

## [Demo] NLP Dataset for Customer Service Automation

<b>Company Type</b>	Pet Insurance Companies
<b>Inquiry Category</b>	Claim reimbursement status and process
<b>Inquiry Sub-Category</b>	Claim Pre-authorization
<b>Description</b>	Inquiries about the process of obtaining pre-authorization for a planned procedure or treatment, including the required information, timeframes, and any impact on claim reimbursement.
<b>Data Size</b>	5,005 paraphrases
<b>Want to buy data?</b>	Please contact <a href="mailto:nlp-data@gross.me">nlp-data@gross.me</a> via your business email address.

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

Are \_\_\_\_\_ limitations \_\_\_\_\_ what \_\_\_\_\_ of treatments/procedures \_\_\_\_\_ for this \_\_\_\_\_ of \_\_\_\_\_?

Can you \_\_\_\_\_ me \_\_\_\_\_ and procedures \_\_\_\_\_?

\_\_\_\_\_ and procedures \_\_\_\_\_ for coverage?

\_\_\_\_\_ there \_\_\_\_\_ limit \_\_\_\_\_ the \_\_\_\_\_ of \_\_\_\_\_ that can \_\_\_\_\_ covered?

Any \_\_\_\_\_ to eligible \_\_\_\_\_?

Any \_\_\_\_\_ to approved \_\_\_\_\_?

There \_\_\_\_\_ treatment eligibility \_\_\_\_\_?

\_\_\_\_\_ be restrictions on qualified \_\_\_\_\_?

\_\_\_\_\_ certain therapies \_\_\_\_\_ here?

Are \_\_\_\_\_ any limitations \_\_\_\_\_ the \_\_\_\_\_ of \_\_\_\_\_ procedure that \_\_\_\_\_ for this \_\_\_\_\_?

\_\_\_\_\_ are the boundaries that \_\_\_\_\_ to \_\_\_\_\_?

\_\_\_\_\_ boundaries are applicable to \_\_\_\_\_?

\_\_\_\_\_ could be \_\_\_\_\_ treatments or \_\_\_\_\_.

\_\_\_\_\_ are limits \_\_\_\_\_ type \_\_\_\_\_ services \_\_\_\_\_?

Is \_\_\_\_\_ have restrictions \_\_\_\_\_ qualified medical \_\_\_\_\_?

\_\_\_\_\_ you \_\_\_\_\_ which \_\_\_\_\_ procedures are \_\_\_\_\_?

Will there \_\_\_\_\_ on eligible healthcare \_\_\_\_\_?

\_\_\_\_\_ restrictions on which \_\_\_\_\_ are \_\_\_\_\_ for coverage.

\_\_\_\_\_ there any limitation on the types \_\_\_\_\_ treatments \_\_\_\_\_ this \_\_\_\_\_ of \_\_\_\_\_?

\_\_\_\_\_ boundaries relevant \_\_\_\_\_ approved \_\_\_\_\_ there?

\_\_\_\_\_ a limit \_\_\_\_\_ kinds of therapies are \_\_\_\_\_?

\_\_\_\_\_ any restrictions on \_\_\_\_\_ treatments \_\_\_\_\_?

\_\_\_\_\_ there \_\_\_\_\_ concerning the treatment \_\_\_\_\_?

Is there \_\_\_\_\_ to what \_\_\_\_\_ of medical \_\_\_\_\_ be \_\_\_\_\_?

Is \_\_\_\_\_ any \_\_\_\_\_ on \_\_\_\_\_ types \_\_\_\_\_ services can \_\_\_\_\_ covered by \_\_\_\_\_ option?

\_\_\_\_\_ any restrictions on \_\_\_\_\_ treatments \_\_\_\_\_ this type of \_\_\_\_\_?

There are certain \_\_\_\_\_ that may qualify \_\_\_\_\_ this \_\_\_\_\_.

\_\_\_\_\_ to \_\_\_\_\_ options?

\_\_\_\_\_ the treatments that I \_\_\_\_\_ covered \_\_\_\_\_?

Is there any limitation on what \_\_\_\_\_?

Do \_\_\_\_\_ limits \_\_\_\_\_?

\_\_\_\_\_ procedures \_\_\_\_\_ eligible \_\_\_\_\_ this coverage?

I'm \_\_\_\_\_ what types of treatments aren't \_\_\_\_\_?

\_\_\_\_\_ you \_\_\_\_\_ me \_\_\_\_\_ procedures are eligible for coverage?

Is \_\_\_\_\_ limitation \_\_\_\_\_ the \_\_\_\_\_ treatment \_\_\_\_\_ qualifies for this \_\_\_\_\_?

\_\_\_\_\_ you \_\_\_\_\_ limit \_\_\_\_\_ what therapies are worth \_\_\_\_\_?

\_\_\_\_\_ there any \_\_\_\_\_ on the kind \_\_\_\_\_ treatment or \_\_\_\_\_ that \_\_\_\_\_ of \_\_\_\_\_?

Any constraints regarding \_\_\_\_\_?

\_\_\_\_\_ there any \_\_\_\_\_ on \_\_\_\_\_?

\_\_\_\_\_ limits to \_\_\_\_\_ services?

\_\_\_\_\_ on \_\_\_\_\_ treatment?

What \_\_\_\_\_ on \_\_\_\_\_?

\_\_\_\_\_ are \_\_\_\_\_ to \_\_\_\_\_ treatment options?

\_\_\_\_\_ limits are \_\_\_\_\_ the \_\_\_\_\_ insured?

Can there be \_\_\_\_\_ restrictions \_\_\_\_\_ procedures \_\_\_\_\_ coverage?

What \_\_\_\_\_ apply to \_\_\_\_\_?

Can \_\_\_\_\_ be \_\_\_\_\_ on \_\_\_\_\_ type \_\_\_\_\_ covered here?

What \_\_\_\_\_ on covered procedures?

There \_\_\_\_\_ be \_\_\_\_\_ treatments.

\_\_\_\_\_ there \_\_\_\_\_ on certain \_\_\_\_\_?

\_\_\_\_\_ certain \_\_\_\_\_ not \_\_\_\_\_ this coverage \_\_\_\_\_?

What \_\_\_\_\_ of treatments are \_\_\_\_\_ of service?

Is there \_\_\_\_\_ what \_\_\_\_\_ of medical \_\_\_\_\_ can \_\_\_\_\_ covered \_\_\_\_\_ coverage option?

\_\_\_\_\_ do you have \_\_\_\_\_ which \_\_\_\_\_ cover?

Is \_\_\_\_\_ restrictions \_\_\_\_\_ procedures?

Is \_\_\_\_\_ restrictions on \_\_\_\_\_ of procedures \_\_\_\_\_ eligible for \_\_\_\_\_?

\_\_\_\_\_ a limitation \_\_\_\_\_ what treatments or \_\_\_\_\_ for \_\_\_\_\_ type \_\_\_\_\_ coverage?

\_\_\_\_\_ types of \_\_\_\_\_ are \_\_\_\_\_ for \_\_\_\_\_ under \_\_\_\_\_ service?

\_\_\_\_\_ restrictions do \_\_\_\_\_ which treatments \_\_\_\_\_ services?

\_\_\_\_\_ and \_\_\_\_\_ can \_\_\_\_\_ insured?

\_\_\_\_\_ are the restrictions on \_\_\_\_\_ you \_\_\_\_\_?

\_\_\_\_\_ therapies \_\_\_\_\_ in \_\_\_\_\_ coverage plan?

\_\_\_\_\_ there \_\_\_\_\_ the types of \_\_\_\_\_ get covered for?

What kinds of \_\_\_\_\_ this \_\_\_\_\_?

\_\_\_\_\_ treatment options?

\_\_\_\_\_ there any \_\_\_\_\_ on what \_\_\_\_\_ of \_\_\_\_\_ for \_\_\_\_\_?

\_\_\_\_\_ of \_\_\_\_\_ services could be eligible \_\_\_\_\_ reimbursement through \_\_\_\_\_?

Is \_\_\_\_\_ on the type \_\_\_\_\_ treatment \_\_\_\_\_ qualifies?

\_\_\_\_\_ are \_\_\_\_\_ on \_\_\_\_\_ treatments and \_\_\_\_\_ that \_\_\_\_\_ covered by \_\_\_\_\_ policy?

Any constraints on \_\_\_\_\_?

\_\_\_\_\_ there be \_\_\_\_\_ on the \_\_\_\_\_ I can \_\_\_\_\_ covered for?

What treatments \_\_\_\_\_ be \_\_\_\_\_ for this \_\_\_\_\_ of \_\_\_\_\_?

\_\_\_\_\_ be specific \_\_\_\_\_ procedures?

\_\_\_\_\_ could \_\_\_\_\_ certain treatments.

\_\_\_\_\_ there \_\_\_\_\_ limit \_\_\_\_\_ what \_\_\_\_\_ procedures \_\_\_\_\_ used for \_\_\_\_\_ type of service?

\_\_\_\_\_ you think \_\_\_\_\_ limit to what therapies \_\_\_\_\_ be \_\_\_\_\_?

\_\_\_\_\_ there be limits on \_\_\_\_\_ treatments \_\_\_\_\_ can \_\_\_\_\_ covered \_\_\_\_\_?

Which \_\_\_\_\_ and \_\_\_\_\_ are \_\_\_\_\_ for \_\_\_\_\_ under \_\_\_\_\_ service?

What kinds \_\_\_\_\_ are \_\_\_\_\_ this type \_\_\_\_\_ coverage?

What \_\_\_\_\_ medical services \_\_\_\_\_ be covered \_\_\_\_\_ option?

\_\_\_\_\_ procedures insurers can \_\_\_\_\_?

Is \_\_\_\_\_ limitation \_\_\_\_\_ what \_\_\_\_\_ and procedures \_\_\_\_\_ allowed?

What are \_\_\_\_\_ that \_\_\_\_\_ services?

Any restrictions \_\_\_\_\_ or \_\_\_\_\_?

There \_\_\_\_\_ a \_\_\_\_\_ the type \_\_\_\_\_ treatment or \_\_\_\_\_ that qualifies \_\_\_\_\_ kind \_\_\_\_\_.

Is \_\_\_\_\_ limits on the \_\_\_\_\_ can have \_\_\_\_\_?

Do \_\_\_\_\_ eligibility boundaries?

\_\_\_\_\_ any \_\_\_\_\_ what treatments qualify for \_\_\_\_\_ of service?

\_\_\_\_\_ certain therapies meet \_\_\_\_\_ here?

\_\_\_\_\_ mean \_\_\_\_\_ for eligible services?

\_\_\_\_\_ on \_\_\_\_\_ are covered?

\_\_\_\_\_ tell me if there is a \_\_\_\_\_ on the \_\_\_\_\_?

Is \_\_\_\_\_ to \_\_\_\_\_ procedures \_\_\_\_\_ are insured?

\_\_\_\_\_ there any limitation on \_\_\_\_\_ treatments \_\_\_\_\_ for \_\_\_\_\_ of \_\_\_\_\_?

Is there \_\_\_\_\_ limit \_\_\_\_\_ what \_\_\_\_\_ therapies \_\_\_\_\_ have?

\_\_\_\_\_ there any restrictions \_\_\_\_\_ or \_\_\_\_\_ you cover?

\_\_\_\_\_ certain therapies be \_\_\_\_\_ plan?

\_\_\_\_\_ specific \_\_\_\_\_ eligible \_\_\_\_\_ coverage under this service?

\_\_\_\_\_ are \_\_\_\_\_ treatments and \_\_\_\_\_ that \_\_\_\_\_ eligible for \_\_\_\_\_ under \_\_\_\_\_.

There \_\_\_\_\_ any \_\_\_\_\_ concerning qualified \_\_\_\_\_?

What \_\_\_\_\_ the \_\_\_\_\_ for \_\_\_\_\_ different \_\_\_\_\_ of \_\_\_\_\_ here?

\_\_\_\_\_ on treatments covered

What \_\_\_\_\_ are there \_\_\_\_\_ the \_\_\_\_\_?

Is it possible \_\_\_\_\_ certain procedures \_\_\_\_\_ for \_\_\_\_\_ under \_\_\_\_\_.

\_\_\_\_\_ there \_\_\_\_\_ the procedures?

There are \_\_\_\_\_ the treatments \_\_\_\_\_?

\_\_\_\_\_ any \_\_\_\_\_ to the \_\_\_\_\_ this \_\_\_\_\_?

\_\_\_\_\_ there any limit \_\_\_\_\_ will \_\_\_\_\_ for this type \_\_\_\_\_ coverage?

\_\_\_\_\_ procedures \_\_\_\_\_ covered by limits?

\_\_\_\_\_ there a \_\_\_\_\_ what \_\_\_\_\_ will \_\_\_\_\_ for this type of \_\_\_\_\_.

Is \_\_\_\_\_ limitation \_\_\_\_\_ the procedures \_\_\_\_\_ may \_\_\_\_\_ for \_\_\_\_\_ of service.

\_\_\_\_\_ of procedures that \_\_\_\_\_?

There may be \_\_\_\_\_ on \_\_\_\_\_ types \_\_\_\_\_ treatments I \_\_\_\_\_.

\_\_\_\_\_ there any restrictions \_\_\_\_\_ are \_\_\_\_\_?

Is there \_\_\_\_\_ treatments \_\_\_\_\_?

\_\_\_\_\_ there \_\_\_\_\_ to \_\_\_\_\_ type \_\_\_\_\_ treatment \_\_\_\_\_ qualifies for this service?

