

[Demo] NLP Dataset for Customer Service Automation

Company Type	Health Insurance Companies
Inquiry Category	Home health care coverage stipulations
Inquiry Sub-Category	Claims and Appeals Process
Description	Inquiries related to filing claims for home health care services and the process for appealing any denied or reduced coverage decisions.
Data Size	7,292 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.)

____ our policy _____ used during my loved _____ those _____ at home?

Does our coverage _____ of the medical equipment _____ treatment?

Does the _____ cover _____ gear _____ home?

Does _____ vital equipment _____ home care?

_____ should include medical _____ used for treatin' _____ as _____ as _____ stuff they _____ home.

If _____ necessary _____ medical equipment at home _____ loved _____ policy cover it?

_____ our _____ cover the _____ the medical _____ needed for my _____ one's _____?

_____ the equipment I _____ family _____ covered by my _____ plan?

Should the _____ necessary _____ devices _____ outside a healthcare facility?

_____ policy pay for the medical _____ used _____ loved one?

_____ our policy _____ the _____ equipment used _____ during my _____ treatment?

_____ my loved _____ have _____ for _____ healthcare _____ receiving treatment?

Does our _____ all of the equipment needed _____ my loved _____ treatment _____ at the _____?

_____ our policy include needed _____ for my loved one's _____?

Does the _____ gear _____ in _____ loved _____ treatment?

Will the _____ at _____ be _____ my insurance?

I want _____ know _____ medical equipment used at my _____ covered by _____.

_____ the _____ my _____ at home _____ by _____ policy?

_____ our policy _____ full coverage for any medical equipment _____ is _____ the _____ of _____?

_____ policy _____ all applicable medical gear at _____?

Does _____ cover all _____ medical _____ is _____ at _____ home during _____ loved one's _____?

Does _____ policy cover _____ equipment used in _____ for _____ one's _____?

_____ home med _____ covered _____ the _____?

Is _____ supplies I _____ for my _____ one's _____ policy as well?

Is _____ devices used during _____ dependent's _____ covered _____ policy?

_____ the _____ of _____ medically required device _____ your _____ part _____ the insurance _____ we offer?

Does _____ policy cover _____ used during _____ loved _____ home?

_____ medical equipment _____ in my _____ member's treatment covered by _____ policy, _____ if they _____ necessary _____?

_____ my _____ necessities be _____ in the _____?

Is _____ required for my loved _____ by _____ policy?

Is _____ medical supplies needed _____ loved _____ treatment _____ the _____?

_____ we _____ devices for my _____ treatment outside _____ a hospital?

_____ treatment-related devices of _____ be part _____ the coverage?

Are _____ medical _____ needed for my _____ covered under _____ policy _____ well?

_____ medical supplies _____ during _____ loved one's _____ covered _____ our policy?

_____ paid for essential medical _____ used in treating my _____ if _____ is their _____?

_____ all medical _____ included in _____ loved one's policy?

Does my loved one's _____ full _____?

Does our insurance plan cover _____ of _____ medical _____ needed for _____ the hospital _____ home?

Does our policy pay for the _____ used _____?

_____ devices used _____ my dependent's _____ under our policy?

_____ we _____ coverage for _____ equipment in _____?

Is _____ coverage _____ medical equipment?

_____ coverage _____ vital equipment during _____?

I _____ know if our _____ home medical _____.

Does _____ include the _____ loved one's _____ at home too?

Can our coverage _____ home _____?

Will _____ insurance _____ for all the _____ I _____ for my _____?

Will the _____ cover _____ necessary equipment used _____?

Will _____ necessary _____ in the home _____ in the _____?

_____ everything _____ family member _____ home _____ by our _____?

_____ medical _____ at the home?

_____ insurance cover _____ supplies that are _____ at _____?

Are _____ home _____ the _____ of our policy?

Do _____ equipment _____ to _____ in the _____ loved one's treatment?

_____ policy _____ the _____ equipment _____ at home when my _____ is _____?

Does our _____ plan cover _____ hospital _____ back _____ for my loved _____?

_____ our insurance _____ all of _____ medical _____ loved one's treatment?

Will _____ medical _____ used in _____ loved one's treatment _____ for _____ insurance _____?

Does _____ home care _____ include _____?

Will we _____ paid _____ equipment _____ in _____ a loved one?

Does our insurance _____ cover all _____ required for my _____ the hospital _____ home?

_____ the equipment used at _____ during _____ loved one's _____?

Will _____ policy fully _____ all medical _____ at _____?

Does _____ all _____ equipment needed at _____ during _____ one's treatment?

_____ of every _____ required device during _____ treatment _____ of insurance benefits offered _____?

_____ essential _____ used _____ dependent's _____ covered under the policy?

_____ equipment used in _____ be _____ by _____ policy?

_____ loved _____ treatment necessities be included in _____?

Will _____ policy cover _____ relevant _____ gear _____ is _____ at _____?

_____ you tell me if _____ covers _____ at home _____ my loved one's _____?

Is our _____ equipment _____ treatment?

_____ policy _____ for all medical _____ used in my _____?

My _____ should include _____ used to treat _____ kin, _____ the _____ they _____ at _____.

Can you _____ me if medical _____ in _____ loved _____ will _____ covered _____ our _____?

Does our policy cover _____ needed for the treatment of _____ to _____ recovery?

Can _____ provide _____ for _____ home _____?

_____ the policy cover _____ at home _____ ones?

Is _____ at- _____ medical _____ included in _____ coverage _____ our _____?

Does our ____ policy cover all ____ tools, ____ outside of ____?

____ if ____ equipment ____ will ____ used at ____ is included ____ our policy?

____ cover all of ____ equipment ____ need for ____ one's treatment at ____?

____ my ____ plan ____ all of the medical equipment ____ needed for ____ treatment?

Does ____ policy cover ____ equipment ____ used ____ treatment at home?

____ policy involve ____ equipment ____ treatment?

____ costs ____ all required home medical ____ covered ____ our ____?

Is the ____ covering ____ used ____ my ____ one's treatment?

____ medical supplies required at ____ the policy?

____ insurance ____ pay for equipment at ____?

Can ____ required home ____ be ____ our plan?

____ the medical equipment ____ my ____ one's ____ be covered by ____?

Are all ____ home medical ____ plan?

____ our ____ cover all ____ equipment ____ home ____?

Does the policy include ____ for ____?

____ our ____ all the medical ____ at ____ loved one's treatment?

Can ____ confirm ____ the ____ equipment ____ at my loved ____ covered by ____?

____ my ____ pay for the medical ____ I ____ loved one's ____?

Does our policy cover ____ loved one's treatment?

____ coverage ____ all the equipment ____ my ____ one's treatment ____?

____ one's treatment related device ____ under this ____?

____ our policy include ____ medical devices ____ my ____?

____ it ____ for ____ get ____ for crucial equipment ____ during ____ and ____ home?

____ has ____ include medical gizmos used ____ even the stuff ____ need at ____.

Are ____ equipment used in ____ one's ____ by our ____?

Does the ____ cover ____ needed ____ my ____ one's treatment ____ and ____ home?

____ coverage ____ equipment for my loved ____ treatment at ____ too?

Will ____ loved ____ gadgets be included ____ coverage?

____ me know ____ my loved one's medical ____ will ____ the policy?

Can ____ rely ____ our ____ all necessary medical ____ at home?

____ our ____ include vital equipment ____?

Does ____ coverage ____ the ____ for ____ loved one to ____ at ____?

Does ____ policy cover ____ used ____ home ____ my loved ____?

Will ____ medical equipment used in treating ____ loved one?

____ include ____ of ____ medical equipment at home?

____ our policy ____ medical ____ for ____?

Does ____ medical gear ____ one at home?

____ policy cover ____ of the ____ equipment used ____?

y'all will pay ____ every ____ during my folks' treatment, ____ they ____ home?

____ any coverage for all ____ equipment ____ loved one's ____?

Is ____ supplies ____ for ____ covered under our policy as ____?

____ our ____ include full coverage ____ any ____ the treatment of my ____?

Does ____ cover equipment ____ home ____?

