ____ ?

____ you ____ the policy ____ a ____ on ____ filling?

____ possible that ____ of files offered ____ limited?

Is ____ quantity of filling ____ within ____ ?

____ restrictions on ____ filling ____ my coverage.

____ anyone tell me ____ ceiling ____ filling treatments here?

____ it ____ be restrictions ____ number of covered filling?

____ plan ____ maximum number of covered ____ .

____ restriction ____ the amount of approved ____ within this ____ ?

____ on ____ amount of ____ that can be ____ ?

I don't ____ what ____ cap ____ filling ____ my ____ .

How ____ the plan cover?

Can ____ on ____ number of approved ____ this plan?

This plan might ____ a ____ number of ____ covers.

____ you ____ an upper limit ____ filling coverage ____ place?

____ there restrictions ____ covered filling?

Is ____ a ____ on ____ fillings that ____ be considered for ____ ?

____ there a ____ coverage ____ for ____ plan?

____ have ____ restriction on the amount ____ ?

I ____ know if there's an upper ____ .

____ be ____ on the ____ fillings included in the ____ .

____ maximum ____ filling in this plan?

____ there be ____ cap on how ____ are ____ ?

Is ____ number ____ offered ____ ?

____ any limitations on ____ ?

Does the ____ limit for ____ ?

Is this ____ limited ____ of covered ____ ?

____ maximum filling coverage limit ____ ?

There ____ restrictions to ____ this ____ ?

____ is ____ maximum ____ that is covered?

____ any restrictions on the ____ ?

Is there ____ the amount ____ fillings ____ can be ____ coverage?

Is there ____ tooth ____ this ____ ?

____ plan ____ a ____ coverage limit.

Can this plan ____ covered ____ ?

____ there any ____ on ____ filling?

____ if ____ a ceiling for ____ filling treatments here.

____ restrictions on filling ____ this ____ ?

____ there ____ limitations ____ coveredfilling?

Does ____ the amount ____ fillings?

____ there ____ restricted amount ____ covered ____ ?

Is _____ any restriction on _____ of _____ filings _____?

_____ is _____ limit _____ number of _____ filling?

What _____ the _____ allowance _____ plan?

Does _____ policy _____ the _____ of _____?

Is _____ plan _____ cover _____ maximum number _____ fillings?

_____ this plan have _____ limit _____?

_____ the policy _____ a _____?

_____ impose _____ on the amount _____ it covers?

_____ restrictions on _____ coverage _____ the plan?

Are there any limits _____ the _____ of _____ filling _____?

_____ this policy _____ a limit _____ the number _____?

Is _____ restrictions _____ the _____ under my _____?

_____ amount of covered _____ there?

_____ my _____ have a _____ on the _____ tooth filling _____ take?

_____ may have limitations for _____.

_____ this plan limited to _____ maximum _____ covered _____?

What _____ limit for _____ plan?

Are there any restrictions _____ the _____?

Does the plan _____ a _____ on _____?

Is _____ restrictions _____ the number _____ filling?

I _____ to know if there is _____ fillings _____ in my _____.

_____ the _____ filling in this _____?

How _____ fillings will be _____?

Does this _____ have _____ the _____ of _____ fills?

_____ the number _____ filling?

_____ some questions regarding how _____ filling _____ sponsored.

There _____ cap on the _____ of _____ that _____ included.

Are _____ any _____ on _____ filings?

Is _____ limit on _____ number of filling _____ covered?

There _____ to be a _____ on the _____.

Does _____ plan _____ limit _____ the number _____ coveredfills?

There _____ be limitations for _____ with _____.

_____ ceiling _____ filling treatments here?

There _____ a limit on _____ number of _____.

Can you tell _____ if _____ are _____ covered _____?

I wonder _____ any limitations _____ fillings.

_____ this _____ a _____ the amount of filling _____ covers?

You _____ if _____ an upper _____ filling coverage.

_____ any _____ on filling _____?

_____ was wondering if _____ a cap _____ the _____ plan.

What _____ filling _____ of _____ policy?

Is _____ a _____ of _____ in my plan.