What \_\_\_\_\_ of procedures \_\_\_\_\_ eligible \_\_\_\_\_ coverage under \_\_\_\_\_?

Do there \_\_\_\_\_ restrictions on \_\_\_\_\_ be \_\_\_\_\_?

\_\_\_\_\_ restrictions?

\_\_\_\_\_ there a \_\_\_\_\_ eligible for this coverage?

Is \_\_\_\_\_ any limits \_\_\_\_\_ what \_\_\_\_\_ treatments are \_\_\_\_\_?

\_\_\_\_\_ are certain \_\_\_\_\_ that may \_\_\_\_\_ for \_\_\_\_\_ of \_\_\_\_\_.

Is there any limitation \_\_\_\_\_ are \_\_\_\_\_ for \_\_\_\_\_ type \_\_\_\_\_?

What \_\_\_\_\_ of treatments/procedures qualify \_\_\_\_\_ of service/ \_\_\_\_\_?

\_\_\_\_\_ there \_\_\_\_\_ restrictions on treatment \_\_\_\_\_?

\_\_\_\_\_ on \_\_\_\_\_ treatment \_\_\_\_\_?

\_\_\_\_\_ there \_\_\_\_\_ on the types \_\_\_\_\_ can be done?

\_\_\_\_\_ there \_\_\_\_\_ on \_\_\_\_\_ services?

\_\_\_\_\_ there \_\_\_\_\_ limit on what \_\_\_\_\_ of \_\_\_\_\_ services \_\_\_\_\_ for \_\_\_\_\_?

\_\_\_\_\_ there \_\_\_\_\_ on \_\_\_\_\_ of treatments \_\_\_\_\_ can have?

Is \_\_\_\_\_ a \_\_\_\_\_ on \_\_\_\_\_ types of procedures \_\_\_\_\_ may be \_\_\_\_\_ of \_\_\_\_\_?

\_\_\_\_\_ of \_\_\_\_\_ that I can get covered \_\_\_\_\_?

Are \_\_\_\_\_ any \_\_\_\_\_ on \_\_\_\_\_ type \_\_\_\_\_ procedure \_\_\_\_\_ qualifies for \_\_\_\_\_ service?

\_\_\_\_\_ to the \_\_\_\_\_ can be \_\_\_\_\_?

Are there any \_\_\_\_\_?

Are \_\_\_\_\_ of \_\_\_\_\_ coverage plan?

\_\_\_\_\_ there \_\_\_\_\_ limit \_\_\_\_\_ what treatments \_\_\_\_\_ allowed?

What \_\_\_\_\_ may \_\_\_\_\_ covered?

Is there any \_\_\_\_\_ treatments \_\_\_\_\_ for this \_\_\_\_\_ of \_\_\_\_\_?

What kind of \_\_\_\_\_ within the scope \_\_\_\_\_?

Is \_\_\_\_\_ a limit to \_\_\_\_\_ and procedures \_\_\_\_\_?

\_\_\_\_\_ may \_\_\_\_\_ on treatments \_\_\_\_\_.

\_\_\_\_\_ eligible healthcare \_\_\_\_\_?

Does \_\_\_\_\_ have \_\_\_\_\_ are eligible for coverage?

What types of \_\_\_\_\_ qualify for \_\_\_\_\_ service?

\_\_\_\_\_ there a \_\_\_\_\_ type of \_\_\_\_\_ or \_\_\_\_\_ for the coverage?

What \_\_\_\_\_ on eligible services \_\_\_\_\_?

There \_\_\_\_\_ constraints \_\_\_\_\_ treatment \_\_\_\_\_

Any \_\_\_\_\_ on eligible \_\_\_\_\_?

Any \_\_\_\_\_ about qualified \_\_\_\_\_?

\_\_\_\_\_ type \_\_\_\_\_ are eligible \_\_\_\_\_ under this service?

\_\_\_\_\_ treatment options?

What treatments \_\_\_\_\_ this \_\_\_\_\_ coverage?

\_\_\_\_\_ about \_\_\_\_\_ and procedures.

\_\_\_\_\_ procedures \_\_\_\_\_ allowed \_\_\_\_\_ type of service?

Is \_\_\_\_\_ limits on \_\_\_\_\_ treatments are \_\_\_\_\_ this type \_\_\_\_\_?

\_\_\_\_\_ a \_\_\_\_\_ the \_\_\_\_\_ of \_\_\_\_\_ that can \_\_\_\_\_ for \_\_\_\_\_ type of service.

Is \_\_\_\_\_ limit \_\_\_\_\_ what kinds \_\_\_\_\_ therapies you \_\_\_\_\_ for?

\_\_\_\_\_ the \_\_\_\_\_ the \_\_\_\_\_ of services covered here?

\_\_\_\_\_ any \_\_\_\_\_ on \_\_\_\_\_ or procedures \_\_\_\_\_ for this type \_\_\_\_\_ service?

Is \_\_\_\_\_ a limit \_\_\_\_\_ type of procedure \_\_\_\_\_ for \_\_\_\_\_ service?

\_\_\_\_\_ procedures \_\_\_\_\_ for \_\_\_\_\_ type of coverage?

\_\_\_\_\_ there a \_\_\_\_\_ to \_\_\_\_\_ that are \_\_\_\_\_?

What procedures \_\_\_\_\_ eligible \_\_\_\_\_ this \_\_\_\_\_?

Is \_\_\_\_\_ a \_\_\_\_\_ to the kind \_\_\_\_\_ you \_\_\_\_\_?

\_\_\_\_\_ am \_\_\_\_\_ if \_\_\_\_\_ are limits on \_\_\_\_\_ I can get covered \_\_\_\_\_.

\_\_\_\_\_ specific \_\_\_\_\_ on \_\_\_\_\_ healthcare procedures?

\_\_\_\_\_ any \_\_\_\_\_ on \_\_\_\_\_ healthcare procedures.

Limits \_\_\_\_\_ the \_\_\_\_\_ can \_\_\_\_\_ insured?

\_\_\_\_\_ types \_\_\_\_\_ procedures \_\_\_\_\_ eligible \_\_\_\_\_ coverage under \_\_\_\_\_?

There \_\_\_\_\_ any constraints \_\_\_\_\_ treatment \_\_\_\_\_?

What are \_\_\_\_\_ procedures \_\_\_\_\_?

\_\_\_\_\_ any specific \_\_\_\_\_ for these \_\_\_\_\_?

\_\_\_\_\_ to know \_\_\_\_\_ there \_\_\_\_\_ limits on the \_\_\_\_\_ of \_\_\_\_\_ can get \_\_\_\_\_.

\_\_\_\_\_ eligible for certain \_\_\_\_\_ procedures?

Concerning \_\_\_\_\_ types \_\_\_\_\_ treatment \_\_\_\_\_?

\_\_\_\_\_ on \_\_\_\_\_ or procedures are \_\_\_\_\_?

\_\_\_\_\_ are within \_\_\_\_\_ limits?

Is \_\_\_\_ possible \_\_\_\_ clarify \_\_\_\_ treatments and procedures \_\_\_\_ eligible \_\_\_\_ ?

Is there any \_\_\_\_ on the treatments \_\_\_\_ ?

Is there \_\_\_\_ which \_\_\_\_ treatments qualify for \_\_\_\_ policy?

\_\_\_\_ of medical services \_\_\_\_ qualify for reimbursement under \_\_\_\_ ?

Which \_\_\_\_ be covered under \_\_\_\_ ?

\_\_\_\_ the \_\_\_\_ on the \_\_\_\_ that \_\_\_\_ covered here?

\_\_\_\_ there any \_\_\_\_ treatments?

\_\_\_\_ on \_\_\_\_ types \_\_\_\_ procedures \_\_\_\_ qualify for this \_\_\_\_ of service.

\_\_\_\_ there be \_\_\_\_ certain \_\_\_\_ ?

What \_\_\_\_ of medical services are \_\_\_\_ the \_\_\_\_ option?

\_\_\_\_ are \_\_\_\_ this service?

Do \_\_\_\_ be \_\_\_\_ on \_\_\_\_ are eligible for coverage?

\_\_\_\_ there \_\_\_\_ limitations on \_\_\_\_ type of treatment \_\_\_\_ qualifies \_\_\_\_ this \_\_\_\_ ?

There \_\_\_\_ restrictions \_\_\_\_ which \_\_\_\_ are eligible for \_\_\_\_ .

\_\_\_\_ on what \_\_\_\_ procedures \_\_\_\_ allowed for this \_\_\_\_ of service?

\_\_\_\_ limitations \_\_\_\_ treatment \_\_\_\_ ?

\_\_\_\_ treatment options?

Can \_\_\_\_ state which \_\_\_\_ eligible for coverage?

\_\_\_\_ constraints \_\_\_\_ treatment \_\_\_\_ ?

Any \_\_\_\_ to approved \_\_\_\_ ?

Is there a \_\_\_\_ can be \_\_\_\_ ?

Do we have \_\_\_\_ restrictions \_\_\_\_ eligible \_\_\_\_ coverage?

\_\_\_\_ there \_\_\_\_ on \_\_\_\_ treatment or \_\_\_\_ that qualifies for this \_\_\_\_ service/coverage?

What \_\_\_\_ apply \_\_\_\_ services \_\_\_\_ here?

There could be \_\_\_\_ .

Can \_\_\_\_ the treatments covered?

What's the boundaries \_\_\_\_ this \_\_\_\_ ?

\_\_\_\_ limit on \_\_\_\_ are eligible for?

There \_\_\_\_ limitations \_\_\_\_ healthcare procedures?

There \_\_\_\_ certain \_\_\_\_ or treatments \_\_\_\_ type of service.

There \_\_\_\_ be \_\_\_\_ types of \_\_\_\_ will qualify for this \_\_\_\_ of \_\_\_\_ .

\_\_\_\_ limits \_\_\_\_ to \_\_\_\_ different types of \_\_\_\_ ?

\_\_\_\_ the types \_\_\_\_ I \_\_\_\_ have covered?

\_\_\_\_ there \_\_\_\_ what kind of therapies are \_\_\_\_ ?

\_\_\_\_ specific limitations on \_\_\_\_

\_\_\_\_ treatments \_\_\_\_ eligible \_\_\_\_ this type of \_\_\_\_ ?

\_\_\_\_ is \_\_\_\_ to what \_\_\_\_ eligible \_\_\_\_ this type of coverage.

Is there any restriction \_\_\_\_ which \_\_\_\_ are \_\_\_\_ ?

\_\_\_\_ any \_\_\_\_ on procedures?

There \_\_\_\_ any \_\_\_\_ for qualified \_\_\_\_ .

\_\_\_\_ there \_\_\_\_ of \_\_\_\_ are \_\_\_\_ for this type of \_\_\_\_ ?

\_\_\_\_ of treatments \_\_\_\_ qualify \_\_\_\_ this type \_\_\_\_ coverage?

Is there a limitation on the type \_\_\_\_ qualifies \_\_\_\_ ?

What \_\_\_\_ procedures can be \_\_\_\_ ?

Is there a \_\_\_\_ to the \_\_\_\_ that \_\_\_\_ ?

\_\_\_\_ a limit \_\_\_\_ the \_\_\_\_ that \_\_\_\_ eligible for this type \_\_\_\_ service?

I want to \_\_\_\_ there \_\_\_\_ placed on the \_\_\_\_ that \_\_\_\_ .

Can there be \_\_\_\_ on \_\_\_\_ procedures?

Is there a limit to \_\_\_\_ therapies \_\_\_\_ ?

What types \_\_\_\_ medical \_\_\_\_ valid for \_\_\_\_ under \_\_\_\_ coverage \_\_\_\_ ?

\_\_\_\_\_ there a \_\_\_\_\_ to what \_\_\_\_\_ eligible for \_\_\_\_\_?

\_\_\_\_\_ there \_\_\_\_\_ limitations \_\_\_\_\_ services?

\_\_\_\_\_ there \_\_\_\_\_ limits for \_\_\_\_\_?

Any \_\_\_\_\_ treatment \_\_\_\_\_?

\_\_\_\_\_ any limit on what \_\_\_\_\_ be allowed for \_\_\_\_\_ type of \_\_\_\_\_?

There \_\_\_\_\_ any \_\_\_\_\_ concerning qualified \_\_\_\_\_.

Is \_\_\_\_\_ treatment eligibility \_\_\_\_\_?

\_\_\_\_\_ you \_\_\_\_\_ on \_\_\_\_\_ treatments \_\_\_\_\_ cover?

\_\_\_\_\_ there \_\_\_\_\_ the types of procedures \_\_\_\_\_ are \_\_\_\_\_?

\_\_\_\_\_ the restrictions on \_\_\_\_\_ eligible for \_\_\_\_\_ service?

\_\_\_\_\_ there \_\_\_\_\_ limits on \_\_\_\_\_?

Are there any \_\_\_\_\_ procedures \_\_\_\_\_ are \_\_\_\_\_ for \_\_\_\_\_?

\_\_\_\_\_ there \_\_\_\_\_ for \_\_\_\_\_ procedures?

Is there \_\_\_\_\_ limitation on the \_\_\_\_\_ procedures \_\_\_\_\_ may \_\_\_\_\_ for \_\_\_\_\_?

Can you \_\_\_\_\_ me \_\_\_\_\_ are limits \_\_\_\_\_ the \_\_\_\_\_ that my \_\_\_\_\_?

What \_\_\_\_\_ treatments/ \_\_\_\_\_ qualify \_\_\_\_\_ this type \_\_\_\_\_ service?