____ used at ____ be covered?

____ would like ____ if essential ____ used for my ____ included in ____ policy.

____ our ____ for ____ equipment ____ in ____ loved ____ treatment at home?

Is ____ cover all ____ equipment?

____ my insurance ____ to pay for all the medical ____ one's ____?

____ include ____ equipment, even ____ necessary to have ____ at ____ for my loved one's treatment

____ my loved ____ equipment included ____ our policy?

Does _____ all _____ medical equipment _____ for _____ one's treatment at the _____ back home?
 _____ have the medical _____ for my loved one's treatment _____ policy include it?

Does _____ insurance include _____ at _____?
 _____ able _____ coverage for _____ medical equipment?

Does _____ all medical gear _____ patient at _____?
 _____ our policy cover _____ equipment at _____?
 _____ policy _____ medical _____ when _____ to have them at home?

Does our _____ plan _____ all equipment needed for _____ hospital _____ back home?

Will we _____ reimbursed for any _____ equipment _____ in treating _____ in _____?

Does our policy _____ medical _____ my _____?

Can you _____ me if the _____ equipment used at _____ one's _____ in _____?
 _____ our _____ cover the _____ used _____ home _____?
 _____ the _____ I _____ my loved one's treatment at home too?
 _____ it _____ by our _____ have at _____ equipment?

Will my loved ones _____ the policy?
 _____ our policy that _____ medical equipment _____?
 _____ for _____ a loved one's treatment, even _____ stuff they need at _____?

Does our policy cover any medical equipment _____ one's _____?

Will our _____ plan _____ for the medical equipment _____ treatment?
 _____ would _____ to _____ of medical equipment used in _____ family member's treatment is _____ our _____.
 _____ be _____ any _____ that is needed _____ the _____ of my loved one?
 _____ the _____ used at home?

Does _____ supplies you _____ at home?

Can we expect full _____ critical equipment _____ treatment?
 _____ every _____ of medical equipment _____ is _____ treatment _____ by our policy?
 _____ devices _____ for _____ dependent's _____ included in our policy?
 _____ our _____ necessary equipment for my _____ treatment _____ home too?
 _____ include _____ needed for my loved _____ to be treated _____ home?
 _____ coverage _____ all the medical _____ loved _____ his treatment at home?
 _____ the _____ my family member requires _____ by _____ policy?

Will the _____ all _____ equipment needed for my _____ treatment?
 _____ our policy cover _____ that _____ for treatment _____ home?

Does _____ policy _____ all _____ equipment that _____ at _____ one's home?

Will the _____ include necessary _____ for my _____ treatment _____?
 _____ my loved _____ be covered _____ they are receiving treatment?
 _____ the medical equipment used _____ loved one's _____ paid for _____ plan?

Does my _____ cover the _____ in my loved _____ home?
 _____ my _____ for _____ at home?

Is _____ medically _____ equipment that is used _____?
 _____ insurance cover all medical _____?
 _____ we have _____ for _____ essential _____ medical _____?
 _____ policy cover all med equipment _____ one?
 _____ medical supplies needed for my loved _____ by _____ policy _____?
 _____ the medically necessary equipment _____ at _____ included _____?

Does the policy _____ of _____ necessary medical _____?

Does _____ insurance _____ cover _____ medical equipment _____ for my loved one's _____ both _____ back _____?
 _____ insurance _____ home as well?

If it _____ to _____ all _____ home _____ my loved one's _____ does _____ include coverage?

Is there coverage _____ at- _____?
 _____ our policy cover _____ equipment that _____ the _____ of my _____ care to _____ recovery needs?

____ any ____ medical ____ used in ____ family ____ covered by ____ policy?
 ____ policy ____ required ____ tools, even those ____ outside ____ healthcare facilities?
 Will our ____ cover all ____ at home for ____ treatment?
 ____ loved one's ____ this plan as well?
 ____ our ____ include ____ at home?
 I want to know if our ____ covers medical ____ used ____ for ____ loved ____ .
 ____ include all ____ treatment ____ even those ____ used in ____ facilities?
 ____ medical equipment ____ at ____ included in ____ ?
 Does our ____ for my loved ____ treatment both at the hospital ____ ?
 ____ our policy ____ equipment necessary at home ____ treatment?
 ____ cover medical ____ used in my loved ____ at ____ ?
 ____ insurance policy provide ____ treatment ____ ?
 Will my insurance ____ for necessary ____ as ____ ?
 Does ____ insurance plan ____ all ____ equipment ____ need ____ my ____ one's treatment ____ hospital and ____ ?
 ____ you ____ me ____ I need ____ home for my loved ____ is covered by ____ ?
 ____ insurance ____ cover necessary equipment ____ member's treatment?
 ____ all the necessary medical equipment at ____ ?
 ____ we ____ any home ____ coverage?
 ____ loved one's ____ included in ____ plan?
 ____ we ____ on our ____ coverage ____ home medical ____ ?
 ____ we be ____ for the ____ equipment ____ to treat ____ loved one ____ their residence?
 Does ____ the important equipment during ____ ?
 ____ of the ____ medical ____ in ____ policy ____ my loved one's ____ ?
 Will we include ____ medical ____ my loved ____ treatment ____ facility?
 ____ our ____ plan ____ the medical equipment ____ one's treatment at the hospital ____ back home?
 Does our ____ full ____ medical ____ needed in the treatment ____ loved ____ from ____ care to home ____ ?
 Is ____ of ____ medically ____ device ____ treatment part ____ insurance benefits ____ offer?
 Does ____ policy include full ____ medical ____ home for my ____ one's ____ ?
 Does our ____ all ____ my ____ one's ____ equipment at ____ ?
 ____ the policy of our ____ required treatment ____ ?
 ____ the ____ of medically ____ devices at ____ place ____ the insurance benefits ____ receive?
 ____ my loved one's ____ devices be ____ coverage?
 ____ policy ____ include all the medical ____ treatin' my ____ even the ____ they ____ home.
 ____ all of the ____ medical devices used for ____ dependent's ____ ?
 ____ if ____ necessary to have ____ home for my loved ____ treatment, does ____ policy ____ ?
 ____ plan able to ____ for ____ of the ____ equipment ____ my ____ one's treatment?
 Will ____ need ____ my ____ one's treatment ____ by our ____ plan?
 Does ____ policy ____ all of the ____ needed in ____ treatment ____ my loved one, ____ home ____ needs?
 ____ medical ____ used ____ home ____ covered by ____ policy?
 ____ our coverage include ____ medical equipment ____ for my loved ____ home ____ ?
 Does ____ insurance ____ include ____ the ____ treatment tools, even those ____ healthcare ____ ?
 ____ lovedone's ____ devices be covered?
 ____ family member's treatment, will ____ insurance ____ funds ____ equipment at ____ ?
 Will ____ equipment for ____ member's ____ be included ____ our ____ ?
 Does ____ insurance plan cover all ____ one in the ____ back ____ ?
 Will ____ include ____ devices ____ loved one's treatment outside ____ the ____ ?
 ____ policy ____ those necessary at home for ____ one's ____ ?
 Will we be ____ essential medical equipment ____ in treating a ____ their home?
 Is my loved ____ treatment- related ____ considered ____ as ____ ?
 Can we ____ on our ____ for ____ all ____ at home?

_____ cover all _____ used for my _____ one's treatment?

Will _____ plan pay for all _____ equipment required _____ one's _____?

_____ don't _____ if _____ equipment _____ in my family member's _____ is _____ by _____.

Does _____ all _____ needed at _____?

_____ my _____ one's treatment equipment be _____ insurance plan?

_____ the _____ supplies _____ home covered under _____ policy?

_____ our _____ coverage for any medical equipment that is _____ in the _____ of _____?

_____ essential medical _____ in my _____ under our policy?

My _____ should _____ medical gizmos _____ for treatin' my _____ stuff they _____.

_____ the policy _____ for home _____?

_____ medical gear _____ home treatment?

Does _____ include _____ needed _____ equipment _____ home?

Does the _____ cover _____ equipment _____?

_____ we _____ reimbursed _____ essential _____ equipment used in treating my loved _____ even _____ is _____?

Will insurance _____ the _____ equipment _____ in _____?

Does _____ policy _____ equipment _____ home _____ treatment for _____ loved one?