_____ there _____ limit to _____ amount _____ dental _____ in _____ coverage?

I'm _____ the plan has _____ on _____.

There is _____ cap on _____ filling _____ can _____ in _____ plan.

_____ there _____ restricted numbers _____ covered _____?

_____ tell _____ there _____ an upper limit for _____ coverage?

Is _____ plan _____ to cover _____ of filling?

_____ my _____ covered _____ cap _____ filling?

I want _____ if there's _____ of _____ included.

_____ there a _____ of filling _____ in this plan?
 _____ there _____ multiple filings?
 _____ may be _____ on _____ many filling _____ be _____.
 _____ be some _____ on covered _____.
 _____ there _____ for multiple _____?
 _____ know _____ there _____ restriction _____ the number of fillings _____?
 _____ is the _____ the filling _____ my _____?
 _____ it possible _____ has a limit _____ filling?
 _____ ceiling for reimbursement filling _____?
 _____ number of _____ filings restricted _____?
 What _____ the _____ limits _____?
 The _____ may _____ the number of _____ fillings.
 Is this _____ able _____ a _____ amount _____ fillings?
 _____ this plan impose a _____ filling it covers?
 _____ have a ceiling _____ the _____ of filling _____ covers?
 Is there a _____ to the number _____?
 _____ you _____ of filling _____ is covered?
 Can _____ be constraints on _____ of _____?
 This plan _____ a limit on _____ of _____
 _____ is the _____ filling _____ under this _____?
 _____ restriction on the number _____ fills?
 _____ want _____ know _____ there is a maximum _____ fillings _____ coverage.
 Can anyone confirm _____ a _____ for _____ filling _____.
 _____ you have _____ limit on _____ cavities _____ within _____ arrangement?
 There may be _____ on the _____ in _____ plan.
 _____ was _____ if there _____ an _____ limit _____ filling _____.
 _____ wonder _____ on the number of covered filling.
 _____ restrictions to cover multiple _____
 Can _____ be _____ limit _____ how many filling _____ by this _____?
 _____ has _____ restrictions for filling _____?
 _____ on the _____ of _____ covered within our arrangement?
 _____ there _____ on _____ number _____ fillings?
 Is there _____ on how many _____ can be _____?
 _____ you _____ restrictions _____ under my coverage?
 _____ the _____ of covered _____ restricted _____?
 What is the maximum _____ of _____ covered _____?
 Will it be _____ cover _____ maximum _____ filling?
 Can you _____ the _____ of covered _____?
 _____ restrictions _____ my coverage for _____?
 There is a _____ to _____ number of _____ plan.
 Do you _____ has limits on filling _____?
 _____ this coverage _____ the _____ dental _____?
 Is there a maximum number _____ fillings _____?
 _____ are the limitations on _____ in _____?
 _____ to know if _____ is a _____ filling treatments _____.
 Is there _____ many filling are _____ in this _____.
 _____ plan limit _____ number _____ fillings?
 Is this _____ capable of _____ of _____?
 Does _____ coverage include any _____ on the _____ approved _____?
 _____ impose any ceiling on the amount _____?

Is this ____ capped ____ filling coverage ____?

There ____ on ____ of covered fillings.

Is ____ policy ____ a ____ on dental filling.

____ much does this ____ allow ____?

Are ____ limits ____ of ____ filings?

Does this ____ filling ____?

____ a limit on the ____ of ____ to ____ considered ____?

____ possible to ____ cap on ____ many ____ are included?

Is there ____ limit on the ____ of ____ included ____?

____ this ____ have ____ covered fillings?

____ plan ____ the number of fillings it ____?

There are ____ filling?

Can ____ if ____ limitations on filling ____ reimbursement?

____ the plan impose any ____ on ____ of ____?

Is ____ limit on the ____ filling ____ this plan?

Can ____ confirm if this ____ limits on ____?

Can ____ a ____ how ____ filling are included?

____ the ____ amount of ____ this ____?

____ there be ____ the number ____ filling?

____ this plan ____ a ____ on the ____ of ____ does?

____ a ____ on ____ number of ____ included?

____ is a cap ____ how ____ are ____ in ____ plan.

How ____ fillings can I ____?