Is there a \_\_\_\_\_ to the kind \_\_\_\_\_ treatment \_\_\_\_\_ that qualifies \_\_\_\_\_?

There are \_\_\_\_\_ procedures that may \_\_\_\_\_ this \_\_\_\_\_

Did there \_\_\_\_\_ services?

\_\_\_\_\_ restrictions on the \_\_\_\_\_ you \_\_\_\_\_?

\_\_\_\_\_ there \_\_\_\_\_ limitation on \_\_\_\_\_ treatments \_\_\_\_\_ procedures are \_\_\_\_\_?

\_\_\_\_\_ a limit to what \_\_\_\_\_ be \_\_\_\_\_ this type \_\_\_\_\_ service?

Is \_\_\_\_\_ kind \_\_\_\_\_ treatments you can take?

\_\_\_\_\_ the service \_\_\_\_\_ which procedures \_\_\_\_\_ coverage?

Is \_\_\_\_\_ any \_\_\_\_\_ what treatments \_\_\_\_\_ eligible \_\_\_\_\_ coverage?

\_\_\_\_\_ eligible for this \_\_\_\_\_ coverage?

\_\_\_\_\_ to \_\_\_\_\_ services here?

\_\_\_\_\_ of treatment \_\_\_\_\_ be \_\_\_\_\_?

\_\_\_\_\_ need \_\_\_\_\_ there are \_\_\_\_\_ on \_\_\_\_\_ types of treatments \_\_\_\_\_ receive.

\_\_\_\_\_ any \_\_\_\_\_ excluded \_\_\_\_\_ your coverage \_\_\_\_\_?

\_\_\_\_\_ any \_\_\_\_\_ on treatment?

\_\_\_\_\_ there any \_\_\_\_\_ treatment?

What \_\_\_\_\_ limits for \_\_\_\_\_ of \_\_\_\_\_?

\_\_\_\_\_ there any limits on \_\_\_\_\_ for \_\_\_\_\_?

\_\_\_\_\_ treatments \_\_\_\_\_ procedures?

\_\_\_\_\_ there any restrictions \_\_\_\_\_ or \_\_\_\_\_?

\_\_\_\_\_ a limit on the \_\_\_\_\_ of \_\_\_\_\_ for coverage?

Which Treatments \_\_\_\_\_ Eligible for Coverage under \_\_\_\_\_?

Are \_\_\_\_\_ restrictions \_\_\_\_\_ the services \_\_\_\_\_ treatments you \_\_\_\_\_?

\_\_\_\_\_ there \_\_\_\_\_ constraints \_\_\_\_\_ treatment \_\_\_\_\_?

What \_\_\_\_\_ of procedures are eligible \_\_\_\_\_ service?

Which treatments \_\_\_\_\_ under \_\_\_\_\_ service?

\_\_\_\_\_ service have \_\_\_\_\_ on \_\_\_\_\_ can be covered?

There are \_\_\_\_\_ constraints \_\_\_\_\_ options.

Can you \_\_\_\_\_ are \_\_\_\_\_ on the \_\_\_\_\_ that my \_\_\_\_\_ provides?

Which treatments \_\_\_\_\_ can be \_\_\_\_\_ under \_\_\_\_\_?

\_\_\_\_\_ there \_\_\_\_\_ restriction \_\_\_\_\_ certain procedures?

\_\_\_\_\_ be \_\_\_\_\_ on \_\_\_\_\_ treatments and \_\_\_\_\_.

Is \_\_\_\_\_ a limitation \_\_\_\_\_ the \_\_\_\_\_ procedure or treatment that \_\_\_\_\_ service?

Is there a \_\_\_\_\_ eligible \_\_\_\_\_ this coverage?

Can there \_\_\_\_\_ procedures \_\_\_\_\_?

\_\_\_\_\_ there \_\_\_\_\_ on what \_\_\_\_\_ are \_\_\_\_\_?

Is \_\_\_\_\_ any \_\_\_\_\_ treatments are eligible \_\_\_\_\_ coverage?

\_\_\_\_\_ there restrictions \_\_\_\_\_ eligible \_\_\_\_\_?

What \_\_\_\_\_ of eligible \_\_\_\_\_?

Is \_\_\_\_\_ any \_\_\_\_\_ the procedures \_\_\_\_\_?

\_\_\_\_\_ on \_\_\_\_\_?

Are \_\_\_\_\_ for \_\_\_\_\_ procedures?

\_\_\_\_\_ are there on \_\_\_\_\_ procedures?

Should \_\_\_\_\_ be \_\_\_\_\_ boundaries to \_\_\_\_\_ treatment \_\_\_\_\_?

Are \_\_\_\_\_ eligibility guidelines?

\_\_\_\_\_ it possible that certain therapies \_\_\_\_\_ in \_\_\_\_\_ plan?

\_\_\_\_\_ may \_\_\_\_\_ limitation on what \_\_\_\_\_ are \_\_\_\_\_ for \_\_\_\_\_ of service.

\_\_\_\_\_ treatments \_\_\_\_\_ for \_\_\_\_\_ coverage under this service?

What \_\_\_\_\_ of treatments and procedures \_\_\_\_\_ this \_\_\_\_\_ of \_\_\_\_\_?

\_\_\_\_\_ possible \_\_\_\_\_ which \_\_\_\_\_ and procedures are eligible?

\_\_\_\_\_ limit \_\_\_\_\_ treatments and procedures will be \_\_\_\_\_ for \_\_\_\_\_ type \_\_\_\_\_ service?

Is \_\_\_\_\_ a limit \_\_\_\_\_ what \_\_\_\_\_ be had \_\_\_\_\_ this type \_\_\_\_\_?

\_\_\_\_\_ types \_\_\_\_\_ accepted for this type of \_\_\_\_\_?

Is \_\_\_\_\_ limit to \_\_\_\_\_ therapies you \_\_\_\_\_?

limits \_\_\_\_\_ the types of \_\_\_\_\_ can \_\_\_\_\_

\_\_\_\_\_ types \_\_\_\_\_ procedures that \_\_\_\_\_ be covered?

\_\_\_\_\_ wondering which treatments \_\_\_\_\_ eligible for coverage.

Is there \_\_\_\_\_ what \_\_\_\_\_ for coverage?

Is \_\_\_\_\_ a limitation \_\_\_\_\_ what treatments \_\_\_\_\_ be \_\_\_\_\_?

\_\_\_\_\_ there \_\_\_\_\_ limit to \_\_\_\_\_ procedures \_\_\_\_\_ used for \_\_\_\_\_ of service?

\_\_\_\_\_ there a \_\_\_\_\_ to \_\_\_\_\_ kind \_\_\_\_\_ you can \_\_\_\_\_ for?

Is there any limitation \_\_\_\_\_ that may \_\_\_\_\_ this \_\_\_\_\_ service.

\_\_\_\_\_ there any \_\_\_\_\_ the procedures \_\_\_\_\_ get covered \_\_\_\_\_?

\_\_\_\_\_ there \_\_\_\_\_ restrictions \_\_\_\_\_ are eligible for coverage?

There \_\_\_\_\_ be \_\_\_\_\_ and services.

\_\_\_\_\_ restrictions \_\_\_\_\_ certain \_\_\_\_\_?

Is \_\_\_\_\_ limitations \_\_\_\_\_ what types of \_\_\_\_\_ can \_\_\_\_\_ covered?

Is \_\_\_\_\_ limits on \_\_\_\_\_?

\_\_\_\_\_ any allowed \_\_\_\_\_ on \_\_\_\_\_ procedures?

Is there \_\_\_\_\_ types of procedures qualify \_\_\_\_\_ this \_\_\_\_\_ service?

Can \_\_\_\_\_ treatments \_\_\_\_\_ for coverage under \_\_\_\_\_ service?

\_\_\_\_\_ there \_\_\_\_\_ approved for \_\_\_\_\_ procedures?

Is certain therapies \_\_\_\_\_?

Is \_\_\_\_\_ restrictions to \_\_\_\_\_?

\_\_\_\_\_ on \_\_\_\_\_ or procedures.

Is \_\_\_\_\_ for qualified treatment \_\_\_\_\_?

Can you \_\_\_\_\_ me which treatments \_\_\_\_\_ are eligible \_\_\_\_\_ this \_\_\_\_\_?

Are there \_\_\_\_\_?

\_\_\_\_\_ there any \_\_\_\_\_ to the \_\_\_\_\_ treatments I \_\_\_\_\_?

Is \_\_\_\_\_ limits \_\_\_\_\_ the eligible \_\_\_\_\_?

\_\_\_\_\_ do you have on \_\_\_\_\_?

Can you \_\_\_\_\_ eligible \_\_\_\_\_ coverage?

Is there any \_\_\_\_\_ on \_\_\_\_\_ types \_\_\_\_\_ treatments \_\_\_\_\_ be \_\_\_\_\_?

\_\_\_\_\_ boundaries with \_\_\_\_\_ treatment choices \_\_\_\_\_?

\_\_\_\_\_ on \_\_\_\_\_ for healthcare \_\_\_\_\_?

Which \_\_\_\_\_ or \_\_\_\_\_ limits?

What \_\_\_\_\_ are \_\_\_\_\_ allowable treatments under the \_\_\_\_\_?

\_\_\_\_\_ are \_\_\_\_\_ limitations \_\_\_\_\_ services.

\_\_\_\_\_ limit \_\_\_\_\_ the treatments \_\_\_\_\_ are eligible for \_\_\_\_\_ of coverage?

Limits \_\_\_\_\_ type \_\_\_\_\_ I can \_\_\_\_\_ covered for?

Is there a limit \_\_\_\_\_ treatments \_\_\_\_\_ procedures \_\_\_\_\_ coverage?

Which treatments and procedures \_\_\_\_\_ eligible for \_\_\_\_\_?

Is there \_\_\_\_\_ procedures?

\_\_\_\_\_ a \_\_\_\_\_ to what procedures can \_\_\_\_\_?

Is there \_\_\_\_\_ on what \_\_\_\_\_ of medical \_\_\_\_\_ be \_\_\_\_\_?

Is there any constraints \_\_\_\_\_?

Which treatments/ \_\_\_\_\_ will \_\_\_\_\_ type of service?

\_\_\_\_\_ you let us \_\_\_\_\_ which \_\_\_\_\_ and \_\_\_\_\_ eligible?

\_\_\_\_\_ are restrictions \_\_\_\_\_ procedures?

\_\_\_\_\_ on the treatments covered?

Is there \_\_\_\_\_ eligible healthcare \_\_\_\_\_?

\_\_\_\_\_ want to know if there \_\_\_\_\_ limits \_\_\_\_\_ of procedures \_\_\_\_\_.

What \_\_\_\_\_ you have \_\_\_\_\_ which treatments \_\_\_\_\_?

\_\_\_\_\_ on the treatment \_\_\_\_\_?

Does \_\_\_\_\_ what \_\_\_\_\_ of procedures are \_\_\_\_\_ for \_\_\_\_\_?

\_\_\_\_\_ a \_\_\_\_\_ on the type \_\_\_\_\_ qualifies \_\_\_\_\_ this \_\_\_\_\_ of service.

Limits on \_\_\_\_\_ procedures \_\_\_\_\_?

Is there \_\_\_\_\_ limit to \_\_\_\_\_ kinds \_\_\_\_\_ you \_\_\_\_\_?

Can \_\_\_\_\_ not be included \_\_\_\_\_ plan?

\_\_\_\_\_ therapies meet \_\_\_\_\_ criteria \_\_\_\_\_ service?

What \_\_\_\_\_ for this type of service?

Is there \_\_\_\_\_ treatments that \_\_\_\_\_ not \_\_\_\_\_ plan?

Limits \_\_\_\_\_ certain \_\_\_\_\_?

\_\_\_\_\_ there \_\_\_\_\_ to the \_\_\_\_\_ of \_\_\_\_\_ that \_\_\_\_\_ be covered?

Does \_\_\_\_\_ eligible services \_\_\_\_\_?

\_\_\_\_\_ there \_\_\_\_\_ the \_\_\_\_\_ that qualifies for this kind \_\_\_\_\_ service?

\_\_\_\_\_ you tell me the \_\_\_\_\_?

\_\_\_\_\_ treatments \_\_\_\_\_ procedures \_\_\_\_\_ for \_\_\_\_\_ service?

\_\_\_\_\_ you \_\_\_\_\_ me if certain treatments \_\_\_\_\_ eligible for \_\_\_\_\_?

There \_\_\_\_\_ limits \_\_\_\_\_ services.

\_\_\_\_\_ there any \_\_\_\_\_ of \_\_\_\_\_ services that can \_\_\_\_\_ covered?

Have \_\_\_\_\_ treatment \_\_\_\_\_ boundaries?

What \_\_\_\_\_ for the \_\_\_\_\_ of services \_\_\_\_\_ here?

\_\_\_\_\_ there \_\_\_\_\_ limit to \_\_\_\_\_ kind \_\_\_\_\_ therapies you \_\_\_\_\_?

Is there \_\_\_\_\_ the eligible \_\_\_\_\_?

\_\_\_\_\_ any limit to what treatments \_\_\_\_\_ eligible \_\_\_\_\_ this \_\_\_\_\_?

\_\_\_\_\_ there \_\_\_\_\_ to \_\_\_\_\_ medical services can be covered?

Is specific \_\_\_\_\_ and \_\_\_\_\_ for \_\_\_\_\_?

Is \_\_\_\_\_ limitation on \_\_\_\_\_ services \_\_\_\_\_ covered?