Does _____ cover everything _____ home?

Does _____ cover all the _____ that _____ for _____ one's treatment?

Will _____ medical _____ for my loved _____ be _____ my _____ plan?

Does our policy _____ all _____ equipment _____ is necessary _____ home _____?

Is the equipment _____ family member _____ for home _____?

Does our _____ all the _____ needed _____ my loved one's treatment?

Is every piece of _____ equipment _____ is used in _____ covered _____?

_____ the medical _____ used _____ covered _____ the policy?

Is our _____ all _____ medical _____?

Will _____ policy fully _____ all the _____ gear _____ the _____?

Does _____ insurance _____ cover _____ of the _____ needed for my _____?

Can we expect _____ for crucial _____ and home?

Does our _____ home _____ equipment?

_____ we rely on _____ policy _____ of home _____?

_____ our _____ include equipment _____ care?

Does _____ cover all medical _____ required _____ the treatment of _____ loved _____ recovery needs?

Does _____ policy _____ equipment that is _____ during treatment?

_____ policy _____ home med equipment _____?

Can _____ on _____ to include _____ tools _____ my loved _____?

_____ my loved one's _____ covered by _____ policy?

Does our policy include full _____ for _____?

_____ insurance plan _____ needed for _____ loved one's _____ at _____ hospital _____ home?

_____ the _____ cover _____ medical gear _____?

_____ home med equipment _____?

Does _____ for home treatment?

Will the _____ necessary _____ loved one's _____ of the hospital?

_____ provision of every _____ device during _____ a _____ of insurance _____ offered _____ us

_____ our _____ cover the _____ at home _____ treatment?

_____ necessary equipment _____ when _____ at home?

Is the equipment _____ require _____ home _____ by _____?

_____ loved _____ related necessities be included in _____?

I don't know _____ our policy covers _____ for _____ loved one's _____.

_____ have adequate home _____ coverage?

Does _____ include _____ equipment?

____ our coverage ____ the ____ I need ____ loved ____ treatment?
 ____ my loved ____ treatment-related devices considered ____ ?
 ____ policy include coverage ____ equipment needed ____ the ____ a loved one?
 Are ____ essential ____ for ____ dependent's ____ under our policy?
 ____ everything ____ member requires ____ by our policy?
 Does ____ policy ____ all ____ equipment ____ at home?
 Will the policy ____ medical ____ used ____ ?
 ____ the policy cover ____ gear ____ at home?
 Will ____ be ____ essential ____ in ____ treatment ____ loved ____ if it is their residence?
 Does ____ policy cover ____ the ____ used ____ treatment ____ home?
 ____ be paid for the ____ to ____ loved one ____ it is their ____ ?
 ____ medical supplies ____ need ____ loved ____ treatment covered by ____ policy?
 ____ my ____ requires equipment at home, ____ it ____ policy?
 ____ the policy ____ loved one uses?
 ____ coverage cover ____ during home ____ ?
 ____ our ____ include ____ equipment at home for ____ one?
 ____ my ____ one's ____ be paid ____ our policy?
 ____ don't ____ if ____ covers all medical ____ for ____ treatment.
 ____ loved one's treatment-related devices ____ this ____ ?
 Does ____ cover ____ medical ____ for ____ loved one ____ home?
 Y'all ____ for every medical gizmo used during ____ folks' ____ ?
 ____ all ____ medical ____ for ____ dependent's ____ covered ____ our policy?
 ____ there ____ required home medical ____ ?
 ____ medical equipment ____ my loved ____ treatment at home ____ by our ____ .
 ____ medical ____ used at home covered ____ policy?
 Will our insurance ____ cover ____ of ____ equipment ____ my ____ treatment?
 Is ____ coverage ____ equipment ____ care?
 ____ our coverage ____ the medical ____ needed ____ loved ____ at ____ too?
 ____ reimbursed ____ medical equipment used to treat my loved ____ even ____ it ____ their ____ ?
 ____ pay ____ medical ____ used ____ care?
 ____ our insurance policy include ____ provision ____ the ____ tools?
 Is ____ for all ____ in a loved ____ included?
 Do ____ everything my family ____ at home?
 ____ for vital ____ during home care?
 Does our ____ cover ____ necessary at home ____ treatment?
 ____ our ____ cover all medical ____ necessary ____ home ____ a ____ one's ____ ?
 Will ____ equipment ____ is ____ one's ____ paid for by our insurance?
 Will ____ cover ____ medical ____ that's ____ at home?
 Will ____ be reimbursed for any ____ medical equipment used ____ treating ____ one, ____ if ____ ?
 ____ my ____ benefit from full ____ ?
 ____ our insurance ____ all ____ treatment ____ even ____ used ____ healthcare facilities?
 Is it ____ the ____ for ____ home ____ equipment?
 ____ policy cover ____ if ____ needed at home?
 Is ____ of all medically required devices ____ part ____ insurance ____ offer?
 Is ____ medical ____ my ____ one needs ____ our ____ ?
 Can ____ cover all my ____ ?
 ____ all ____ equipment used ____ my ____ treatment ____ our policy?
 ____ essential ____ devices used ____ my ____ treatment ____ our policy?
 Is the ____ medical devices used ____ dependent's ____ ?
 ____ my policy ____ med equipment ____ my ____ one?

_____ policy include coverage _____ all _____ equipment _____ to have _____ at _____ for a loved one's _____?

_____ the coverage _____ the policy _____ at- home _____?

_____ our insurance _____ all medical supplies _____?

Is _____ at- _____ covered _____ our policy?

Does our insurance _____ for _____ supplies _____?

Does our _____ necessary _____ equipment at home?

_____ have enough _____ the _____ medical equipment used during _____?

_____ policy cover the _____ home?

_____ all _____ the _____ equipment necessary _____ home for my loved _____ treatment?

_____ all _____ medical supplies necessary for _____ one's treatment covered _____?

_____ the essential _____ devices _____ dependent's _____ covered by our policy?

_____ the policy _____ medical equipment _____ and home _____?

Is it _____ the policy _____ include _____ medical equipment?

_____ medical supplies I _____ for my _____ treatment covered _____ policy?

_____ our policy _____ medical _____?

_____ we have _____ coverage _____ cover _____ equipment?

_____ my loved _____ treatment-related necessities _____ our policy?

_____ our policy extend _____ at _____?

Will the policy include all _____ medical _____?

_____ the policy _____ necessary medical _____ home?

_____ be reimbursed for _____ used _____ treat my loved one, even _____ their _____?

Is every _____ of _____ used in _____ family _____ treatment _____ by our _____?

Is there _____ insurance _____ appliances used _____ treatment _____ house?

Does _____ policy _____ all _____ equipment I _____ for _____ loved one's _____?

_____ our policy include _____ any equipment _____ treatment of a _____ one?

Are _____ medical devices used _____ my dependent's treatment _____?

_____ all _____ medical _____ included _____ the _____ loved one's treatment?

Does _____ insurance plan cover _____ that _____ needed for _____ loved _____ treatment?

Is the _____ my _____ members require _____ our policy?

Does _____ insurance plan _____ medical equipment _____ for _____ one's treatment _____ the hospital _____ back _____?

_____ all medical _____ at home?

_____ insurance policy _____ all _____ treatment _____ even those _____ in _____ facilities?

Is _____ the medical _____ need for my _____ under the _____?

Is our coverage _____ home _____?

_____ medical equipment for home _____?

_____ home _____ equipment included _____ coverage?

Will my insurance plan _____ the _____ in my _____ treatment?

Is every _____ used _____ my family _____ treatment _____ by my _____?

_____ you tell me _____ my _____ one's home _____ our policy?

Is the _____ covering _____ gear _____ loved _____ at home?

_____ our _____ all _____ equipment at _____?

_____ policy cover all _____ for _____ treatments?

I _____ if _____ essential medical _____ my _____ are _____ under our policy.

_____ treatment related devices _____ included?

Can you _____ loved one's medical _____ is covered _____ policy.

Does the policy cover _____ equipment _____ treatment of _____ loved _____ hospital _____ to home recovery _____?

Does _____ for home treatment?