Can ____ be ____ on ____ plan?

____ tell me the allocated ____ for covered filling ____?

____ plan impose a ceiling on ____ amount ____?

Can ____ be ____ limit ____ the ____ of ____ covered?

Is the ____?

Are ____ on ____ many ____ be sponsored by this ____?

____ plan ____ have a ____ filling ____.

There ____ restrictions ____ many ____ procedures will ____ sponsored ____ this plan.

Is there a ____ to how ____ filling ____ under ____.

____ are ____ on covered fillings.

____ possible for there ____ dental filling under ____ coverage?

____ is the ____ of fillings in ____?

Do ____ limit ____ amount ____ that ____ covered ____ our arrangement?

____ is covered under this ____?

____ might ____ restrictions ____ cover multiple ____.

____ be constraints on ____ many dental filling ____.

The ____ may have ____ tooth ____.

Does anyone know if ____ upper ____ coverage?

____ there ____ coverage in place?

____ not ____ what ____ cap on ____ in ____ plan.

____ say ____ plan has ____ on filling reimbursement?

Are ____ any ____ on the ____ filling?

____ there any restrictions on ____ of ____ fill ____?

Is there ____ cap on ____ fillings included ____?

Under ____ maximum dental filling amount?

____ quantity of covered ____ restricted ____?

____ limit on the ____ fillings included in my ____?

Does _____ have limits _____ filling?

I _____ if there was a _____ on _____ fillings considered _____.

Are _____ restrictions _____ the amount _____ covered _____?

Is _____ limit on the number _____ can _____ considered?

Is this plan able _____ cover _____ number _____.

Do there restrictions _____ many filling _____ are _____ this _____?

_____ there _____ to _____ number _____ offered under this policy?

_____ amount of filling in _____ plan.

_____ like to know _____ there's _____ upper _____ filling coverage.

_____ limit _____ number of _____ fills?

_____ limit on the _____ offillings _____ for coverage?

_____ limited number of filings under _____ policy?

_____ there _____ dental _____ this policy?

_____ there _____ restrictions to cover _____?

Do _____ know _____ the plan _____ on filling _____?

_____ limits on _____ filling.

_____ a limit _____ number _____ covered fillings?

_____ contain _____ maximum _____ coverage limit?

_____ maximum number of filling?

_____ could be restrictions _____ filling _____.

Do you know _____ a _____ on _____ number of _____?

The filling cap _____ something _____ ponder.

There _____ be restrictions _____ the _____ of covered fillings.

Is this plan _____ the _____ fillings?

Can _____ the _____ limit _____ the filling?

Does this _____ limit on the _____ of _____?

_____ this _____ have _____ filling reimbursement?

_____ this _____ capable _____ maximum number of filling?

Is there _____ restriction _____ how many filling _____?

Is _____ with a _____ number of _____?

Is _____ on this policy?

_____ plan cover _____ cap on _____?

Can _____ me if _____ limit _____ filling coverage in _____?

I am _____ if there _____ a _____ how _____ included.

_____ plan include _____ the filling?

Do _____ know if _____ has _____ filling coverage _____?

Are _____ restrictions _____ of covered _____ here?

Can there _____ limits _____ number of _____?

_____ plan going to limit the _____ of _____?

Do you _____ on _____ dental _____ you cover?

There is _____ the _____ filling that can _____ considered _____ coverage.

_____ there a _____ number of _____ can be covered?

What is the _____ allowance _____?

_____ it _____ there are limitations _____?

_____ filling Limit _____ this _____ not _____.

A question _____ the _____ limit _____ covered filling _____.

_____ a limit _____ how many _____ can _____ covered?

There _____ on _____ of fillings considered for _____ under this _____.

_____ be _____ on _____ filing?

Is the _____ covered filings _____.

Is it _____ plan _____ limitations _____ filling reimbursement?
 _____ the cap on the _____ covered _____?

What _____ the _____ limit for _____ filling in _____?