\_\_\_\_\_ there for procedures?

Is \_\_\_\_\_ limitation \_\_\_\_\_ what \_\_\_\_\_ be allowed?

Which \_\_\_\_\_ should be \_\_\_\_\_ under \_\_\_\_\_ service?

\_\_\_\_\_ are the restrictions \_\_\_\_\_ procedures are \_\_\_\_\_ for \_\_\_\_\_?

\_\_\_\_\_ there any \_\_\_\_\_ about \_\_\_\_\_ are \_\_\_\_\_ for coverage?



\_\_\_\_ there \_\_\_\_ restrictions \_\_\_\_ procedures?  
 \_\_\_\_ medical services can be \_\_\_\_ this coverage \_\_\_\_?  
 Do \_\_\_\_ know \_\_\_\_ are any treatment \_\_\_\_?  
 \_\_\_\_ are some limits \_\_\_\_ healthcare \_\_\_\_.  
 Can there be any \_\_\_\_?  
 I \_\_\_\_ to know if \_\_\_\_ limits on \_\_\_\_ types \_\_\_\_ I \_\_\_\_.  
 Is \_\_\_\_ a \_\_\_\_ what \_\_\_\_ are worth the coverage?  
 \_\_\_\_ certain \_\_\_\_ not \_\_\_\_ in \_\_\_\_ plan?  
 I \_\_\_\_ to know \_\_\_\_ limits \_\_\_\_ of \_\_\_\_ can get covered for.  
 Can there \_\_\_\_ certain procedures?  
 \_\_\_\_ are subject \_\_\_\_ limits?  
 \_\_\_\_ types \_\_\_\_ treatments are \_\_\_\_ for \_\_\_\_ of \_\_\_\_ coverage?  
 \_\_\_\_ limitations \_\_\_\_ that \_\_\_\_ eligible?  
 Is \_\_\_\_ a \_\_\_\_ what \_\_\_\_ be allowed for this \_\_\_\_ of \_\_\_\_?  
 \_\_\_\_ there \_\_\_\_ limitation on what \_\_\_\_ or \_\_\_\_ are \_\_\_\_ coverage?  
 Is \_\_\_\_ limitations on \_\_\_\_ types \_\_\_\_ medical \_\_\_\_ that can be \_\_\_\_ coverage \_\_\_\_?  
 \_\_\_\_ types \_\_\_\_ medical \_\_\_\_ be \_\_\_\_ for \_\_\_\_ through this option?  
 \_\_\_\_ qualified \_\_\_\_ options?  
 \_\_\_\_ a limit to \_\_\_\_ treatments or procedures \_\_\_\_?  
 There \_\_\_\_ question \_\_\_\_ type \_\_\_\_ that \_\_\_\_ for \_\_\_\_ kind of service.  
 What \_\_\_\_ of \_\_\_\_ treatments \_\_\_\_ to \_\_\_\_ coverage?  
 \_\_\_\_ there \_\_\_\_ on the \_\_\_\_ be covered by \_\_\_\_ service?  
 \_\_\_\_ types of \_\_\_\_ are accepted \_\_\_\_?  
 Any \_\_\_\_ that \_\_\_\_ approved treatment \_\_\_\_?  
 What treatments \_\_\_\_ procedures are \_\_\_\_ for \_\_\_\_ coverage?  
 \_\_\_\_ restrictions \_\_\_\_ treatments?  
 \_\_\_\_ limitations \_\_\_\_ on eligible healthcare \_\_\_\_?  
 What types \_\_\_\_ be \_\_\_\_ for this \_\_\_\_ of \_\_\_\_?  
 Is \_\_\_\_ to get \_\_\_\_ under this service?  
 \_\_\_\_ there \_\_\_\_ restrictions \_\_\_\_ certain procedures?  
 \_\_\_\_ any \_\_\_\_ apply \_\_\_\_ treatments?  
 \_\_\_\_ of \_\_\_\_ or \_\_\_\_ for this type of \_\_\_\_?  
 \_\_\_\_ there \_\_\_\_ on the type \_\_\_\_ treatment or procedure that \_\_\_\_ service/coverage?  
 \_\_\_\_ therapies \_\_\_\_ for service?  
 Is there \_\_\_\_ limitation \_\_\_\_ the types \_\_\_\_ may qualify \_\_\_\_ of service?  
 \_\_\_\_ on certain procedures?  
 \_\_\_\_ restrictions \_\_\_\_ treatment or procedures.  
 \_\_\_\_ is a question \_\_\_\_ what \_\_\_\_ allowed \_\_\_\_ type of service.  
 Is there any \_\_\_\_ what treatments \_\_\_\_ procedures \_\_\_\_?  
 Some constraints \_\_\_\_ qualified \_\_\_\_?  
 \_\_\_\_ specific limits on \_\_\_\_ procedures.  
 \_\_\_\_ allowed for \_\_\_\_ service?  
 \_\_\_\_ a \_\_\_\_ on what treatments/ \_\_\_\_ be covered?  
 What treatments/ procedures \_\_\_\_?  
 I wonder if \_\_\_\_ are any \_\_\_\_ restrictions \_\_\_\_.  
 Do \_\_\_\_ any \_\_\_\_ treatments?  
 \_\_\_\_ there limits on \_\_\_\_?  
 \_\_\_\_ there be \_\_\_\_ on \_\_\_\_ procedures?  
 \_\_\_\_ there any limitations on what types \_\_\_\_ can be \_\_\_\_ this \_\_\_\_?  
 \_\_\_\_ of services \_\_\_\_ here \_\_\_\_ have \_\_\_\_.

Is \_\_\_\_\_ limit \_\_\_\_\_ what \_\_\_\_\_ are \_\_\_\_\_?  
\_\_\_\_\_ any \_\_\_\_\_ or \_\_\_\_\_ that are eligible \_\_\_\_\_ coverage?  
What \_\_\_\_\_ can \_\_\_\_\_?  
What restrictions or \_\_\_\_\_ are \_\_\_\_\_ place \_\_\_\_\_?  
\_\_\_\_\_ sorts \_\_\_\_\_ medical services \_\_\_\_\_ eligible for \_\_\_\_\_ this coverage \_\_\_\_\_?  
Are \_\_\_\_\_ any restrictions \_\_\_\_\_ procedures that \_\_\_\_\_ be covered?  
\_\_\_\_\_ there any limitation \_\_\_\_\_ the type of procedure \_\_\_\_\_ service?  
Which \_\_\_\_\_ qualify \_\_\_\_\_ coverage \_\_\_\_\_?  
Is there \_\_\_\_\_ limit to \_\_\_\_\_ you \_\_\_\_\_ have?  
\_\_\_\_\_ treatments \_\_\_\_\_ think are eligible for this \_\_\_\_\_ service?  
Any \_\_\_\_\_ treatment \_\_\_\_\_?  
\_\_\_\_\_ there \_\_\_\_\_ boundaries \_\_\_\_\_ to \_\_\_\_\_ treatments?  
What treatments and \_\_\_\_\_ coverage \_\_\_\_\_ this service?  
\_\_\_\_\_ treatments qualify for \_\_\_\_\_?  
Is \_\_\_\_\_ any \_\_\_\_\_ on \_\_\_\_\_ treatments \_\_\_\_\_ qualify for \_\_\_\_\_?  
\_\_\_\_\_ you tell me what \_\_\_\_\_ eligible \_\_\_\_\_?  
\_\_\_\_\_ procedures \_\_\_\_\_ eligible for this \_\_\_\_\_?  
\_\_\_\_\_ treatments are \_\_\_\_\_ in this coverage \_\_\_\_\_?  
\_\_\_\_\_ treatments \_\_\_\_\_ eligible \_\_\_\_\_ coverage?  
\_\_\_\_\_ types \_\_\_\_\_ services \_\_\_\_\_ be \_\_\_\_\_ for \_\_\_\_\_ under this coverage \_\_\_\_\_?  
Specific \_\_\_\_\_ procedures \_\_\_\_\_ for coverage under this \_\_\_\_\_.  
Any constraints \_\_\_\_\_ regards \_\_\_\_\_?  
\_\_\_\_\_ procedures that have \_\_\_\_\_?  
Are \_\_\_\_\_ on procedures that \_\_\_\_\_?  
\_\_\_\_\_ types of \_\_\_\_\_ with this \_\_\_\_\_?  
\_\_\_\_\_ there \_\_\_\_\_ restriction \_\_\_\_\_ qualified \_\_\_\_\_ services?  
\_\_\_\_\_ be limits \_\_\_\_\_ types of procedures \_\_\_\_\_ qualify for this \_\_\_\_\_.  
\_\_\_\_\_ the coverage option \_\_\_\_\_ what types \_\_\_\_\_ can \_\_\_\_\_ paid \_\_\_\_\_?  
\_\_\_\_\_ limitation on what \_\_\_\_\_ of \_\_\_\_\_ can be covered?  
What \_\_\_\_\_ limit for the \_\_\_\_\_ services covered \_\_\_\_\_?  
Is there any \_\_\_\_\_ can be covered \_\_\_\_\_ service?  
Is \_\_\_\_\_ an \_\_\_\_\_ of treatment that \_\_\_\_\_ this \_\_\_\_\_ of service?  
\_\_\_\_\_ could \_\_\_\_\_ limits \_\_\_\_\_ some \_\_\_\_\_.  
Is \_\_\_\_\_ the \_\_\_\_\_ services that can be covered?  
\_\_\_\_\_ there a \_\_\_\_\_ to what \_\_\_\_\_ of therapies \_\_\_\_\_?  
Can \_\_\_\_\_ be \_\_\_\_\_ for \_\_\_\_\_ procedures?  
There \_\_\_\_\_ a \_\_\_\_\_ about \_\_\_\_\_ treatments \_\_\_\_\_ this type of service.  
Is \_\_\_\_\_ a limit \_\_\_\_\_ the \_\_\_\_\_ you can afford?  
\_\_\_\_\_ are \_\_\_\_\_ restrictions \_\_\_\_\_ which \_\_\_\_\_ you \_\_\_\_\_?  
\_\_\_\_\_ apply to the kind \_\_\_\_\_ here?  
Are there any limitations \_\_\_\_\_ procedures \_\_\_\_\_ be \_\_\_\_\_?  
\_\_\_\_\_ there be any \_\_\_\_\_ which procedures \_\_\_\_\_ for \_\_\_\_\_?  
Any \_\_\_\_\_ treatments covered?  
\_\_\_\_\_ some \_\_\_\_\_ criteria for service \_\_\_\_\_?  
\_\_\_\_\_ procedures would \_\_\_\_\_ eligible for \_\_\_\_\_ this service?  
\_\_\_\_\_ of treatments \_\_\_\_\_ be \_\_\_\_\_?  
\_\_\_\_\_ procedures are eligible \_\_\_\_\_ coverage under \_\_\_\_\_ service.  
Is there any \_\_\_\_\_?  
\_\_\_\_\_ are there \_\_\_\_\_ treatments?  
\_\_\_\_\_ on treatments \_\_\_\_\_?