_____ tell _____ if _____ equipment that will be used _____ one's treatment is _____ our _____?

Does _____ policy _____ all _____ equipment _____ home?

Does _____ insurance _____ cover everything necessary _____ at the hospital _____ home?

Is _____ the _____ used in my _____ covered by the policy?

Will we _____ reimbursed _____ any essential medical _____ used _____ loved _____?

Is medical _____ during _____ one's treatment _____ in our policy?

Does our _____ all medical _____ for my loved one's treatment, _____ to have _____ home?

_____ policy encompass all _____ equipment at _____?

_____ essential _____ devices _____ used _____ my dependent's _____ covered _____ our policy?

Does _____ any medical _____ deemed _____ in the _____ of _____ loved _____?

Does our insurance cover vital _____ used _____ treatment _____?

_____ medical equipment _____ at _____ for _____ covered by our policy.

_____ medical equipment used _____ family member's treatment covered _____ policy?

Does our _____ coverage for medical _____ even if it _____ for my loved one's _____?

Will _____ policy cover medical _____?

Does _____ all medical _____ that's _____ the treatment of my loved _____ hospital _____ recovery needs?

_____ our coverage include _____ equipment for my _____ at _____?

_____ insurance plan pay _____ all _____ medical _____ needed for my _____ one's _____?

Does policy _____ medical _____ at home _____?

Should essential _____ devices _____ for _____ be _____ under our _____?

_____ my insurance _____ cover all _____ needed for my _____ treatment at _____ hospital and back _____?

_____ the _____ home _____ included in our plan?

_____ needed _____ your place _____ is _____ provision _____ medically _____ during your treatment part of _____ benefits _____ by us

Does _____ pay _____ gear used _____ my loved _____ treatment?

_____ the policy _____ to medical _____ for _____?

_____ at-home medical _____ in the _____?

Do _____ have any _____ home _____?

_____ the _____ plan pay for _____ medical equipment _____ my _____ one's _____?

I _____ to _____ if our policy pays for _____ gear _____ loved one's _____.

_____ my _____ one's treatment-related devices _____ under _____ plan?

_____ our _____ equipment _____ home treatment

I _____ if our policy covers _____ used _____ treatment _____ home.

_____ of medical _____ is _____ for _____ family _____ covered by our policy?

_____ full coverage for equipment used _____ home and _____?

All _____ equipment that _____ home during _____ loved _____ is covered _____ policy.

_____ my _____ one's treatment _____ be _____ by _____ coverage?

Does _____ cover _____ of the _____ at home?

Does _____ insurance plan cover all the _____ need _____ my _____ at the _____ and back _____?

Is _____ medical supplies used at _____ by _____?

Will the home-based _____ used _____ treatment _____?

_____ my _____ treatment-related devices _____ under _____ plan?

_____ the _____ device _____ treatment part _____ insurance benefits offered by us, including relevant _____ at _____ place of

I don't _____ if our policy _____ for all _____ loved _____ needs _____.

Will _____ policy fully _____ all relevant _____ used _____?

Will _____ insurance _____ equipment at _____?

Is _____ insurance _____ to pay for _____ medical equipment _____ for _____ one's _____?

_____ our _____ to _____ all the medical _____ for _____ loved one's treatment?

Will my family's _____ necessities _____ the _____?

Does _____ include _____ necessary for _____ loved _____ treatment at _____?

Does _____ the _____ equipment I _____ for my _____ home treatment?

Does our policy include _____ for any _____ equipment _____ the _____ loved _____?

_____ our _____ all _____ equipment if _____ need it _____ home?

_____ medical supplies I need for _____ loved one's _____ our _____?
 _____ insurance plan _____ all _____ medical _____ for my loved one's _____?
 _____ medical gear _____ at home?
 Can you _____ me if _____ policy covers _____ I _____ at _____ loved one's _____?
 Does _____ cover all _____ necessary _____ supplies _____ home?
 Is _____ insurance to _____ vital _____ appliances used _____ and _____ the _____?
 _____ our _____ cover all of _____ at home?
 Does our _____ cover all _____ equipment needed _____ loved _____ treatment?
 Does our _____ cover _____ used _____?
 Will we _____ reimbursed for any _____ equipment _____ in _____ loved _____ it's their _____?
 Will my family's treatment related _____ policy?
 Can you tell _____ my _____ one's home _____ covered _____ our _____?
 Does _____ coverage for any _____ equipment that is necessary for _____?
 Does _____ policy _____ medical _____ used _____ home during _____ for _____ one?
 Is _____ coverage _____ at-home medical equipment _____?
 _____ policy include _____ gear _____ treatment?
 Does _____ policy cover all _____ needed in _____ treatment _____ from _____ to home recovery?
 _____ all required medical equipment _____ by _____ policy _____ one's _____?
 _____ include coverage for _____ even _____ necessary _____ have them at home?
 Does our _____ full _____ medical equipment _____ necessary _____ the treatment _____ my loved _____ from hospital care _____ home _____?
 Is _____ home _____ equipment _____ our policy?
 Will _____ cover _____ medical gear _____ home?
 _____ apply to all of _____ medical _____ at _____?
 _____ plan _____ the costs of home _____?
 _____ we expect full _____ vital _____ used _____ at home?
 Does our _____ cover _____ medical _____ needed _____ my loved _____?
 _____ there enough _____ for _____ medical appliances _____ treatment _____ home?
 _____ policy cover _____ equipment _____ home _____ my loved _____ is treated?
 Can _____ the medical _____ used at my _____ treatment _____ our policy?
 _____ our _____ equipment when _____ home care?
 I _____ you include _____ medical gear used _____ dear _____ treatment?
 Will _____ insurance _____ for the medical _____ for _____ one's treatment?
 Can _____ policy cover _____ my _____ one's _____?
 Is _____ that _____ family _____ needs _____ home covered _____ policy?
 _____ my loved _____ treatment-related _____ in the _____?
 I _____ if _____ for _____ medical _____ used _____ my _____ one's treatment?
 _____ all _____ the _____ for _____ treatment covered under the policy?
 _____ our policy _____ all medical _____ needed _____ treatment _____ loved _____ from hospital to home _____?
 _____ medical _____ be included _____ policy _____ my _____ one's treatment outside a _____?
 _____ insurance plan _____ I need for _____ one's treatment in the _____ and back _____?
 _____ coverage include _____ medical stuff _____?
 Does our _____ all medical equipment _____?
 _____ treatment equipment can be _____ the policy.
 Does our _____ medical _____ for _____ loved one?
 _____ essential _____ medical equipment _____ our policy?
 _____ are going to pay for every _____ device _____ by my _____ even _____ ones _____?
 _____ our policy _____ all necessary _____?
 Does our _____ include _____ in the treatment of _____ loved one, from hospital care _____ home _____?
 _____ medical equipment _____ for _____ treatment _____ by our policy?
 _____ cover my loved _____ treatment at _____?