Can _____ this _____ has limitations for _____ reimbursement?
 _____ limit on _____ number _____ under this policy?

There _____ questions _____ the amount _____ filling within _____ plan's _____.

Are there _____ ceiling _____ treatments _____?
 _____ there a _____ dental _____ coverage?

What _____ the _____ filling _____ this _____?

The number _____ offered _____ this _____ is _____.

_____ may _____ restrictions _____ how many _____ the plan _____.

_____ there a limit _____ are included.

_____ there a _____ for _____?

Do _____ a _____ on _____ plan?

The _____ of fillings _____ may _____.

_____ this plan _____ a maximum _____?

_____ there _____ limit _____ the _____ of _____ fillings?

Are there _____ fillings?

The filling cap on _____.

_____ the filling limit _____ the _____?

_____ want _____ the filling _____ for _____ plan.

_____ the plan's _____ on _____ amount _____ approved filling?

_____ the maximum _____ for filling _____?

_____ you _____ what _____ limit is for filling _____?

_____ this _____ include _____ maximum filling _____?

_____ tell _____ this plan _____ restrictions on _____ reimbursement?

_____ the plan's _____ on _____?

_____ the plan _____ a limit on _____ number _____?

_____ may be limitations _____ covered filling.

Are _____ any restrictions _____ number _____ approved _____ in this _____?

_____ this _____ have a limit _____ of covered _____?

_____ have limitations to _____ reimbursement?

_____ plan _____ a limit on _____ of covered _____.

_____ the plan impose a _____ the _____ of _____ it _____?

Does _____ plan _____ for _____ number of _____?

_____ there _____ limit on the amount _____ in my _____?

_____ there _____ limit on _____ number of covered _____?

Do _____ have _____ restrictions on the _____ filling?

_____ it _____ to have _____ covered _____?

_____ plan _____ a _____ of filling?

Is there a _____ the _____ of _____ that _____?

_____ plan _____ to the _____ covered filling?

_____ there a cap _____ the _____ of filling _____?

Is there _____ on _____ of fillings _____?

Do you _____ if the _____ has _____ covered fillings?

_____ the number _____ filed _____ policy _____?

Does _____ plan include a _____ limit _____?

_____ you _____ what _____ limit is _____ filling coverage?

_____ on _____ many _____ procedures will be sponsored?

_____ a _____ number of _____ included in _____ coverage?

There ____ a restriction ____ fillings considered ____ coverage
 Is ____ any restrictions on ____?
 ____ wondering ____ there ____ an upper limit ____ filling ____.
 What ____ the total ____ limit ____?
 ____ a cap ____ number of fillings ____ my ____.
 Do ____ has a maximum ____ dental filling?
 ____ are some questions about ____ many ____ procedures will ____ this ____.
 I am ____ if ____ plan has limitations ____.
 ____ have ____ restrictions on the ____ of ____ fillings?
 Does ____ have a maximum ____?
 ____ amount of covered ____ here?
 ____ it impose ____ the ____ of ____ it does?
 Can you ____ us if ____ plan ____ on ____?
 Is there ____ filling ____ coverage?
 ____ a limit ____ amount of filling ____ the arrangement?
 Is ____ on ____ included in ____?
 Is there ____ on how ____ dental ____ in the ____?
 ____ it ____ a ____ number of ____?
 I would ____ there are ____ restrictions on ____ my coverage.
 Is ____ any restrictions ____ of covered ____?
 ____ maximum ____ filling for ____ plan?
 Do ____ have to ____ limits on ____ number ____?
 ____ there ____ for reimbursement filling ____?
 ____ there any limits on ____ of ____ filling in ____?
 There ____ any ____ in this plan.
 Do you know ____ there ____ on the number ____?
 How much ____ allocated ____ for covered ____ plan?
 ____ if there is an ____ limit ____ filling ____.
 Is there ____ how many ____ are included ____ plan?
 There may be ____ how many ____ in the ____.
 ____ a cap on how ____ filling are ____ in ____.
 ____ filling ____ on the ____ policy?
 ____ there ____ be restrictions on the ____ of ____?
 Do ____ cover a ____ amount ____?
 Can ____ tell ____ it's an ____ limit ____ filling ____?
 Can there ____ limits ____ procedures will be ____?
 ____ limit ____ covered fillings?
 Do you ____ restrictions ____ coverage?
 Is there a limit ____ of ____ covered ____ our ____?
 ____ filling ____ on that ____?
 Can ____ constraints on how ____ dental ____ included?
 There ____ cap on ____ number ____ filling ____ be included.
 Is this ____ limiting the ____?
 Is ____ cap on ____ of ____ my plan?
 ____ there ____ the amount of filling ____ considered ____ coverage?
 ____ plan cover ____ a ____ fillings?
 Do ____ the filling limit is ____ this ____?
 ____ wondering ____ there ____ a cap on the ____ in ____.
 ____ any cap ____ filling ____ plan?
 ____ the maximum ____ of covered ____?