Do you \_\_\_\_\_ treatments and procedures \_\_\_\_\_ coverage?  
 \_\_\_\_\_ any \_\_\_\_\_ on \_\_\_\_\_ types of medical \_\_\_\_\_ covered?  
 \_\_\_\_\_ treatments should \_\_\_\_\_ considered for this \_\_\_\_\_ of \_\_\_\_\_?  
 \_\_\_\_\_ to the \_\_\_\_\_ of treatment this covers?  
 \_\_\_\_\_ treatment \_\_\_\_\_ procedure that qualifies for this kind of \_\_\_\_\_?  
 \_\_\_\_\_ have any restrictions \_\_\_\_\_ treatments are \_\_\_\_\_?  
 Could there \_\_\_\_\_ eligibility \_\_\_\_\_?  
 \_\_\_\_\_ is a \_\_\_\_\_ what treatments and procedures \_\_\_\_\_ be \_\_\_\_\_ for \_\_\_\_\_ of \_\_\_\_\_.  
 \_\_\_\_\_ there \_\_\_\_\_ regulations \_\_\_\_\_ are acceptable?  
 \_\_\_\_\_ might be limitations \_\_\_\_\_ types \_\_\_\_\_ procedures that may \_\_\_\_\_ of service.  
 \_\_\_\_\_ there a \_\_\_\_\_ to \_\_\_\_\_ will be allowed for \_\_\_\_\_?  
 I would \_\_\_\_\_ to know if there are \_\_\_\_\_ of treatments \_\_\_\_\_ get covered \_\_\_\_\_.  
 \_\_\_\_\_ treatments and procedures are \_\_\_\_\_?  
 \_\_\_\_\_ there \_\_\_\_\_ limitation \_\_\_\_\_ services?  
 \_\_\_\_\_ types of treatments or \_\_\_\_\_ eligible for \_\_\_\_\_ service/coverage?  
 \_\_\_\_\_ limits are \_\_\_\_\_ for \_\_\_\_\_ insured?  
 There \_\_\_\_\_ any \_\_\_\_\_ approved treatment \_\_\_\_\_?  
 Is there \_\_\_\_\_ restriction \_\_\_\_\_ eligible?  
 \_\_\_\_\_ specific \_\_\_\_\_ eligible healthcare procedures?  
 What \_\_\_\_\_ do you \_\_\_\_\_ on \_\_\_\_\_ eligible \_\_\_\_\_ coverage?  
 \_\_\_\_\_ types of \_\_\_\_\_ services \_\_\_\_\_ eligible for reimbursement \_\_\_\_\_ this \_\_\_\_\_?  
 \_\_\_\_\_ are \_\_\_\_\_ restrictions \_\_\_\_\_ covered.  
 \_\_\_\_\_ do we \_\_\_\_\_ treatments?  
 \_\_\_\_\_ or procedures \_\_\_\_\_ eligible for \_\_\_\_\_?  
 Is \_\_\_\_\_ limit to \_\_\_\_\_ I can \_\_\_\_\_ for?  
 What restrictions do we have on \_\_\_\_\_?  
 \_\_\_\_\_ are \_\_\_\_\_ limitations on \_\_\_\_\_ options.  
 \_\_\_\_\_ be \_\_\_\_\_ restrictions on \_\_\_\_\_?  
 There are \_\_\_\_\_ on \_\_\_\_\_ procedures \_\_\_\_\_ eligible \_\_\_\_\_ coverage.  
 \_\_\_\_\_ there \_\_\_\_\_ limit on \_\_\_\_\_ of procedures \_\_\_\_\_ may \_\_\_\_\_ eligible?  
 \_\_\_\_\_ are possible \_\_\_\_\_ eligible \_\_\_\_\_.  
 What \_\_\_\_\_ are \_\_\_\_\_ for \_\_\_\_\_ coverage?  
 Do \_\_\_\_\_ meet \_\_\_\_\_?  
 \_\_\_\_\_ there \_\_\_\_\_ boundaries \_\_\_\_\_ treatment that \_\_\_\_\_ covered?  
 \_\_\_\_\_ there any \_\_\_\_\_ procedures are allowed \_\_\_\_\_ of service?  
 \_\_\_\_\_ types of \_\_\_\_\_ would be \_\_\_\_\_ reimbursement \_\_\_\_\_ this \_\_\_\_\_ option?  
 \_\_\_\_\_ some \_\_\_\_\_ criteria for service \_\_\_\_\_?  
 Can you tell \_\_\_\_\_ what \_\_\_\_\_ treatments \_\_\_\_\_ for \_\_\_\_\_?  
 \_\_\_\_\_ eligibility \_\_\_\_\_ for treatment?  
 Is \_\_\_\_\_ a \_\_\_\_\_ to \_\_\_\_\_ kind of treatments \_\_\_\_\_ coverage \_\_\_\_\_?  
 \_\_\_\_\_ for coverage limits?  
 Is \_\_\_\_\_ treatments and \_\_\_\_\_ can be covered?  
 Is \_\_\_\_\_ on \_\_\_\_\_ procedures?  
 \_\_\_\_\_ are \_\_\_\_\_ treatments and \_\_\_\_\_ are eligible for \_\_\_\_\_?  
 \_\_\_\_\_ there \_\_\_\_\_ treatments are eligible?  
 Is \_\_\_\_\_ limits on the \_\_\_\_\_?  
 \_\_\_\_\_ treatment \_\_\_\_\_ be covered?  
 Is \_\_\_\_\_ a limit on \_\_\_\_\_ treatments \_\_\_\_\_ allowed \_\_\_\_\_ type \_\_\_\_\_ service?  
 \_\_\_\_\_ of procedures \_\_\_\_\_ for this \_\_\_\_\_ service?  
 Is there \_\_\_\_\_ what \_\_\_\_\_ this \_\_\_\_\_?

\_\_\_\_\_ be \_\_\_\_\_ the types of \_\_\_\_\_ that may \_\_\_\_\_ coverage.

Which \_\_\_\_\_ qualify \_\_\_\_\_ this \_\_\_\_\_ service/coverage?

\_\_\_\_\_ are the \_\_\_\_\_ on \_\_\_\_\_?

\_\_\_\_\_ treatments qualify?

\_\_\_\_\_ are acceptable within the coverage \_\_\_\_\_?

\_\_\_\_\_ kinds of \_\_\_\_\_ for coverage?

Is \_\_\_\_\_ possible \_\_\_\_\_ certain \_\_\_\_\_ to \_\_\_\_\_ eligible \_\_\_\_\_ coverage \_\_\_\_\_ this \_\_\_\_\_?

What types of medical services \_\_\_\_\_ coverage option?

There may be \_\_\_\_\_ on the types \_\_\_\_\_ procedures \_\_\_\_\_ for \_\_\_\_\_ service.

\_\_\_\_\_ there \_\_\_\_\_ for \_\_\_\_\_ procedures?

\_\_\_\_\_ specific treatments and \_\_\_\_\_ for coverage under \_\_\_\_\_?

\_\_\_\_\_ question about \_\_\_\_\_ treatments \_\_\_\_\_ procedures \_\_\_\_\_ be \_\_\_\_\_ for \_\_\_\_\_ type of service.

Is \_\_\_\_\_ eligible services?

Is there \_\_\_\_\_ limitation on \_\_\_\_\_ types \_\_\_\_\_ procedures \_\_\_\_\_ may \_\_\_\_\_ this type \_\_\_\_\_?

\_\_\_\_\_ there any \_\_\_\_\_ which \_\_\_\_\_ covered under this service?

Any \_\_\_\_\_ on \_\_\_\_\_ types \_\_\_\_\_ this \_\_\_\_\_?

Is there \_\_\_\_\_ the kind \_\_\_\_\_ that you \_\_\_\_\_ cover?

What are the \_\_\_\_\_ of the \_\_\_\_\_ treatment \_\_\_\_\_?

\_\_\_\_\_ which \_\_\_\_\_ are eligible \_\_\_\_\_ coverage?

\_\_\_\_\_ plan \_\_\_\_\_ certain therapies?

What \_\_\_\_\_ are \_\_\_\_\_ regarding \_\_\_\_\_ treatment \_\_\_\_\_?

\_\_\_\_\_ do we have \_\_\_\_\_ the \_\_\_\_\_ of \_\_\_\_\_ here?

\_\_\_\_\_ there \_\_\_\_\_ regarding \_\_\_\_\_ services?

What types \_\_\_\_\_ are acceptable for \_\_\_\_\_ of \_\_\_\_\_?

What treatments \_\_\_\_\_ are \_\_\_\_\_ this type \_\_\_\_\_ coverage

\_\_\_\_\_ there \_\_\_\_\_ on the \_\_\_\_\_ covered?

Is \_\_\_\_\_ a \_\_\_\_\_ on what \_\_\_\_\_ for this service?

\_\_\_\_\_ there any \_\_\_\_\_ to the type of \_\_\_\_\_ procedure \_\_\_\_\_ for \_\_\_\_\_?

\_\_\_\_\_ there \_\_\_\_\_ to \_\_\_\_\_ that \_\_\_\_\_ insured?

\_\_\_\_\_ there any limitations on \_\_\_\_\_?

\_\_\_\_\_ a \_\_\_\_\_ on the type of \_\_\_\_\_ qualifies \_\_\_\_\_ this \_\_\_\_\_?

Any boundaries that \_\_\_\_\_ treatment \_\_\_\_\_?

What \_\_\_\_\_ of \_\_\_\_\_ for this type \_\_\_\_\_?

Is \_\_\_\_\_ limit \_\_\_\_\_ kind \_\_\_\_\_ therapy \_\_\_\_\_ can use?

Any \_\_\_\_\_ certain \_\_\_\_\_?

\_\_\_\_\_ there \_\_\_\_\_ on \_\_\_\_\_ kinds of \_\_\_\_\_ can \_\_\_\_\_ covered for?

There \_\_\_\_\_ any \_\_\_\_\_ treatments \_\_\_\_\_ can get \_\_\_\_\_ for.

\_\_\_\_\_ you have \_\_\_\_\_ treatments are covered?

\_\_\_\_\_ types of medical \_\_\_\_\_ be \_\_\_\_\_ through this \_\_\_\_\_?

\_\_\_\_\_ there \_\_\_\_\_ boundaries \_\_\_\_\_ of treatment this covers?

\_\_\_\_\_ treatments and \_\_\_\_\_ can be \_\_\_\_\_ for \_\_\_\_\_ service?

\_\_\_\_\_ there a limitation \_\_\_\_\_ covered?

Is \_\_\_\_\_ a limit \_\_\_\_\_ what \_\_\_\_\_ can \_\_\_\_\_ covered?

\_\_\_\_\_ eligibility boundaries?

Does \_\_\_\_\_ limit the \_\_\_\_\_ of \_\_\_\_\_ services that \_\_\_\_\_ be \_\_\_\_\_?

\_\_\_\_\_ any restrictions \_\_\_\_\_ the types of \_\_\_\_\_ can \_\_\_\_\_ covered?

\_\_\_\_\_ any limits \_\_\_\_\_ procedures \_\_\_\_\_ services?

\_\_\_\_\_ a limit to \_\_\_\_\_ are covered by \_\_\_\_\_?

\_\_\_\_\_ it possible \_\_\_\_\_ are ineligible for \_\_\_\_\_ under this \_\_\_\_\_?

Can you \_\_\_\_\_ there \_\_\_\_\_ on the treatments \_\_\_\_\_ can \_\_\_\_\_?

I want \_\_\_\_\_ if there are \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_.

\_\_\_\_\_ of treatments \_\_\_\_\_ covered?

Could \_\_\_\_\_ on treatments?

Specific \_\_\_\_\_ eligible \_\_\_\_\_ procedures?

What limitations on \_\_\_\_\_ there?

Limits \_\_\_\_\_ procedures \_\_\_\_\_ insured?

\_\_\_\_\_ treatments \_\_\_\_\_ for coverage?

\_\_\_\_\_ there any \_\_\_\_\_ on which services and \_\_\_\_\_?

\_\_\_\_\_ be limits to \_\_\_\_\_ procedures \_\_\_\_\_?

Any \_\_\_\_\_ to qualified treatment \_\_\_\_\_?

What restrictions \_\_\_\_\_ exist \_\_\_\_\_ treatments under \_\_\_\_\_ plan?

\_\_\_\_\_ types of \_\_\_\_\_ that may qualify \_\_\_\_\_ this \_\_\_\_\_ service/coverage may \_\_\_\_\_.

\_\_\_\_\_ to know if there are limits \_\_\_\_\_ insurance \_\_\_\_\_.

\_\_\_\_\_ there any limitation \_\_\_\_\_ the \_\_\_\_\_ of \_\_\_\_\_ qualify?

\_\_\_\_\_ limitations on eligible \_\_\_\_\_ procedures?

Is it \_\_\_\_\_ treatments \_\_\_\_\_ procedures are eligible \_\_\_\_\_ this \_\_\_\_\_?

Is \_\_\_\_\_ limitation on the kind \_\_\_\_\_ procedure that qualifies \_\_\_\_\_ of \_\_\_\_\_?

Is \_\_\_\_\_ any \_\_\_\_\_ what \_\_\_\_\_ be used?

What \_\_\_\_\_ of \_\_\_\_\_ for \_\_\_\_\_ of service or coverage?

\_\_\_\_\_ treatments are \_\_\_\_\_ for this \_\_\_\_\_ of service?

\_\_\_\_\_ of \_\_\_\_\_ services might \_\_\_\_\_ eligible \_\_\_\_\_ reimbursement \_\_\_\_\_ this coverage \_\_\_\_\_?

Is \_\_\_\_\_ any limit on \_\_\_\_\_ and procedures \_\_\_\_\_?

\_\_\_\_\_ types \_\_\_\_\_ qualify \_\_\_\_\_ this service?

\_\_\_\_\_ there \_\_\_\_\_ restriction on what \_\_\_\_\_ will \_\_\_\_\_?

Is \_\_\_\_\_ any constraints \_\_\_\_\_ options?

\_\_\_\_\_ apply \_\_\_\_\_ the \_\_\_\_\_ services that are \_\_\_\_\_ here?

What \_\_\_\_\_ are \_\_\_\_\_ for \_\_\_\_\_ types \_\_\_\_\_?

What \_\_\_\_\_ of \_\_\_\_\_ eligible \_\_\_\_\_ reimbursement \_\_\_\_\_ this coverage option?

\_\_\_\_\_ constraints pertaining \_\_\_\_\_ treatment \_\_\_\_\_?

Can \_\_\_\_\_ restrictions for \_\_\_\_\_ procedures?

\_\_\_\_\_ is \_\_\_\_\_ what treatments \_\_\_\_\_ eligible for coverage.

Is there \_\_\_\_\_ on which procedures \_\_\_\_\_ coverage?

\_\_\_\_\_ is a question \_\_\_\_\_ will be allowed for \_\_\_\_\_.

What types of procedures \_\_\_\_\_ acceptable \_\_\_\_\_ this \_\_\_\_\_?

\_\_\_\_\_ any limitations on \_\_\_\_\_ procedures \_\_\_\_\_ coverage?

The \_\_\_\_\_ have restrictions.

Are there \_\_\_\_\_ guidelines \_\_\_\_\_?

\_\_\_\_\_ type of treatment \_\_\_\_\_ procedure \_\_\_\_\_ this \_\_\_\_\_ of service?

\_\_\_\_\_ types \_\_\_\_\_ medical \_\_\_\_\_ be \_\_\_\_\_ this coverage option?

\_\_\_\_\_ restrictions \_\_\_\_\_ treatments?

\_\_\_\_\_ treatment options?

\_\_\_\_\_ boundaries that may \_\_\_\_\_ relevant to \_\_\_\_\_?

\_\_\_\_\_ boundaries \_\_\_\_\_ approved treatment \_\_\_\_\_?

Is \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_ that \_\_\_\_\_ this service?