____ my ____ one's ____ of the coverage?
 Has ____ medical ____ for ____ treatment?
 ____ necessary ____ be ____ our policy ____ loved one's treatment ____ the hospital?
 ____ our policy ____ of ____ medical equipment ____ in the ____ loved one?
 Does ____ policy include coverage for all medical ____ to ____ at ____?
 ____ my ____ cover required equipment ____?
 ____ plan cover ____ needed ____ hospital and back ____ for ____ one's treatment?
 ____ policy ____ for ____ the ____ my ____ one uses ____ their treatment?
 Does our ____ the ____ equipment for ____ loved one's ____?
 Can ____ cover med ____ loved ____ treatment?
 Will the policy ____ necessary ____ for my ____ one's treatment ____?
 ____ cover ____ equipment used at home during ____?
 Will our ____ cover ____ equipment needed for my loved ____ a home setting?
 ____ equipment and ____ essentials be ____ our policy?
 Does the ____ policy cover all ____ the ____?
 ____ include vital equipment during ____?
 ____ our ____ needed for my loved one's ____ both ____ hospital ____ home?
 ____ our ____ include my ____ treatment-related ____?
 ____ equipment if ____ to have ____ at home for ____ loved one's treatment?
 ____ medical equipment be included ____ coverage ____ my loved ____?
 ____ on the ____ of essential medical devices ____ my ____ treatment?
 Does our ____ equipment ____ loved one ____ at home?
 ____ our ____ also include ____ medical equipment needed ____ my loved ____?
 Is ____ loved ____ medical equipment ____ by ____?
 Is the ____ members use ____ home ____ by ____ policy?
 ____ the ____ all ____ home ____ gear?
 ____ know if ____ covers all ____ home for my loved one's ____.
 Are ____ used in my dependent's ____ covered ____ policy?
 ____ insurance ____ cover all required treatment tools, ____ healthcare facilities?
 ____ include the necessary equipment ____?
 Can my loved ____ part ____ the coverage?
 Can you ____ if ____ will be ____ is ____ by our policy?
 Will our ____ pay for all ____ equipment ____ my ____ one's treatment?
 Will my insurance plan include ____ for ____ home ____ family member's ____?
 ____ medical ____ needed ____ one's ____ covered under our policy?
 ____ going ____ pay for equipment at ____ well?
 ____ of ____ required ____ at your place ____ stay included in ____ benefits?
 Is it ____ that y'all ____ device used in ____ folks' ____?
 ____ to know if ____ equipment is ____ by our policy.
 ____ the policy cover ____ used at home?
 ____ cover medical equipment used ____ the ____ my loved ____ treatment?
 What equipment ____ family member ____ at ____ covered by ____?
 Is every ____ of ____ in ____ family ____ treatment covered ____ our ____.
 Does ____ all ____ equipment ____ for ____ loved ____ treatment at home?
 Does ____ policy cover all ____ for ____ treatment?
 ____ our ____ necessary medical devices ____ loved one ____ healthcare facility?
 ____ the essential ____ I ____ for ____ dependent's ____ by our policy?
 ____ loved ____ treatment ____ home ____ the same ____ as ____ medical equipment?
 Does our ____ supplies ____ at ____ too?
 Will ____ loved one ____ covered ____ critical healthcare ____ is ____ treatment?

Is _____ my _____ needs _____ home covered under our _____?
 _____ the _____ medical gear for the person's _____?
 _____ member's _____ will my insurance _____ for necessary equipment?
 Does _____ cover all of _____ medical equipment needed _____ back home _____ my loved _____?
 _____ cover medical _____ at _____ for _____ loved one's treatment?
 Does _____ policy _____ full coverage _____ that _____ necessary in the treatment _____ my loved _____?
 Does _____ include _____ home care?
 Does _____ pay _____ all _____ the _____ equipment used _____ my loved _____?
 If _____ to _____ all medical _____ at _____ during _____ does _____ include coverage?
 _____ our _____ for treatment at home?
 _____ we _____ a _____ covers _____ equipment used at _____?
 _____ all the medical supplies _____ home _____ our _____?
 Can we rely _____ coverage of _____ medical _____?
 Does our _____ pay _____ the medical equipment _____ at my _____?
 Does our coverage include _____ equipment _____ my _____ treatment?
 Is _____ possible for my _____ at home to _____ covered _____?
 _____ all _____ medical _____ for my dependent's treatment _____ policy?
 _____ think the _____ used in _____ one's treatment should _____ included?
 Does our coverage _____ all _____ the _____ equipment _____ at home?
 _____ all essential home _____ equipment _____ coverage?
 _____ it's _____ to have _____ at home for _____ one's treatment, does _____ it?
 Will _____ plan cover _____ medical _____ for my _____ one's treatment?
 _____ insurance coverage _____ medical supplies?
 _____ required _____ included in _____ of my loved one's treatment _____?
 Will _____ equipment be _____ by our _____ plan?
 During my _____ treatment, _____ our insurance _____ pay _____ equipment in- _____?
 Is _____ equipment used _____ one's treatment covered _____ policy?
 Do our _____ cover _____ at _____?
 _____ our _____ all the _____ equipment _____ my loved one's _____ home?
 _____ coverage allow _____ equipment _____ home care?
 Will my insurance _____ for _____ the _____ equipment _____ my loved _____ treatment?
 Will we _____ reimbursed _____ any essential medical _____ used in _____?
 Does _____ include full coverage _____ any equipment _____ in _____ treatment _____ my loved _____?
 Y'all _____ pay _____ medical _____ used, _____ the ones _____ at home?
 _____ loved one _____ covered _____ machinery during treatment?
 _____ of the _____ supplies _____ my loved one's _____ our policy?
 _____ my _____ one's _____ related _____ included in this _____?
 _____ policy _____ equipment for my _____ one's treatment?
 _____ we rely _____ our policy _____ cover all the _____ home?
 _____ our _____ of _____ medical equipment?
 Will _____ the _____ used in _____?
 _____ our insurance plan cover _____ I _____ treatment at the _____ and back _____?
 Is there enough _____ for _____ medical _____ used _____ the home?
 _____ cover _____ for my loved one?
 _____ our _____ applicable _____ medical _____ at _____?
 Is the _____ supplies needed _____ loved _____ treatment _____ our _____?
 _____ my _____ ones treatment related _____ included _____ policy?
 Will _____ medically necessary equipment be covered _____ it _____?
 Will _____ necessary medical _____ for _____ loved one?
 Are my _____ one's treatment related _____ this _____?

_____ family member needs at home _____ policy?
 _____ member's _____ will _____ insurance _____ pay for necessary equipment in- _____?
 Is all _____ devices _____ dependent's _____ covered _____ our policy?
 _____ medical _____ used _____ my _____ treatment _____ be paid _____ by _____ policy.
 _____ of all _____ during _____ treatment part of _____ offered by us?
 _____ cover _____ medical _____ used _____ home for my _____ one's treatment?
 _____ the _____ for my _____ one's _____ covered _____ the policy?
 Do we have a _____ on _____ use _____ equipment _____?
 _____ our _____ include necessary _____ for my _____ treatment?
 _____ our _____ all medical _____ needed at _____ for my loved _____ during _____?
 Does _____ equipment in _____ home?
 Is it covered _____ essential at- _____ medical _____?
 _____ our _____ pay for _____ in my loved _____ treatment, even the _____ they _____?
 Will _____ treatment-related _____ be included?
 Does _____ policy _____ all _____ equipment _____ at my _____ for _____ treatment?
 _____ our policy _____ of the _____ that is _____ for _____ treatment _____ my loved _____?
 Does _____ coverage _____ that is necessary _____ one's _____ at home?
 Does _____ insurance include _____ required treatment tools?
 _____ the _____ include necessary _____ devices _____ my _____ one outside _____ facility?
 _____ our policy _____ at home?
 Will _____ medical _____ required for _____ treatment _____ our insurance plan?
 Does _____ all of the _____ supplies _____ at _____?
 _____ policy should include _____ for _____ even the things they need _____.
 Can _____ equipment for someone?
 _____ our _____ equipment _____ is used for home treatment?
 _____ policy _____ equipment used _____ home?
 Can _____ if _____ policy _____ medical _____ used _____ home during my loved _____?
 Does _____ policy cover all _____ used in _____ home _____ loved one's _____?
 Will _____ be _____ medical equipment _____ treating my loved one _____ is their _____?
 Is the _____ supplies required _____ covered _____ policy as _____?
 Will _____ related _____ used in the _____ be included _____ our _____?
 Does _____ cover all _____ necessary in _____ of my loved one?
 Can my _____ treatment equipment _____ policy?
 Can we rely on our policy _____ of _____ medical _____?
 If it is necessary _____ have all medical _____ for _____ loved one's _____ include _____?
 _____ our insurance plan _____ all _____ equipment needed _____ hospital _____ back _____ my _____ one's treatment?
 _____ for treatment at home covered by _____?
 _____ policy _____ equipment my loved one uses for their _____?
 Do our _____ essential _____ medical _____?
 Can my loved _____ under this plan?
 _____ policy include all _____ equipment _____ in my loved _____?
 _____ every piece _____ equipment _____ my family _____ included in our _____?
 _____ all the medical _____ needed _____ my _____ treatment _____ under _____ policy?
 _____ we have _____ insurance for _____ appliances _____ treatment?
 Will _____ plan cover _____ medical equipment needed for _____?
 Can _____ tell _____ medical _____ will _____ used _____ home is covered _____ our policy?
 Can you _____ me _____ the _____ will be _____ in my loved _____ is covered by _____?
 I _____ know if _____ for medical _____ in the _____ loved one.
 Is _____ we _____ coverage _____ medical equipment?
 _____ it _____ necessary to _____ medical equipment _____ my loved one's treatment, _____ our policy _____?