Is _____ cap on _____ number _____?

_____ the _____ limit _____ covered filling?

_____ is the _____ limit _____ this _____?

The _____ may be _____ under _____ policy.

_____ you know _____ there _____ limit for filling _____ place?

_____ there be constraints _____ filling is included _____ coverage?

Does the _____ the _____ filling?

What _____ number of fillings _____ are _____?

The plan's filling _____.

_____ have a max _____ limit?

_____ might be _____ ceiling _____ treatments here.

_____ on _____ number of filled in in _____ plan?

Is _____ cap _____ many fillings there _____ in _____ plan?

Can there _____ a limit to _____ covered?

Is _____ a maximum _____ limit _____ plan?

Are _____ limits _____ number of _____ fillings?

_____ there _____ to _____ amount of fillings _____ within _____ arrangement?

_____ there _____ limit for the number _____ in _____ coverage?

_____ there a _____ on fillings _____?

_____ this _____ have a _____ on _____?

_____ are _____ on the _____ filling procedures that will _____ by _____.

There _____ limit on how _____ fillings can _____.

_____ there a limit for _____?

There _____ cap _____ the number of filling _____ this plan.

In _____ what's _____ maximum _____ of _____?

_____ is the maximum _____ fillings covered by _____?

_____ there _____ maximum dental _____ this _____?

_____ limits for filling _____ place?

_____ there _____ cap on the _____.

_____ there _____ on _____ of covered _____?

Are _____ any limitations _____ to covered _____?

Will _____ restrictions _____ the amount of _____?

_____ there _____ on coveredfills?

_____ be _____ cap on how many filling _____.

Are there any _____ on the _____?

_____ there _____ cap on the _____ in part _____?

_____ plan _____ a _____ the amount of _____ it covers?

There _____ cap on the _____ of _____ plan.

What is _____ cap _____ this _____?

_____ capable of covering _____ maximum _____ of fillings?

_____ is _____ limit of _____ filling?

_____ limit _____ fillings that can be covered?

There _____ be _____ filling this _____.

Is _____ the number of fillings that _____ be _____?

Is there a limit to _____?

_____ may _____ restrictions on _____ under.

_____ my _____ a _____ on the amount of _____ I can _____?

What _____ covered _____ in the plan?

Are there limits _____ the amount _____ that _____ in?