\_\_\_\_\_ limit on \_\_\_\_\_ types \_\_\_\_\_ procedures can be \_\_\_\_\_?

Can \_\_\_\_\_ be \_\_\_\_\_ on the \_\_\_\_\_?

\_\_\_\_\_ have coverage limits?

\_\_\_\_\_ limitations on treatments \_\_\_\_\_?

\_\_\_\_\_ there \_\_\_\_\_ the types \_\_\_\_\_ procedures that could \_\_\_\_\_ this \_\_\_\_\_ of service?

\_\_\_\_\_ restrictions on \_\_\_\_\_ procedures?

Can you \_\_\_\_\_ there are limits \_\_\_\_\_ the \_\_\_\_\_ can \_\_\_\_\_?

\_\_\_\_\_ there restrictions \_\_\_\_\_ qualified \_\_\_\_\_?

Any \_\_\_\_\_ with \_\_\_\_\_ qualified treatment \_\_\_\_\_?

\_\_\_\_\_ there any \_\_\_\_\_ procedures \_\_\_\_\_ eligible?

I want to \_\_\_\_\_ if \_\_\_\_\_ limits \_\_\_\_\_ of procedures I can \_\_\_\_\_.

Limits \_\_\_\_\_ procedures?

\_\_\_\_\_ are there on \_\_\_\_\_ of treatments \_\_\_\_\_ can \_\_\_\_\_?

Do \_\_\_\_\_ therapies not \_\_\_\_\_ into \_\_\_\_\_?

I \_\_\_\_\_ know if \_\_\_\_\_ limits \_\_\_\_\_ treatments my insurance covers.

Is there \_\_\_\_\_ on what \_\_\_\_\_ be allowed \_\_\_\_\_ service?

\_\_\_\_\_ boundaries \_\_\_\_\_ should apply \_\_\_\_\_ treatment \_\_\_\_\_?

What \_\_\_\_\_ of \_\_\_\_\_ are eligible \_\_\_\_\_ this type \_\_\_\_\_ service \_\_\_\_\_?

\_\_\_\_\_ it \_\_\_\_\_ that \_\_\_\_\_ types \_\_\_\_\_ procedures are ineligible \_\_\_\_\_ under \_\_\_\_\_ service?

Is there \_\_\_\_\_ on \_\_\_\_\_ eligible for coverage?

Is \_\_\_\_\_ to \_\_\_\_\_ limits to \_\_\_\_\_ insured?

\_\_\_\_\_ there \_\_\_\_\_ restrictions \_\_\_\_\_ that are covered?

There may be \_\_\_\_\_.

\_\_\_\_\_ kinds \_\_\_\_\_ for \_\_\_\_\_ type of service/coverage?

\_\_\_\_\_ restrictions on \_\_\_\_\_ and procedures?

\_\_\_\_\_ is a \_\_\_\_\_ regarding \_\_\_\_\_ type \_\_\_\_\_ procedure that qualifies for this \_\_\_\_\_.

\_\_\_\_\_ there be \_\_\_\_\_ limits \_\_\_\_\_ treatment this \_\_\_\_\_?

\_\_\_\_\_ limits on \_\_\_\_\_ options?

\_\_\_\_\_ there \_\_\_\_\_ treatments I \_\_\_\_\_ get covered for?

Is \_\_\_\_\_ restrictions \_\_\_\_\_ procedures \_\_\_\_\_ covered?

Is \_\_\_\_\_ restrictions \_\_\_\_\_ procedures?

\_\_\_\_\_ kind \_\_\_\_\_ treatment options \_\_\_\_\_ within the \_\_\_\_\_ coverage?

\_\_\_\_\_ what treatments are \_\_\_\_\_ for \_\_\_\_\_?

Is \_\_\_\_\_ a \_\_\_\_\_ on \_\_\_\_\_ procedures that \_\_\_\_\_ qualify \_\_\_\_\_ type \_\_\_\_\_ service.

\_\_\_\_\_ are any \_\_\_\_\_ to \_\_\_\_\_ types \_\_\_\_\_ that this \_\_\_\_\_.

\_\_\_\_\_ constraints \_\_\_\_\_ qualified \_\_\_\_\_ options?

\_\_\_\_\_ meet coverage limits?

There \_\_\_\_\_ some \_\_\_\_\_ eligibility \_\_\_\_\_.

\_\_\_\_\_ types \_\_\_\_\_ procedures \_\_\_\_\_ for \_\_\_\_\_ type of service \_\_\_\_\_ be limited.

\_\_\_\_\_ there any limit to \_\_\_\_\_ I can get \_\_\_\_\_?

Is \_\_\_\_\_ limitations to \_\_\_\_\_ types of medical \_\_\_\_\_ by \_\_\_\_\_ coverage option?

Is \_\_\_\_\_ any \_\_\_\_\_ eligible \_\_\_\_\_ procedures?

Is \_\_\_\_\_ limited by \_\_\_\_\_?

Is \_\_\_\_\_ a limit \_\_\_\_\_ treatments that \_\_\_\_\_ eligible \_\_\_\_\_ type \_\_\_\_\_ coverage?

\_\_\_\_\_ restriction \_\_\_\_\_ procedures can be covered?

Specific \_\_\_\_\_ on eligible \_\_\_\_\_ procedures \_\_\_\_\_.

Do \_\_\_\_\_ any \_\_\_\_\_ on \_\_\_\_\_ treatments or \_\_\_\_\_ you \_\_\_\_\_?

\_\_\_\_\_ treatments \_\_\_\_\_ procedures qualify for this \_\_\_\_\_ coverage?

Do you have \_\_\_\_\_ services \_\_\_\_\_?

Will there \_\_\_\_\_ any \_\_\_\_\_?

\_\_\_\_\_ types \_\_\_\_\_ that count for coverage?

\_\_\_\_\_ want \_\_\_\_\_ which treatments and \_\_\_\_\_ for coverage \_\_\_\_\_ this service.

There \_\_\_\_\_ qualified medical \_\_\_\_\_?

There might \_\_\_\_\_ limitation on the types \_\_\_\_\_ might qualify \_\_\_\_\_ this \_\_\_\_\_.

Is \_\_\_\_\_ related to treatment \_\_\_\_\_ in \_\_\_\_\_?

boundaries \_\_\_\_\_ types \_\_\_\_\_ this covers?

\_\_\_\_\_ be restrictions \_\_\_\_\_ treatments and \_\_\_\_\_.

Is \_\_\_\_\_ limit to the \_\_\_\_\_ therapies \_\_\_\_\_ can \_\_\_\_\_ covered?

\_\_\_\_\_ you tell \_\_\_\_\_ treatments \_\_\_\_\_ for coverage?

\_\_\_\_\_ limits on \_\_\_\_\_ types of procedures that \_\_\_\_\_ type of service?

\_\_\_\_\_ limits are in place \_\_\_\_\_?

Can there \_\_\_\_\_ what \_\_\_\_\_ qualify for this \_\_\_\_\_ service?

Is \_\_\_\_\_ any \_\_\_\_\_ types \_\_\_\_\_ medical services \_\_\_\_\_ eligible \_\_\_\_\_ reimbursement?

Is there \_\_\_\_\_ treatment \_\_\_\_\_?

\_\_\_\_\_ limitations to \_\_\_\_\_ services?

\_\_\_\_\_ the type \_\_\_\_\_ treatment or procedure \_\_\_\_\_ for this kind \_\_\_\_\_ service.

What treatment \_\_\_\_\_ procedures will be \_\_\_\_\_ service?

\_\_\_\_\_ there \_\_\_\_\_ on \_\_\_\_\_ type of procedure \_\_\_\_\_ qualifies?

\_\_\_\_\_ there any \_\_\_\_\_ to the \_\_\_\_\_?

There are any \_\_\_\_\_ that \_\_\_\_\_ get covered for.

Is \_\_\_\_\_ boundaries \_\_\_\_\_ this covers?

\_\_\_\_\_ procedures are eligible?

What \_\_\_\_\_ of treatments \_\_\_\_\_ coverage?

Is it possible \_\_\_\_\_ procedures?

What \_\_\_\_\_ healthcare procedures?

\_\_\_\_\_ certain \_\_\_\_\_ criteria for service \_\_\_\_\_?

\_\_\_\_\_ limits to procedures \_\_\_\_\_ insured?

\_\_\_\_\_ on \_\_\_\_\_ are eligible \_\_\_\_\_ coverage under this service?

\_\_\_\_\_ there any \_\_\_\_\_ restrictions for \_\_\_\_\_?

Are there \_\_\_\_\_ treatments \_\_\_\_\_ cover?

\_\_\_\_\_ there \_\_\_\_\_ on the \_\_\_\_\_ treatment \_\_\_\_\_ that qualifies \_\_\_\_\_ this service?

\_\_\_\_\_ some restrictions \_\_\_\_\_ procedures.

There \_\_\_\_\_ be \_\_\_\_\_ the types of procedures \_\_\_\_\_ be \_\_\_\_\_.

Can \_\_\_\_\_ me what \_\_\_\_\_ procedures are eligible for \_\_\_\_\_?

Can you \_\_\_\_\_ treatments \_\_\_\_\_ under this service?

\_\_\_\_\_ restrictions do you \_\_\_\_\_ certain \_\_\_\_\_?

What \_\_\_\_\_ for services covered \_\_\_\_\_?

Any \_\_\_\_\_ limitations \_\_\_\_\_ eligible \_\_\_\_\_?

Which treatments and \_\_\_\_\_ are \_\_\_\_\_ to \_\_\_\_\_ service?

Is there \_\_\_\_\_ limit \_\_\_\_\_ types of \_\_\_\_\_ that you \_\_\_\_\_?

Is \_\_\_\_\_ any treatment \_\_\_\_\_?

Is there \_\_\_\_\_ restrictions \_\_\_\_\_ you \_\_\_\_\_?

\_\_\_\_\_ there any restrictions \_\_\_\_\_?

What \_\_\_\_\_ are there \_\_\_\_\_ treatment \_\_\_\_\_?

Is there a limit \_\_\_\_\_ therapies \_\_\_\_\_ coverage?

What \_\_\_\_\_ boundaries for \_\_\_\_\_ treatment \_\_\_\_\_?

\_\_\_\_\_ any limits \_\_\_\_\_ types of \_\_\_\_\_ I can \_\_\_\_\_ covered.

Is \_\_\_\_\_ any \_\_\_\_\_ excluded \_\_\_\_\_ plan?

\_\_\_\_\_ types of medical \_\_\_\_\_ can \_\_\_\_\_ reimbursed \_\_\_\_\_ this \_\_\_\_\_?

Do you \_\_\_\_\_ on \_\_\_\_\_ services you cover?

\_\_\_\_\_ on what treatments \_\_\_\_\_ will be \_\_\_\_\_ for \_\_\_\_\_ type of service?

What treatments or procedures will \_\_\_\_\_ this \_\_\_\_\_?

Is there \_\_\_\_\_ limit to \_\_\_\_\_ of \_\_\_\_\_ are \_\_\_\_\_?

\_\_\_\_\_ types of \_\_\_\_\_ eligible \_\_\_\_\_ coverage?

Is \_\_\_\_\_ any limit \_\_\_\_\_ treatments will \_\_\_\_\_ for \_\_\_\_\_ type \_\_\_\_\_ service?

\_\_\_\_\_ there be restrictions \_\_\_\_\_?

Which \_\_\_\_\_ are \_\_\_\_\_ for \_\_\_\_\_?

Is there \_\_\_\_\_ the kind of \_\_\_\_\_ procedure \_\_\_\_\_ this kind of \_\_\_\_\_?

\_\_\_\_\_ limits \_\_\_\_\_ the types of \_\_\_\_\_ covered?

Is \_\_\_\_\_ any limit \_\_\_\_\_ are eligible \_\_\_\_\_ this \_\_\_\_\_?

limits \_\_\_\_\_ of \_\_\_\_\_ this covers

\_\_\_\_\_ there \_\_\_\_\_ the eligible \_\_\_\_\_ provided?

\_\_\_\_\_ me \_\_\_\_\_ treatments and \_\_\_\_\_ are eligible for the \_\_\_\_\_?

Any restrictions \_\_\_\_\_?

Is there \_\_\_\_\_ the types of \_\_\_\_\_ that can \_\_\_\_\_ service?

Which treatments \_\_\_\_\_ procedures are \_\_\_\_\_?

\_\_\_\_\_ for coverage under \_\_\_\_\_ service?

\_\_\_\_\_ there any limit on \_\_\_\_\_ will \_\_\_\_\_ for this \_\_\_\_\_ service?

Does \_\_\_\_\_ therapies \_\_\_\_\_ criteria?

\_\_\_\_\_ the \_\_\_\_\_ or \_\_\_\_\_ you cover?

There is a \_\_\_\_\_ about \_\_\_\_\_ procedures.

\_\_\_\_\_ limit on \_\_\_\_\_ types \_\_\_\_\_ I can have covered?

Is \_\_\_\_\_ limitation \_\_\_\_\_ the type \_\_\_\_\_ procedure \_\_\_\_\_ for \_\_\_\_\_ kind of \_\_\_\_\_?

\_\_\_\_\_ of medical \_\_\_\_\_ can be \_\_\_\_\_ this option?

\_\_\_\_\_ a \_\_\_\_\_ on \_\_\_\_\_ types of procedures that \_\_\_\_\_ qualify for \_\_\_\_\_ type \_\_\_\_\_.

Is there \_\_\_\_\_ limitation \_\_\_\_\_ what will be allowed \_\_\_\_\_?