_____ my family member needs to live _____ covered _____ policy?

Does our _____ include all the _____ at _____?

_____ insurance _____ cover all _____ medical equipment necessary for my _____?

Can _____ include _____ equipment _____ care?

Are _____ medical equipment _____ home _____ by _____ policy?

_____ not sure _____ your policy includes all _____ gear _____ in my _____.

Will my _____ plan _____ for _____ equipment in- _____ family member's _____?

_____ policy _____ all medical equipment _____?

_____ spouse's treatment-related necessities _____ the policy?

Does our coverage _____ the medical _____ my _____ one's treatment _____ home?

Is _____ for my loved one's _____ covered _____ the _____?

Does the _____ the medical _____ treatment?

Does _____ policy _____ equipment _____ at home during _____?

Is it _____ to expect _____ coverage _____ important _____ and during treatment?

Is _____ medical supplies _____ one _____ for _____ treatment _____ under _____ policy?

Is _____ equipment _____ of _____ family member covered by our policy?

_____ cover all medical gear _____ at _____?

_____ our _____ covering the _____ used at home?

_____ my _____ treatment-related device be _____ of the _____?

Is all _____ equipment used _____ covered by the _____?

_____ our _____ for the _____ used _____ treatment, _____ the stuff they need at home?

_____ our policy _____ loved one's medical equipment at _____?

_____ we have _____ medical _____?

_____ devices used _____ my _____ covered under the policy?

Do we _____ at- _____ medical _____ in _____?

Will we _____ reimbursed _____ the _____ equipment _____ my loved one, even if _____ their _____?

Does _____ cover medical _____ loved one?

_____ our _____ include _____ medical equipment _____ for _____ at _____?

Will my _____ one's _____ necessities be covered _____?

_____ our policy cover _____ equipment that is _____ at _____?

During _____ member's treatment, _____ our insurance _____ for _____ equipment?

Does _____ policy apply to _____ medical _____?

Is my _____ member _____ by _____ policy, even _____ equipment at _____?

_____ our policy _____ for the medical gear used _____ a loved _____?

Is _____ the coverage of _____ policy for my loved _____ treatment?

Will necessary medical devices _____ included _____ my _____ treatment _____ a _____?

Does _____ include all _____ equipment at _____?

Is _____ medical _____ used in _____ covered by _____ policy?

Does _____ plan cover all medical _____ for my _____ one's _____ at the _____ home?

Is _____ equipment _____ in _____ of _____ member covered _____ our policy?

_____ our coverage cover everything _____ loved one's _____ at _____?

_____ policy cover _____ the necessary medical equipment _____?

_____ the _____ all the relevant _____ equipment _____ home?

_____ medical _____ treatment _____ by policy?

_____ the policy _____ medical gear for _____ home _____?

_____ cover all medical _____ during the _____ of a _____ one?

Can _____ tell _____ the equipment used at _____ one's _____ by our _____?

_____ the insurance plan _____ all _____ medical _____ needed for _____ one's _____ at _____ and back _____?

Does _____ all _____ equipment that _____ my loved one's treatment _____ home?

_____ our coverage _____ all _____ necessary equipment _____ one's treatment at _____?

_____ insurance _____ pay for _____ the medical _____ needed _____ loved one's _____?
 Is it _____ for my loved _____ with essential _____ equipment even if _____ residence?
 _____ our _____ pay for _____ medical _____ used _____ my loved _____ home?
 _____ policy include coverage _____ all medical _____ even _____ it is necessary to _____ home during my _____?
 Does our coverage cover _____ equipment _____ a _____ at home?
 Does _____ all medical _____ used in the _____ a loved _____?
 _____ any home medical _____ included _____ our _____?
 _____ cover all _____ for someone?
 During _____ family _____ treatment, _____ our _____ for necessary _____ at home?
 _____ the _____ of _____ medically _____ during your _____ of insurance _____ relevant ones needed at _____ of stay?
 _____ our policy _____ equipment used _____ home _____ my _____ one's _____?
 _____ the policy cover _____ medical _____ home?
 _____ our _____ protect _____ at home?
 _____ our _____ medical _____ at _____ loved one's place of residence?
 Is _____ by the policy _____ at- home medical _____?
 Are the _____ devices _____ my dependent's _____ covered by _____?
 _____ policy _____ all _____ for my loved one's _____?
 _____ policy cover all _____ medical gear _____?
 _____ all of the essential _____ my dependent's _____ covered by _____?
 _____ equipment my family member _____ home _____ by our _____.
 Will _____ cover _____ medical equipment _____ home?
 Does _____ equipment coverage _____ home care?
 _____ include _____ for all medical equipment that _____ the treatment _____ a _____ one?
 _____ insurance _____ supplies used at _____?
 _____ medical _____ necessary _____ a loved _____ treatment _____ covered under _____ policy.
 _____ plan _____ the medical equipment _____ loved one in the _____ and back home?
 _____ policy _____ of _____ medical equipment _____ home during my loved one's _____?
 Is all of the _____ required _____ covered _____ policy?
 Are _____ supplies needed for _____ loved _____ covered by _____?
 Is _____ of _____ medically required _____ your _____ part of _____ insurance _____?
 _____ treatment, will funding for necessary equipment _____ in my _____?
 _____ policy _____ any _____ equipment _____ in the _____ of my _____ one?
 _____ tell me if _____ used _____ home will be covered _____?
 _____ for important equipment during _____?
 Does _____ policy include medical _____ home for _____?
 _____ our insurance _____ all _____ necessary medical _____ home?
 Is the _____ my family member _____ protected _____ policy?
 Does our _____ all of _____ needed _____ at _____?
 _____ policy cover all _____ a _____ one?
 _____ coverage _____ home medical equipment?
 Is _____ policy _____ medical equipment _____ my loved _____ treatment?
 _____ our coverage cover all the _____ I _____ my _____ one's _____?
 Does _____ pay _____ medical _____ used _____ loved one's treatment?
 _____ our policy cover _____ medical _____ home _____ a loved one's treatment?
 Is the provision of all medically required _____ your treatment _____ of insurance _____ including _____ needed
 your _____
 _____ the medical supplies needed at _____ one's _____ policy?
 Does _____ costs of _____ medical devices?
 Is the _____ supplies we _____ at _____ insurance?
 _____ cover all the medical equipment used _____ treatment?
 Does our _____ cover all _____ equipment _____ my _____ treatment _____ the hospital and _____?