_____ have a maximum of _____?

Is ____ plan ____ of fillings covered?
____ there ____ limit on ____?
____ a limit ____ much I can ____ for tooth fill?
____ is ____ filling ____ on ____ policy?
____ of ____ filers restricted here?
____ limit on the ____ of covered ____?
____ plan ____ many fillings?
____ you ____ the maximum number ____?
I ____ if there ____ a ____ reimbursed filling ____.
How ____ does this ____?
____ this ____ a maximum ____ of filled ____?
____ don't ____ what the ____ limit is ____ plan.
____ a ____ imposed on the amount ____ covers?
Is ____ any ____ fills?
____ there ____ limit for ____ coverage in place.
Are ____ covered filing ____?
____ a limit ____ the number of ____ policy?
Is there ____ restrictions on ____ many dental ____?
____ the plan ____ limit on how many ____ filling ____?
____ to know ____ limit for ____.
Is ____ any restrictions regarding ____ filling ____ be sponsored ____ plan?
____ you ____ us ____ there ____ an ____ limit for ____ coverage ____ place?
____ is the cap ____ the filling ____ in ____?
____ you have a ____ on how ____ fillings ____?
The policy might have ____.
Is ____ plan maximum ____ filling?
____ the plan ____ limits on filling reimbursement?
____ whether ____ an upper ____ for filling coverage?
Will ____ any restrictions ____ number of covered ____?
____ there a limit ____ the number ____ fillings ____ in ____?
Is there a cap ____ filling ____ plan?
____ the upper limit ____ in ____?
____ a ____ on how ____ covered by the plan?
Is ____ to the ____ fillings in ____ policy?
Can there ____ on ____ many dental filling ____ in ____?
Can ____ maximum ____ filling under ____ coverage?
Does anyone know if ____ a ____ filling treatments ____?
____ may have ____ maximum ____ covered fillings.
____ any ____ regarding how ____ will be sponsored?
____ tell me if this ____ any limitations ____ reimbursement?
____ on the number of fillings ____ can be ____?
____ the ____ on the ____ of ____ it ____?
____ include a maximum number ____?
____ there ____ to covered ____?
Is there a cap ____ how ____ of ____?
____ don't know what the ____ is ____ policy.
____ number ____ filings limited under ____?
____ want ____ know ____ there ____ any limitations ____ covered ____.
____ should be a cap ____ filling are ____ plan.
____ any limits on ____?

Is there _____ on _____ filling covered in my _____.

Can you _____ me _____ there is _____ limit _____ in?

I _____ know if there is _____ on _____ of _____.

_____ plan accommodate _____ maximum number _____?

Can you _____ me _____ this _____ on filling _____?

Is _____ number _____ covered _____ here?

Does _____ limitation _____ the number of covered _____?

_____ the _____ limited by _____ policy?

_____ limits _____ tooth _____ this policy?

Where's _____ limit _____ plan?

_____ there a limit _____ amount of _____ filling _____ plan?

_____ anyone _____ if there is a ceiling _____?

_____ the plan require _____ on the _____ filling?

_____ there any restriction _____ the _____ filling?

Is the _____ on _____ filling part _____?

Is there _____ on _____ are included?

_____ there _____ reimbursement of filling treatments?

_____ there any _____ on _____ reimbursement _____ plan?

Is there a _____?

I want _____ know if _____ a _____ on the _____ considered.

_____ what _____ the filling _____ for _____?

_____ be a cap on the _____ included _____ plan?

Is the plan _____ on _____ fillings?

There are _____ questions regarding the amount _____ the _____.

Is _____ a restriction _____ of filled _____?

_____ there _____ restriction on how many _____ are?

Is there _____ of covered _____?

_____ any _____ on the _____ my coverage?

What is the _____ for _____ in _____.

Does _____ of filled in?

Can you tell _____ is an _____ for _____ it?

Can _____ me know _____ there's _____ upper limit _____ filling _____?

Is _____ restriction _____ amount of covered _____?

Do you _____ the _____ of _____ by our arrangement?

Do there have _____ be _____ on _____ of _____?

There _____ cap on _____ policy?

_____ there be _____ the filling of _____?

Do _____ the number _____?

Is the _____ of _____ by this _____?

There _____ a _____ on how _____ this plan.

Is _____ limitations _____ covered filling?

What _____ the _____ for _____?

_____ the _____ of _____ filed restricted _____?

I _____ if _____ is _____ limit on _____ number _____ fillings.

Does _____ an _____ limit for _____ coverage _____ place?

_____ plan _____ is _____ for filling?

_____ be _____ regarding how many filling procedures _____ plan.

_____ you _____ limit _____ filling coverage?

_____ there any restrictions about _____ coverage _____?

_____ have a _____ on _____ of fillings it covers?

With this ____ what ____ tooth filling?

Will the ____ a limit ____ of ____ filling?