Any \_\_\_\_\_ with \_\_\_\_\_ treatment \_\_\_\_\_?

What \_\_\_\_\_ constraints \_\_\_\_\_ treatment options?

Is \_\_\_\_\_ a \_\_\_\_\_ to \_\_\_\_\_ therapies are \_\_\_\_\_ coverage?

There \_\_\_\_\_ a question \_\_\_\_\_ treatments will \_\_\_\_\_ for this \_\_\_\_\_.

\_\_\_\_\_ treatment options?

What limitations \_\_\_\_\_ on \_\_\_\_\_?

What \_\_\_\_\_ treatments are eligible \_\_\_\_\_?

\_\_\_\_\_ have restrictions \_\_\_\_\_ which treatments \_\_\_\_\_ guys cover?

What \_\_\_\_\_ the \_\_\_\_\_ for \_\_\_\_\_ services \_\_\_\_\_ covered \_\_\_\_\_?

Is \_\_\_\_\_ a \_\_\_\_\_ the \_\_\_\_\_ treatment or procedure \_\_\_\_\_ can \_\_\_\_\_ covered?

\_\_\_\_\_ to what \_\_\_\_\_ eligible for this type \_\_\_\_\_ coverage?

What limits are \_\_\_\_\_ the \_\_\_\_\_ services \_\_\_\_\_?

How \_\_\_\_\_ clarifying which treatments and \_\_\_\_\_ for \_\_\_\_\_?

\_\_\_\_\_ be \_\_\_\_\_ on \_\_\_\_\_ procedures or \_\_\_\_\_.

\_\_\_\_\_ are \_\_\_\_\_ on treatments?

Any \_\_\_\_\_ related \_\_\_\_\_ options?

\_\_\_\_\_ what types \_\_\_\_\_ medical \_\_\_\_\_ can \_\_\_\_\_ covered \_\_\_\_\_ this coverage option.

\_\_\_\_\_ procedures/ \_\_\_\_\_ qualify for \_\_\_\_\_?

\_\_\_\_\_ treatments \_\_\_\_\_ accepted \_\_\_\_\_ applied?

\_\_\_\_\_ a limitation \_\_\_\_\_ and \_\_\_\_\_ will be allowed?

There \_\_\_\_\_ specific \_\_\_\_\_ for certain \_\_\_\_\_?

\_\_\_\_\_ treatments or procedures are \_\_\_\_\_?

\_\_\_\_\_ be a \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_ that \_\_\_\_\_ this type of \_\_\_\_\_.

\_\_\_\_\_ are the \_\_\_\_\_ on \_\_\_\_\_ covered \_\_\_\_\_?

\_\_\_\_\_ are any restrictions on which procedures \_\_\_\_\_ for \_\_\_\_\_.

Is \_\_\_\_\_ a \_\_\_\_\_ procedures that may be eligible for \_\_\_\_\_?

\_\_\_\_\_ you clarify which treatments \_\_\_\_\_ by this \_\_\_\_\_?

\_\_\_\_\_ any \_\_\_\_\_ for certain procedures?

\_\_\_\_\_ limits \_\_\_\_\_ procedures that \_\_\_\_\_ insured.

Is there \_\_\_\_\_ limitation \_\_\_\_\_ treatments \_\_\_\_\_ be used?



\_\_\_\_\_ there \_\_\_\_\_ any \_\_\_\_\_ on \_\_\_\_\_ procedures/treatments?

\_\_\_\_\_ are \_\_\_\_\_ constraints \_\_\_\_\_ treatment options?

\_\_\_\_\_ any boundaries to \_\_\_\_\_ treatment that \_\_\_\_\_?

\_\_\_\_\_ there are limits on \_\_\_\_\_ procedures?

There might be \_\_\_\_\_ healthcare \_\_\_\_\_.

\_\_\_\_\_ to the \_\_\_\_\_ this \_\_\_\_\_?

\_\_\_\_\_ there \_\_\_\_\_ for \_\_\_\_\_ services provided?

\_\_\_\_\_ there \_\_\_\_\_ limitation on the \_\_\_\_\_ treatment \_\_\_\_\_ qualifies for \_\_\_\_\_ coverage?

What \_\_\_\_\_ are \_\_\_\_\_ for this coverage \_\_\_\_\_?

\_\_\_\_\_ any \_\_\_\_\_ restrictions on \_\_\_\_\_ procedures?

\_\_\_\_\_ there \_\_\_\_\_ on \_\_\_\_\_ eligible services \_\_\_\_\_?

\_\_\_\_\_ treatments and \_\_\_\_\_ are \_\_\_\_\_?

\_\_\_\_\_ limitation \_\_\_\_\_ types \_\_\_\_\_ procedures \_\_\_\_\_ could qualify for this type of \_\_\_\_\_?

\_\_\_\_\_ limits \_\_\_\_\_ services that are \_\_\_\_\_ here?

\_\_\_\_\_ there \_\_\_\_\_ of treatment that qualifies \_\_\_\_\_ this kind of \_\_\_\_\_?

\_\_\_\_\_ coverage option limited \_\_\_\_\_ what \_\_\_\_\_ of \_\_\_\_\_ services \_\_\_\_\_ available?

\_\_\_\_\_ do \_\_\_\_\_ have on the treatments \_\_\_\_\_ covered for?

\_\_\_\_\_ eligibility limits for \_\_\_\_\_?

What types \_\_\_\_\_ for \_\_\_\_\_ of service?

Are there eligibility \_\_\_\_\_?

\_\_\_\_\_ is \_\_\_\_\_ as to \_\_\_\_\_ treatments \_\_\_\_\_ will be \_\_\_\_\_ this type of \_\_\_\_\_.

\_\_\_\_\_ on eligible \_\_\_\_\_?

\_\_\_\_\_ you clarify which \_\_\_\_\_?

\_\_\_\_\_ could \_\_\_\_\_ eligible healthcare procedures.

\_\_\_\_\_ there a \_\_\_\_\_ on the types \_\_\_\_\_ receive?

Can \_\_\_\_\_ tell \_\_\_\_\_ there \_\_\_\_\_ limits on \_\_\_\_\_ I receive?

There may \_\_\_\_\_ limits \_\_\_\_\_ certain \_\_\_\_\_.

\_\_\_\_\_ restrictions \_\_\_\_\_ eligible services?

\_\_\_\_\_ are some \_\_\_\_\_ for \_\_\_\_\_

Do you \_\_\_\_\_ treatments and \_\_\_\_\_ for coverage \_\_\_\_\_ service?

\_\_\_\_\_ are any constraints \_\_\_\_\_ options?

Which specific \_\_\_\_\_ coverage under this \_\_\_\_\_?

\_\_\_\_\_ are \_\_\_\_\_ for eligible \_\_\_\_\_?

Is there \_\_\_\_\_ limits \_\_\_\_\_ procedures \_\_\_\_\_ have covered?

Any \_\_\_\_\_ I can have \_\_\_\_\_?

\_\_\_\_\_ kinds of procedures that \_\_\_\_\_?

Limits \_\_\_\_\_ types of procedures that \_\_\_\_\_ covered \_\_\_\_\_?

Is \_\_\_\_\_ any \_\_\_\_\_ on the kind \_\_\_\_\_ qualifies \_\_\_\_\_ this \_\_\_\_\_?

\_\_\_\_\_ there \_\_\_\_\_ the \_\_\_\_\_ covered?

\_\_\_\_\_ there \_\_\_\_\_ type \_\_\_\_\_ treatment or \_\_\_\_\_ that qualifies for \_\_\_\_\_ service?

\_\_\_\_\_ treatments \_\_\_\_\_ is \_\_\_\_\_ by this \_\_\_\_\_?

\_\_\_\_\_ procedures qualify \_\_\_\_\_ this kind \_\_\_\_\_ coverage?

Is there \_\_\_\_\_ limit to \_\_\_\_\_ types \_\_\_\_\_ you \_\_\_\_\_?

\_\_\_\_\_ types of \_\_\_\_\_ eligible?

Is \_\_\_\_\_ any \_\_\_\_\_ on \_\_\_\_\_ can be \_\_\_\_\_?

\_\_\_\_\_ sort of treatment \_\_\_\_\_ within \_\_\_\_\_ of coverage?

\_\_\_\_\_ there \_\_\_\_\_ specific restriction \_\_\_\_\_ procedures?

Is there limitations \_\_\_\_\_?

Limits \_\_\_\_\_ of \_\_\_\_\_ I \_\_\_\_\_ receive?

\_\_\_\_\_ services limited?

\_\_\_\_\_ there \_\_\_\_\_ the \_\_\_\_\_ treatment that qualifies \_\_\_\_\_ kind of service?  
 \_\_\_\_\_ on \_\_\_\_\_ or treatments?  
 What types of \_\_\_\_\_ this kind \_\_\_\_\_?  
 Is it \_\_\_\_\_ certain types \_\_\_\_\_ services to \_\_\_\_\_ covered \_\_\_\_\_ this \_\_\_\_\_?  
 \_\_\_\_\_ specific limitations \_\_\_\_\_ eligible healthcare \_\_\_\_\_?  
 Can \_\_\_\_\_ tell me, \_\_\_\_\_ and procedures \_\_\_\_\_ eligible \_\_\_\_\_?  
 \_\_\_\_\_ types \_\_\_\_\_ treatments qualify \_\_\_\_\_ this \_\_\_\_\_?  
 Is \_\_\_\_\_ what procedures will be \_\_\_\_\_ this service?  
 Is \_\_\_\_\_ excluded?  
 Is \_\_\_\_\_ any restrictions \_\_\_\_\_ provided?  
 \_\_\_\_\_ treatments/procedures \_\_\_\_\_ subject \_\_\_\_\_ coverage \_\_\_\_\_?  
 \_\_\_\_\_ any constraints \_\_\_\_\_ treatment options.  
 There \_\_\_\_\_ any \_\_\_\_\_ treatment options.  
 \_\_\_\_\_ limits \_\_\_\_\_ I can \_\_\_\_\_ covered \_\_\_\_\_?  
 What treatments \_\_\_\_\_ procedures \_\_\_\_\_ eligible \_\_\_\_\_?  
 \_\_\_\_\_ treatments \_\_\_\_\_ covered under \_\_\_\_\_ service?  
 Limits \_\_\_\_\_ of procedures \_\_\_\_\_ can \_\_\_\_\_ insured?  
 Is there a \_\_\_\_\_ treatments can be \_\_\_\_\_?  
 Is \_\_\_\_\_ treatment \_\_\_\_\_?  
 There \_\_\_\_\_ be \_\_\_\_\_ treatments \_\_\_\_\_ procedures.  
 \_\_\_\_\_ any \_\_\_\_\_ eligibility boundaries.  
 \_\_\_\_\_ there \_\_\_\_\_ limits \_\_\_\_\_ the \_\_\_\_\_ insured?  
 \_\_\_\_\_ eligible under this coverage \_\_\_\_\_?  
 \_\_\_\_\_ there \_\_\_\_\_ to what therapies \_\_\_\_\_ afford?  
 There is \_\_\_\_\_ the \_\_\_\_\_ of \_\_\_\_\_ for this kind \_\_\_\_\_ service.  
 \_\_\_\_\_ any \_\_\_\_\_ approved treatment choices?  
 Is there \_\_\_\_\_ to \_\_\_\_\_ coverage \_\_\_\_\_ give to certain \_\_\_\_\_?  
 \_\_\_\_\_ limits \_\_\_\_\_ certain services?  
 \_\_\_\_\_ any \_\_\_\_\_ on what \_\_\_\_\_ be covered?  
 \_\_\_\_\_ there a \_\_\_\_\_ to \_\_\_\_\_ of \_\_\_\_\_ procedure that can \_\_\_\_\_ covered?  
 \_\_\_\_\_ exist \_\_\_\_\_ certain services?  
 \_\_\_\_\_ treatments/procedures qualify \_\_\_\_\_ type of \_\_\_\_\_?  
 \_\_\_\_\_ qualify for \_\_\_\_\_ type \_\_\_\_\_ service?  
 Any constraints \_\_\_\_\_ options?  
 \_\_\_\_\_ there any \_\_\_\_\_ on \_\_\_\_\_ of \_\_\_\_\_ services \_\_\_\_\_ can \_\_\_\_\_ covered?  
 Is \_\_\_\_\_ on treatments?  
 I'm curious \_\_\_\_\_ of treatments aren't \_\_\_\_\_ this \_\_\_\_\_.  
 What \_\_\_\_\_ the boundaries \_\_\_\_\_ approved \_\_\_\_\_?  
 \_\_\_\_\_ treatments may \_\_\_\_\_ allowed \_\_\_\_\_ of service?  
 \_\_\_\_\_ there be \_\_\_\_\_ procedures?  
 Any \_\_\_\_\_ the treatment \_\_\_\_\_?  
 \_\_\_\_\_ any restriction \_\_\_\_\_ which \_\_\_\_\_ are \_\_\_\_\_?  
 \_\_\_\_\_ there \_\_\_\_\_ on \_\_\_\_\_ medical services?  
 Are specific \_\_\_\_\_ and \_\_\_\_\_ eligible \_\_\_\_\_?  
 \_\_\_\_\_ and procedures \_\_\_\_\_ eligible for \_\_\_\_\_ under \_\_\_\_\_ service?  
 Is there a limitation \_\_\_\_\_ type \_\_\_\_\_ or procedure \_\_\_\_\_ covered?  
 What \_\_\_\_\_ of \_\_\_\_\_ will \_\_\_\_\_ for \_\_\_\_\_ under \_\_\_\_\_ coverage option?  
 \_\_\_\_\_ are \_\_\_\_\_ restrictions on eligible \_\_\_\_\_.  
 Should \_\_\_\_\_ constraints regarding qualified \_\_\_\_\_?  
 Any \_\_\_\_\_ with \_\_\_\_\_ choices?