Will _____ for my _____ one's _____ covered _____ my insurance plan?
 _____ policy _____ medical _____ my loved _____?
 _____ my _____ medical _____ be covered _____ if it's necessary _____ have _____ home?
 _____ the provision _____ medically required devices _____ place _____ stay _____ in the _____ benefits _____ us?
 Does our _____ pay _____ the equipment _____ loved _____ at home?
 _____ my _____ medical _____ be covered?
 Does _____ insurance plan _____ all _____ needed for _____ loved _____ both the _____ and home?
 Is my _____ by _____ policy?
 _____ our _____ all equipment for _____ at _____?
 _____ don't _____ for medical gear used at _____ in treatment.
 Is provision _____ every medically required _____ treatment part _____ insurance benefits offered _____ including relevant
 _____ place of _____
 Does our policy cover all _____ medical equipment _____ home during _____ treatment?
 Does our _____ encompass _____ at _____?
 Does our _____ include _____ for any _____ equipment that _____ necessary _____ of _____ loved one?
 _____ our _____ all of the medical _____ necessary for _____ treatment at _____ hospital _____ back home?
 Does our _____ the equipment _____ for _____ loved one's treatment at the _____ and _____?
 Is _____ medical devices _____ my dependent's treatment _____ our _____?
 Is _____ of every medically required _____ your treatment a part _____ benefits _____?
 _____ policy cover _____ equipment _____ home for my _____ one during _____?
 Will _____ loved _____ necessities be included with _____?
 Will _____ policy _____ necessary _____ the treatment of _____ loved _____ outside _____ hospital?
 Is our _____ that will be used _____ my _____ treatment at _____?
 _____ all _____ required for _____ one's _____ covered under _____ policy?
 _____ full _____ important _____ used at home and during _____?
 _____ my loved _____ receive _____ coverage?
 _____ all medical tools _____ treatment _____ home be _____?
 _____ the _____ fully _____ all the medical _____ that _____ at _____?
 _____ our policy _____ medical equipment used _____ loved _____ treatment?
 _____ policy _____ equipment needed at home for _____ loved one's _____?
 _____ anything my _____ requires _____ home _____ by _____ policy?
 Does our _____ cover everything _____ for _____ one's treatment _____ the _____ and _____?
 Are the costs _____ home medical _____ by _____?
 _____ cover everything used _____ my loved _____ treatment, _____ stuff _____ need _____ home?
 Does _____ policy provide full coverage _____ equipment _____?
 _____ policy cover medical _____ used _____ during the _____ loved one?
 _____ equipment _____ family _____ requires _____ home covered _____ policy?
 _____ policy cover all _____ equipment _____ treatment, even if _____ necessary _____ have _____ home?
 Will our policy _____ essentials _____?
 _____ used for my loved _____ treatment be _____ by the _____?
 _____ to have all the _____ equipment _____ home, _____ policy _____ coverage?
 Will _____ covers all medical _____ used _____?
 _____ our insurance plan _____ all _____ for _____ treatment at the hospital and _____?
 Is _____ all medical _____ at _____ home?
 Will we _____ reimbursed _____ equipment _____ use it _____ my loved _____ home?
 _____ our policy cover _____ medical equipment _____ for my _____ one?
 Does our _____ the equipment needed for my _____ both _____ the _____ home?
 Is all _____ medical _____ included _____ our _____ for _____ one's _____?
 _____ our _____ for the _____ equipment _____ is necessary to _____ at home?
 _____ policy including _____ medical equipment used _____ the _____ my loved _____?
 I would like to _____ if _____ devices used _____ dependent's _____ are covered _____.

Is ____ of ____ supplies needed ____ one's treatment ____ by ____ policy?

Does ____ include all ____ equipment ____ loved one's ____?

____ our insurance cover ____ used ____ healthcare?

Does our ____ cover ____ equipment needed for my ____?

Does our policy cover ____ is ____ for the ____ my ____ one?

____ policy ____ cover ____ medical equipment used at ____?

____ our ____ for vital ____ include ____?

Is ____ covering everything that ____ member needs ____?

____ my loved ____ treatment benefits ____ coverage?

It ____ clear ____ piece ____ medical equipment ____ in ____ member's treatment ____ covered by our ____.

____ our ____ cover the ____ at ____ one's place of ____?

____ our policy ____ for everything used ____ treatment ____ loved ____ even ____ stuff ____ need at ____?

____ possible that ____ expect ____ coverage ____ equipment used during treatment ____ home?

Does ____ plan cover all ____ medical ____ one at the hospital ____ back home?

Is ____ for my loved ____ treatment ____ by our ____?

____ our ____ all ____ at home?

____ our coverage ____ the medical equipment necessary ____ my ____ one ____ treated ____?

____ the policy cover ____ medical ____ loved ____?

____ policy cover all medical equipment for my ____?

____ home ____ of ____ necessary equipment ____ in ____ policy?

____ our policy cover ____ medical ____ that is deemed necessary ____ my loved ____ care ____ recovery needs?

____ our ____ the home medical ____?

Does ____ policy ____ coverage ____ medical equipment that ____ the ____ of a loved one?

____ our ____ include necessary ____ devices for my ____ one's ____ a ____?

____ our policy ____ all ____ equipment ____ it's ____ to ____ them ____ my ____?

Does ____ policy cover all ____ in ____ home?

Will the treatment ____ devices ____ one ____ covered?

Does our ____ cover ____ medical equipment ____ for ____ if ____ is necessary to have ____ home?

Does ____ encompass vital ____ home ____?

Is the ____ of ____ required devices at ____ place of stay included ____ offered ____.

Does ____ policy ____ equipment needed at ____ one's home?

____ covered for ____ equipment at ____?

Is ____ equipment ____ member ____ covered ____ the policy?

____ our policy ____ all medical equipment ____ the treatment of a ____?

Does ____ policy include full ____ of any medical ____ necessary in ____ treatment of ____?

Will my ____ equipment ____ paid ____ the insurance plan?

____ our ____ for ____ the ____ medical equipment?

____ every ____ of ____ used ____ treatment of my family member ____ if they are ____ necessary to be

____ my ____ member's ____ will my insurance ____ funding ____ needed ____?

Will any ____ required in ____ setting be ____ my insurance ____?

Can ____ tell ____ if ____ equipment I need ____ home for ____ loved ____ covered by ____ policy?

____ our ____ include coverage for ____ medical equipment if ____ necessary ____ have ____ at ____ my ____ treatment?

____ to include all the medical ____ dear one's treatment?

____ piece ____ equipment used during ____ family ____ treatment ____ by the ____?

____ my loved one's treatment ____ be ____ coverage?

____ equipment ____ at home during ____ loved ____ by our policy.

Does ____ insurance policy ____ all required ____ tools, ____ those used ____?

Does ____ policy ____ essential ____ home medical equipment?

_____ the policy fully cover _____ of the _____ at _____?

Does _____ insurance cover all the _____ at _____?

Does our insurance plan _____ equipment _____ for _____ one's treatment at both _____ and _____?
_____ policy _____ all _____ gear used at _____?

_____ our insurance plan cover all the _____ equipment _____ for _____ the hospital and _____?

Can _____ my loved _____ treatment equipment will be _____ by _____?

_____ loved one's treatment-related _____ included _____ this _____?

If _____ to _____ the _____ equipment at home for _____ one's treatment, _____ include coverage?
_____ the policy completely cover _____ gear used _____?

_____ policy covers medical _____ used _____ home during treatment.

Is _____ covered _____ full equipment coverage?

_____ our _____ pay _____ the _____ in _____ loved one's treatment?

Is _____ coverage _____ equipment _____ home care?

Does our insurance _____ for _____ at the hospital _____ home?

Did we _____ for home _____?

_____ the _____ all the relevant _____ gear _____ home?

If _____ necessary to have _____ medical equipment at home _____ our _____ include it?

_____ we _____ reimbursed _____ essential medical _____ in _____ a _____ one?

Will _____ loved _____ medical devices be included _____?

_____ policy _____ used _____ my kin as well _____ the stuff they need _____ home.

Does our _____ pay for all medical _____ used _____?

Is the _____ extended to _____ care?

Does _____ include _____ equipment _____ care?

medical _____ for _____ in the policy?

All _____ equipment _____ at home _____ loved _____ treatment may be _____ our _____.

_____ plan _____ for _____ equipment in- home during _____ family member's _____?

_____ our coverage cover all of _____?

_____ the _____ covering _____ relevant _____ at home?

Does _____ include _____ care at home?

_____ me if the equipment _____ covered by our policy?

_____ my loved one's medical _____ covered by _____?

Can _____ include _____ of _____ home _____?

Will _____ medical _____ for _____ loved _____ treatment _____ covered _____ the insurance _____?

Will the _____ of _____ included in the policy?

Does _____ policy cover _____ medical _____ at home?

_____ policy cover _____ medical equipment _____ home treatment?

Does _____ include _____ equipment _____ home?

_____ our _____ medical _____ necessary _____ the treatment of my loved one, from _____ home recovery _____?

_____ our _____ cover used home _____?

Is _____ my family _____ have at _____ by our _____?

_____ our _____ cover all medical _____ for _____ loved one?

_____ the _____ in _____ family member's treatment covered _____ our _____?

Does our policy cover all _____ used _____?

I _____ know if every piece _____ medical equipment _____ in _____ member's treatment is _____.

Does _____ insurance plan _____ all the equipment needed _____ my _____ one's _____ the _____ and _____?

Will my _____ be _____ to cover _____ home?

Will our _____ medical _____ my _____ one's treatment _____ of a _____ facility?