____ that ____ is a ceiling ____ reimbursed ____ treatments here?

____ tell me ____ this plan ____ limitations about ____?

Can ____ restrictions ____ the number of ____?

____ don't ____ if my ____ has a ____ obtaining tooth ____.

There may be restrictions ____ the ____.

____ there a restriction on the ____?

Do ____ if there ____ cap on ____ fillings included?

There is a ____ on ____ filling ____ by ____ plan.

There may be ____ on how ____ included ____ coverage.

I ____ know ____ has ____ maximum ____ for ____ tooth filling.

____ is the ____ cap ____ thing?

____ coverage are ____ any ____ filling?

____ policy ____ a ____ on dental filling ____?

____ you clarify if ____ is ____ limit for ____ coverage ____?

____ filling ____ the policy?

I ____ wondering ____ ceiling for ____ filling treatments.

On this ____ what's ____?

____ much is ____ filling ____ for ____?

Is it ____ restrict ____ amount of ____ filled within ____?

____ there a limit ____ how many ____ had?

I ____ if there ____ a cap on ____ filling ____ plan.

____ know whether this plan has ____ filling ____?

____ the allotted ____ for the ____?

____ there ____ limit ____ the ____ fillings that can ____ considered for ____?

What is the maximum ____ of fillings ____?

Can there ____ a limit ____ filling ____ included in ____?

Is ____ amount of ____?

____ don't know ____ my plan ____ a cap ____.

____ limit the use ____ filling?

____ able to cover a ____ filling?

Can ____ imposed ____ the amount ____ filling it ____?

____ there's an ____ for filling ____ in ____?

____ the plan ____ a ____ fill ____?

Is ____ a ____ number ____ fillings that can ____ included?

____ there restrictions ____ cover ____?

____ this policy limit ____ number ____ surgeries?

There could ____ number of ____ fillings.

I ____ know ____ are ____ on covered filling.

____ coverage have ____ limit ____ the ____ of tooth ____ I ____ receive?

There ____ to cover multiple ____.

____ limit the number ____ filling?

____ you tell me if there ____ limitations ____ this ____?

____ the plan have ____ how ____ filling procedures ____?

Is ____ of ____ here?

Is ____ plan limited ____ a ____ of ____ filling?

____ be a cap on how ____ procedures ____ this plan?

____ might be ____ on how many ____ are ____.

Does my ____ filling?

_____ might _____ on covered _____.

_____ have _____ cap on _____ amount _____ filling in _____ plan?

Is _____ possible to have _____ my coverage?

What _____ are _____ filling coverage?

There _____ a _____ to _____ fillings that can _____ covered.

Is _____ an upper limit on _____ amount of _____?

I don't know _____ my _____ on getting _____ fillers.

Does _____ allow _____ maximum filling _____?

Is _____ on the number _____ fillings considered in _____?

Can there be a cap _____ number _____ fillings _____?

Is _____ on the amount _____ filings here?

Is _____ filling _____ in _____ plan?

Is _____ possible _____ this _____ has a _____ dental _____?

Do _____ limit on the number _____ can _____ covered?

_____ a maximum limit _____ fillings in this _____?

What _____ filling coverage _____ plan?

_____ there _____ one max of _____ in _____ coverage?

I want to _____ if _____ on _____ number _____ fillings included.

How many fillings _____ plan?

_____ is the _____ of _____ for _____?

Are _____ constraints _____ how _____ are included _____ the coverage?

_____ there any _____ on _____ number _____ approvedfills _____ this _____?

_____ cap on _____ procedures covered by this plan?

Is there _____ on _____ filling _____ sponsored?

Is there a _____ on the _____ coveredfillings _____?

_____ the _____ the _____ of dental _____.

_____ is _____ filling allowance on _____ plan?

_____ are _____ with this policy?

Do _____ of fillings?

Is _____ restrictions _____ of coverage _____ this plan?

Is _____ filings _____ by _____ policy?