Any \_\_\_\_\_ eligible healthcare \_\_\_\_\_?

\_\_\_\_\_ are \_\_\_\_\_ on which \_\_\_\_\_ covered \_\_\_\_\_ this service.

\_\_\_\_\_ any limit on the types of \_\_\_\_\_ may qualify \_\_\_\_\_ type \_\_\_\_\_?

\_\_\_\_\_ be any limitations \_\_\_\_\_ eligible \_\_\_\_\_?

How are the \_\_\_\_\_ of \_\_\_\_\_ covered here?

\_\_\_\_\_ there a limit \_\_\_\_\_ what \_\_\_\_\_ procedures are \_\_\_\_\_?

What \_\_\_\_\_ of procedures \_\_\_\_\_ are \_\_\_\_\_ type of coverage?

Is there \_\_\_\_\_ restrictions on which \_\_\_\_\_?

Is \_\_\_\_\_ on what \_\_\_\_\_ are \_\_\_\_\_?

\_\_\_\_\_ specific treatments and \_\_\_\_\_ for coverage \_\_\_\_\_ service?

\_\_\_\_\_ boundaries to \_\_\_\_\_ covers?

Limits to \_\_\_\_\_?

\_\_\_\_\_ anyone \_\_\_\_\_ types of treatments I \_\_\_\_\_ covered for?

\_\_\_\_\_ this \_\_\_\_\_ excluded \_\_\_\_\_ certain \_\_\_\_\_?

\_\_\_\_\_ constraints \_\_\_\_\_ qualified \_\_\_\_\_ options?

\_\_\_\_\_ qualify \_\_\_\_\_ coverage limits?

\_\_\_\_\_ boundaries \_\_\_\_\_ approved treatments are \_\_\_\_\_?

There are any \_\_\_\_\_ treatment \_\_\_\_\_?

\_\_\_\_\_ of procedures insured

Are \_\_\_\_\_ any \_\_\_\_\_ limits?

\_\_\_\_\_ limits \_\_\_\_\_ treatments can be done?

Can \_\_\_\_\_ be \_\_\_\_\_ constraints \_\_\_\_\_ qualified \_\_\_\_\_?

Which \_\_\_\_\_ treatments \_\_\_\_\_ for coverage \_\_\_\_\_?

\_\_\_\_\_ there any limits on \_\_\_\_\_ will \_\_\_\_\_ for this \_\_\_\_\_?

\_\_\_\_\_ a limit \_\_\_\_\_ what \_\_\_\_\_ be allowed \_\_\_\_\_ service?

Can there \_\_\_\_\_ boundaries \_\_\_\_\_ of \_\_\_\_\_ covered?

\_\_\_\_\_ any constraints \_\_\_\_\_ qualified \_\_\_\_\_ options

Are there \_\_\_\_\_ limits \_\_\_\_\_ treatments \_\_\_\_\_ for this type \_\_\_\_\_ service?

\_\_\_\_\_ there any \_\_\_\_\_ on \_\_\_\_\_ types \_\_\_\_\_ that \_\_\_\_\_ be covered?

Is there \_\_\_\_\_ on the \_\_\_\_\_ procedures that can \_\_\_\_\_?

Any \_\_\_\_\_ the approved \_\_\_\_\_ choices?

There \_\_\_\_\_ constraints on qualified \_\_\_\_\_.

\_\_\_\_\_ on the \_\_\_\_\_ insured?

Is \_\_\_\_\_ a \_\_\_\_\_ on the types of \_\_\_\_\_ may \_\_\_\_\_ for \_\_\_\_\_ service?

What treatments \_\_\_\_\_ eligible \_\_\_\_\_ limits?

\_\_\_\_\_ specific \_\_\_\_\_ for certain procedures.

If there \_\_\_\_\_ boundaries \_\_\_\_\_ treatment \_\_\_\_\_ covers?

\_\_\_\_\_ there \_\_\_\_\_ guidelines regarding allowable treatments \_\_\_\_\_ the \_\_\_\_\_?

\_\_\_\_\_ kinds of \_\_\_\_\_ eligible for \_\_\_\_\_?

Is \_\_\_\_\_ on what \_\_\_\_\_ are \_\_\_\_\_ for coverage?

\_\_\_\_\_ of \_\_\_\_\_ qualify for \_\_\_\_\_ type of \_\_\_\_\_ coverage?

Is \_\_\_\_\_ what \_\_\_\_\_ will \_\_\_\_\_ allowed for this service?

Is \_\_\_\_\_ any restrictions on \_\_\_\_\_ in \_\_\_\_\_ plan?

Is \_\_\_\_\_ on the \_\_\_\_\_ can get \_\_\_\_\_ for?

Is \_\_\_\_\_ any \_\_\_\_\_ procedures \_\_\_\_\_ eligible?

Is \_\_\_\_\_ a \_\_\_\_\_ what treatments \_\_\_\_\_ used for this \_\_\_\_\_ of \_\_\_\_\_?

\_\_\_\_\_ there \_\_\_\_\_ limitation on \_\_\_\_\_ of treatment or \_\_\_\_\_ that \_\_\_\_\_ this \_\_\_\_\_ of \_\_\_\_\_?

\_\_\_\_\_ like to know if there are limits \_\_\_\_\_ treatments \_\_\_\_\_.

\_\_\_\_\_ the types of \_\_\_\_\_ can \_\_\_\_\_ covered.

\_\_\_\_\_ limits are used \_\_\_\_\_ the type \_\_\_\_\_ services \_\_\_\_\_?

Is there \_\_\_\_\_ types \_\_\_\_\_ procedures insured?

\_\_\_\_\_ be restrictions on \_\_\_\_\_.

What \_\_\_\_\_ for \_\_\_\_\_ services?

\_\_\_\_\_ there \_\_\_\_\_ limitations \_\_\_\_\_ services?

\_\_\_\_\_ to the \_\_\_\_\_ of treatment?

\_\_\_\_\_ is a \_\_\_\_\_ about \_\_\_\_\_ type \_\_\_\_\_ that qualifies \_\_\_\_\_ of service/coverage.

What are \_\_\_\_\_ for the types \_\_\_\_\_ covered here?

\_\_\_\_\_ there \_\_\_\_\_ limit \_\_\_\_\_ the kind \_\_\_\_\_ treatment that qualifies \_\_\_\_\_ of \_\_\_\_\_?

\_\_\_\_\_ that \_\_\_\_\_ to \_\_\_\_\_ treatments in \_\_\_\_\_?

\_\_\_\_\_ meet the requirements \_\_\_\_\_ here?

Is there a \_\_\_\_\_ to \_\_\_\_\_ treatments \_\_\_\_\_ be \_\_\_\_\_ this \_\_\_\_\_ service?

\_\_\_\_\_ there \_\_\_\_\_ types of medical \_\_\_\_\_ can \_\_\_\_\_ covered through this coverage \_\_\_\_\_?

\_\_\_\_\_ on what procedures will be allowed \_\_\_\_\_ service?

\_\_\_\_\_ on \_\_\_\_\_ of procedures I can \_\_\_\_\_?

\_\_\_\_\_ there \_\_\_\_\_ on \_\_\_\_\_ and procedures are covered?

Is \_\_\_\_\_ any \_\_\_\_\_ on \_\_\_\_\_ services \_\_\_\_\_?

\_\_\_\_\_ may be \_\_\_\_\_ on \_\_\_\_\_ qualify.

Is \_\_\_\_\_ any limit \_\_\_\_\_ what \_\_\_\_\_ and \_\_\_\_\_ are \_\_\_\_\_?

Is there a \_\_\_\_\_ what therapies \_\_\_\_\_ covered?

\_\_\_\_\_ there any \_\_\_\_\_ on \_\_\_\_\_ procedures are eligible \_\_\_\_\_?

\_\_\_\_\_ there any \_\_\_\_\_ to \_\_\_\_\_ treatments \_\_\_\_\_ eligible for \_\_\_\_\_ coverage?

Is there \_\_\_\_\_ what \_\_\_\_\_ therapies you \_\_\_\_\_ offer?

\_\_\_\_\_ kind of treatments \_\_\_\_\_ for \_\_\_\_\_?

Is it \_\_\_\_\_ that \_\_\_\_\_ are \_\_\_\_\_ worthy of \_\_\_\_\_?

What \_\_\_\_\_ apply to \_\_\_\_\_ services?

\_\_\_\_\_ there \_\_\_\_\_ restrictions \_\_\_\_\_ treatments \_\_\_\_\_ procedures?

Is \_\_\_\_\_ any limit \_\_\_\_\_ the types \_\_\_\_\_ have covered?

There may \_\_\_\_\_ qualified \_\_\_\_\_ options.

\_\_\_\_\_ are \_\_\_\_\_ restrictions on \_\_\_\_\_ covered.

There \_\_\_\_\_ restrictions \_\_\_\_\_ procedures?

What types \_\_\_\_\_ qualify \_\_\_\_\_?

\_\_\_\_\_ there \_\_\_\_\_ limit on \_\_\_\_\_ procedures \_\_\_\_\_ be \_\_\_\_\_?

Is \_\_\_\_\_ types of therapies you can \_\_\_\_\_?

The \_\_\_\_\_ of \_\_\_\_\_ here are subject to \_\_\_\_\_.

Is \_\_\_\_\_ a limitation \_\_\_\_\_ treatment that \_\_\_\_\_ for \_\_\_\_\_ kind \_\_\_\_\_ service.

\_\_\_\_\_ are the \_\_\_\_\_ on \_\_\_\_\_?

\_\_\_\_\_ procedures/ treatments are \_\_\_\_\_ for \_\_\_\_\_?

What types \_\_\_\_\_ and \_\_\_\_\_ for this \_\_\_\_\_ of service?

\_\_\_\_\_ the \_\_\_\_\_ about qualified treatment \_\_\_\_\_?

Is \_\_\_\_\_ approved limits on \_\_\_\_\_?

\_\_\_\_\_ that might be \_\_\_\_\_ to \_\_\_\_\_ treatment \_\_\_\_\_?

Is it possible \_\_\_\_\_ procedures are eligible \_\_\_\_\_?

\_\_\_\_\_ there a \_\_\_\_\_ on what treatments \_\_\_\_\_ are \_\_\_\_\_?

What are \_\_\_\_\_ limits \_\_\_\_\_ covered \_\_\_\_\_?

Are \_\_\_\_\_ any \_\_\_\_\_ excluded from \_\_\_\_\_?

\_\_\_\_\_ limits \_\_\_\_\_ we \_\_\_\_\_ for \_\_\_\_\_ type \_\_\_\_\_ services \_\_\_\_\_ here?

Is there \_\_\_\_\_ on what \_\_\_\_\_ this type of \_\_\_\_\_?

\_\_\_\_\_ there \_\_\_\_\_ limits on the \_\_\_\_\_ can get \_\_\_\_\_ for?

\_\_\_\_\_ certain treatments and \_\_\_\_\_ for this \_\_\_\_\_ of coverage.

\_\_\_\_\_ types \_\_\_\_\_ be allowed for \_\_\_\_\_ type \_\_\_\_\_ service?

Any \_\_\_\_ to eligible \_\_\_\_ ?

Specific \_\_\_\_ to \_\_\_\_ procedures?

Is \_\_\_\_ any limit on the \_\_\_\_ of \_\_\_\_ or \_\_\_\_ qualifies \_\_\_\_ ?

\_\_\_\_ anyone \_\_\_\_ any \_\_\_\_ on treatments \_\_\_\_ ?

What limits \_\_\_\_ services?

\_\_\_\_ there \_\_\_\_ limitation \_\_\_\_ services?

\_\_\_\_ on \_\_\_\_ types of medical services are eligible \_\_\_\_ ?

\_\_\_\_ restrictions on \_\_\_\_ treatments?

There are \_\_\_\_ procedures \_\_\_\_ that \_\_\_\_ be eligible \_\_\_\_ this \_\_\_\_ of \_\_\_\_.

\_\_\_\_ constraints \_\_\_\_ qualified \_\_\_\_ ?

Is there \_\_\_\_ limit to what \_\_\_\_ be allowed \_\_\_\_ kind \_\_\_\_ ?

Any \_\_\_\_ treatment \_\_\_\_ ?

Is \_\_\_\_ a \_\_\_\_ what treatments can \_\_\_\_ ?

Restrictions \_\_\_\_ should be \_\_\_\_.

What \_\_\_\_ for \_\_\_\_ services?

There are \_\_\_\_ qualified \_\_\_\_

Is \_\_\_\_ limitations \_\_\_\_ the \_\_\_\_ provided?

\_\_\_\_ there \_\_\_\_ limit \_\_\_\_ the types of treatments I \_\_\_\_ ?

\_\_\_\_ is \_\_\_\_ about what treatments are allowed \_\_\_\_.

\_\_\_\_ any limitations on \_\_\_\_ treatments \_\_\_\_ covered?

Are \_\_\_\_ restrictions on \_\_\_\_ ?

Is \_\_\_\_ limit \_\_\_\_ procedures \_\_\_\_ be \_\_\_\_ for this type \_\_\_\_ service?