_____ insurance _____ all _____ the equipment _____ in treatment?

Does _____ all medical _____ if it _____ at home?

_____ the medical equipment at _____?

Will _____ cover all _____ gear at home?

_____ my loved _____ have _____ under _____ plan?

I want _____ piece of medical equipment used in my _____ is _____ by _____.

_____ coverage cover essential _____ medical _____?

_____ the policy _____ home care?

_____ it _____ by _____ policy for _____ at home?

_____ the _____ my loved one's treatment including required _____ equipment?

Is _____ the medical supplies needed _____ my _____ the policy?

_____ my _____ pay for _____ of the _____ equipment _____ in _____ loved one's _____?

_____ my _____ med _____ my loved one?

_____ our policy _____ everything _____ my family _____ home?

Can _____ tell _____ if the medical _____ loved _____ at _____ covered by our policy?

_____ in _____ family member's treatment covered by the policy?

_____ the _____ in _____ family _____ treatment _____ by the policy?

_____ reimbursed for essential medical equipment _____ in treating _____ loved _____ even _____ it is _____?

Is _____ supplies _____ for _____ loved one's treatment _____ our _____ as _____?

Does _____ cover all of my loved _____?

Will my equipment _____ covered _____ home?

Will _____ insurance cover _____ the _____ in _____?

do we include _____ treatment?

Does _____ for loved one's treatment?

_____ am _____ if our policy _____ all medical _____ used _____ loved _____ treatment.

Can _____ me if _____ policy covers _____ home _____ my loved _____ treatment?

Will my _____ treatment-related _____ be _____ the _____?

Does our _____ coverage _____ equipment needed _____ home _____ a loved one's _____?

_____ the essential medical _____ used for _____ dependent's treatment _____ under _____?

_____ insurance _____ medical _____ at the _____?

Does our _____ gear used in the _____ a _____ one _____ home?

_____ all essential medical _____ for my _____ treatment _____ home?

Does the policy _____ equipment for _____ loved _____?

_____ don't know if _____ loved _____ equipment _____ be _____ our policy.

_____ loved one's _____ cover all med equipment?

Will we _____ reimbursed for _____ essential medical _____ loved one?

_____ our _____ for necessary equipment _____ my _____ during _____ family _____ treatment?

Does _____ policy cover _____ equipment that _____ needed in _____ of _____ one?

Does our _____ include _____ for _____ required treatment _____?

_____ our insurance _____ for _____ treatment tools, even _____ healthcare facilities?

Can you tell _____ medical _____ my loved one's _____ is included in _____?

_____ my _____ treatment related devices also _____ under _____?

_____ the _____ all medical equipment used in the _____ a _____?

_____ our insurance _____ for all _____ equipment _____ my loved one's treatment _____ and back home?

Does _____ cover medical _____ that _____ needed at _____ for _____ treatment?

Is _____ of _____ equipment _____ in _____ treatment, _____ they are _____ necessary to _____ kept, covered by _____ necessary medical devices for my _____ outside a _____ facility?

_____ cover needed _____ at home?

_____ there _____ necessary _____ stuff at _____?

_____ medical _____ in our policy?

_____ my loved one's treatment-related _____ plan?

Can _____ tell me _____ loved one's treatment _____ include those _____?

Do _____ insurance for _____ medical _____ used _____ treatment?

Is my family _____ at _____ by our _____?
 _____ you tell _____ the medical equipment _____ loved _____ covered by our policy?
 _____ supplies needed for my loved _____ included in _____ policy?
 Will our _____ cover _____ equipment _____ home?
 Is _____ for my family _____ by our policy?
 I _____ to _____ our _____ pays _____ the medical _____ my _____ one's treatment.
 Will the policy cover _____ of _____ that's _____ at _____?
 Does _____ medical equipment _____ home?
 _____ coverage include _____ medical equipment needed _____ loved _____ treatment at home _____?
 _____ our _____ all _____ medical equipment?
 Is the equipment my _____ requires _____ home _____ policy?
 Will _____ funding for _____ equipment in my _____?
 _____ the policy cover the _____ for a _____ one?
 _____ policy include any necessary _____ home?
 Will _____ medical equipment _____ home _____ covered _____ policy?
 Is _____ covering _____ used at home?
 Are the _____ of all required home _____ devices _____?
 Is my _____ one's _____ device _____ in _____?
 _____ my _____ devices included in the coverage?
 Does _____ policy _____ those _____ needed _____ home _____ my _____ one's treatment?
 Does our _____ all _____ the medical equipment _____ at _____ loved _____?
 _____ policy cover all _____ needed _____ my _____ during my _____ one's _____?
 Does _____ cover everything _____ loved one's _____ the _____ they need at _____?
 Does _____ cover _____ medical _____ used _____ treatment of _____ loved one?
 Does _____ cover medical _____ used _____ home _____ of _____ loved one?
 _____ the coverage _____ policy to _____ essential at- home _____?
 _____ our policy _____ for _____ my _____ one _____ during their treatment?
 _____ insurance for medical _____ used _____ treatment _____ in the _____?
 _____ policy _____ all medical equipment _____?
 _____ our policy include equipment _____?
 _____ we _____ coverage for _____ equipment _____ during treatment and _____?
 _____ all the medical _____ for _____ loved _____ treatment be _____ my insurance _____?
 _____ the medical _____ used at home?
 _____ our insurance plan _____ all equipment needed _____ treatment _____ at the hospital _____ back _____?
 _____ our _____ medical equipment _____ needed _____ home _____ loved one's treatment?
 _____ the _____ my loved _____ needs _____ be paid _____ by my insurance _____?
 _____ policy _____ equipment used at home _____ treatment of _____ one?
 _____ there _____ the _____ medical _____ used during _____ and within _____ residence?
 Does our policy _____ medical _____ home for my loved _____?
 Can you tell _____ medical _____ at _____ during _____ loved _____ treatment is _____ by _____ policy?
 Does _____ medical equipment my _____ one needs for _____ treatment at _____?
 Will home _____ used _____ things _____ included in _____ policy?
 Does _____ all _____ equipment necessary _____ my _____ one's treatment at the _____ and _____ home?
 Does _____ coverage _____ all the medical equipment _____ loved one's _____?
 _____ our policy _____ all _____ is needed _____ home?
 Will my loved one's _____ gear be _____?
 _____ policy pay for _____ of _____ medical equipment used by _____ one _____?
 Does _____ policy cover _____ equipment _____ is used _____ for _____?
 _____ our insurance plan _____ everything _____ loved one's _____ the _____ and _____ home?
 _____ of the medical _____ in my _____ member's _____ by our _____.

_____ pay _____ the medical gear _____ in _____ treatment _____ a loved _____?

Is the provision _____ medically required _____ at _____ in _____ insurance benefits?

_____ essential medical equipment used _____ my loved one, even if _____ their residence?

_____ you tell _____ the _____ equipment that will be used _____ my _____ treatment is _____ in _____?

Does _____ policy cover _____ medical _____ I _____ at _____ my loved _____?

Does _____ policy _____ medical gear used _____ treatment of my _____?

Does our policy cover _____ the medical equipment _____ uses _____?

Is the policy _____ medical _____?

Will the _____ needed _____ my _____ be covered _____ our insurance _____?

Does policy cover _____ for _____?

Does policy cover _____?

Is _____ of _____ required devices at _____ place _____ stay included in _____?

We don't _____ required _____ medical devices _____ by our _____.

_____ our policy _____ all _____ equipment when _____ home?

_____ our policy _____ any _____ in the _____ my _____ from hospital care _____ home recovery needs?

Is _____ equipment _____ my _____ member needs at _____ policy?

_____ necessary _____ devices in _____ policy for _____ loved one's _____?

Does _____ the _____ equipment at _____?

_____ my policy including all medical _____ loved one's _____?

_____ the _____ plan _____ medical _____ needed for my _____ one's treatment both at _____ hospital _____?

_____ one's medical _____ covered by our policy?

_____ medical equipment _____ policy for my _____ one's treatment?

_____ our _____ that is _____ in the treatment of _____ loved one?

_____ for all medical _____ is included in our _____ necessary to _____ home _____ my _____ one's _____.