_____ be an _____ limit for _____ in place.

_____ the cap _____ filling _____ in _____ plan?

Can you clarify _____ there's an _____ limit _____

_____ there a limit _____ number _____ filling?

_____ is a _____ under which the _____ covered _____ limited.

_____ possible _____ there _____ on fillings under _____ coverage?

_____ the plans have _____ coverage _____?

_____ wonder _____ is a _____ on the amount of _____.

_____ there a limit on _____ fillings _____ be considered _____?

_____ have a limit _____ how many _____ are _____?

I'm _____ about _____ cap on _____.

Can _____ on filling?

I don't _____ my _____ cap for getting _____ Filler.

I'm curious _____ is a ceiling for _____.

The _____ might _____ number of covered fillings.

There is _____ number _____ fillings _____ for coverage in _____ plan.

Is there _____ the _____ fillings _____ coverage under this plan?

_____ wonder if _____ is a ceiling for _____.

Does anyone have restrictions _____ in _____?

The cap on the _____ my _____ is _____.

Can _____ on the covered _____?

Is _____ any restrictions regarding _____ many _____ sponsored?
_____ this plan's _____?

Is there _____ restricted _____ covered _____?

_____ number of _____ fills?

_____ plan allowed _____ filling coverage limit?

_____ am _____ there is an upper _____ filling _____.

_____ it _____ ceiling on _____ amount _____ filling?

What is the maximum amount of _____ can _____?

_____ plan _____ limitations on _____ reimbursement.

_____ are some restrictions _____ of _____ filling

Can _____ me the _____ for _____ coverage?

Is there a _____?

_____ many _____ there _____ this plan?

_____ restricted _____ the number of _____?

A filling cap _____?

There could be _____ the number of _____.

_____ the _____ number of _____ covered _____ plan?

_____ you tell _____ if this _____ in _____ reimbursement?

_____ if _____ is a restriction _____ of _____ considered for coverage.

Does _____ limit on the _____ of covered _____?

_____ there _____ limits on _____?

Does _____ plan allow _____ a _____ number of _____ filling?

_____ appears _____ on the number _____ covered fillings.

Is _____ number _____ filed _____ by _____?

Do you know _____ there _____ many filling _____ covered?

_____ there any _____ the number of approved _____?

Can there be constraints on how _____ included _____?

_____ limit _____ the number of fillings _____ in this _____?

_____ be _____ on how _____ filling are included _____ this _____.

Do you know _____ a restriction _____ number _____ filling?

Can you say _____ there's _____ upper _____ for _____?

_____ there _____ cover multiple _____?

_____ there any _____ on the _____ approved _____?

_____ a _____ to _____ number of _____ in my _____.

Can _____ be _____ number _____ dental fillings included?

There may be a _____ many _____ included _____ this _____.

Is there _____ how _____ filling _____ covered _____ the plan?

Are _____ number _____ restricted?

_____ it _____ an upper limit _____ filling _____?

_____ the _____ to have a _____ filling _____ limit?

_____ there _____ limit _____ the number of fillings _____ be _____?

_____ you have _____ the _____ of filling we _____?

_____ there be _____ on the _____ covered filling?

Will there _____ a _____ how _____ filling procedures _____?

_____ there _____ on _____ number of approved fills within _____?

Can you _____ me how _____ filling _____ covered _____ the _____?

_____ any restrictions _____ my coverage?

_____ a cap _____ the _____ of fillings _____?

_____ the maximum _____ filling _____ plan?

What's _____ maximum _____ for this _____?

_____ the _____ filing _____ limited?

Does this _____ limit _____ of _____?

Can there _____ one maximum _____ fillings included _____ my _____.

_____ plan impose _____ on the amount of filling _____?

_____ on how many _____ are _____?

I _____ if there _____ covered _____.

Are _____ limitations on _____?

Is _____ a _____ how _____ filling are _____.

Can you _____ me what the coverage _____.

_____ an upper limit to _____?

_____ a _____ of _____ under this coverage.

How _____ filling _____ in this _____?

_____ there a limitation _____ the _____ of _____?

Is _____ any _____ the amount of _____ that _____ considered?

Is _____ ceiling on the amount _____ filling _____?

I wonder _____ there are _____ limits _____.