

[Demo] NLP Dataset for Customer Service Automation

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|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Company Type | Health Insurance Companies |
| Inquiry Category | Prescription drug coverage inquiries |
| Inquiry Sub-Category | Medication cost and copays |
| Description | Questions regarding the cost of prescription drugs, including copay amounts, deductibles, and whether certain medications are subject to tiered pricing. |
| Data Size | 5,006 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.)

_____ limit on how _____ can get per month without _____?

_____ it possible _____ prescriptions for free _____ is it _____ maximum _____?

_____ possible _____ multiple prescriptions _____ month _____ extra charges?

There are _____ the _____ prescriptions _____ can be _____ in _____ single month.

_____ want _____ I can have _____ no _____ or _____ it's a maximum.

_____ is the maximum number _____ prescriptions _____ month without additional _____?

_____ need _____ know _____ to _____ free prescription fills you can provide.

Bounds on _____ quantities monthly, _____?

_____ there _____ of prescriptions I can _____ month that _____ me _____?

What's _____ maximum _____ prescriptions per _____?

I am curious if _____ of prescriptions _____ need _____ purchase each _____.

There _____ number of no _____ prescriptions _____ month.

I would like to _____ there _____ limit on free _____ prescription _____ plan.

Is _____ any _____ on how much medication _____ within _____ single _____?

Is there _____ upper _____ the _____ fills under your _____?

_____ much _____ prescriptions _____ per month?

_____ to take many pills _____ a month without _____?

Are there _____ limit _____ monthly _____ fills?

Would you let _____ an upper _____ for _____ prescriptions under _____?

_____ it a definitive _____ free _____?

Does _____ upper limit _____ free _____ my plan _____?

_____ to the _____ monthly prescriptions provided?

_____ there an allotted _____ of _____ free _____ each month?

Is _____ upper _____ on free _____ prescriptions _____ plan?

_____ are _____ the _____ of free monthly prescriptions.

Is _____ a limit on the _____ prescriptions that can _____ one _____?

_____ to know if _____ can _____ multiple _____ at _____ cost _____ it _____ a maximum.

There may _____ limit _____ prescriptions.

Is _____ limit _____ the amount of prescriptions _____ get _____?

Are _____ aware _____ an _____ limit _____ free monthly _____?

Is _____ any _____ the _____ medications I _____ take?

Limits on _____ scripts _____?

_____ possible _____ receive multiple prescriptions _____ extra _____ or is there a _____?

_____ is an upper limit on prescriptions _____.

_____ monthly limits _____ scripts?

Is there a limit _____ of prescriptions _____ month?

There are _____ restrictions _____ cost-free _____ you can get in _____ month.

I am _____ to know _____ a _____ prescriptions I'll _____ to _____ each _____.

Are _____ to _____ certain _____ of _____ within my month _____ no _____ cost?

_____ cap _____ cost-free _____ possible?

Can _____ have more _____ month without paying _____?

Are prescription _____ month?

I _____ there _____ a maximum _____ prescriptions I _____ take per month.

What _____ cap _____ prescription _____ additional fees each month?

_____ you think _____ a limit _____ free _____?

_____ like _____ know if _____ upper limit _____ free monthly _____ in _____ plan.

There _____ limit on the _____ cost-free prescriptions _____ in a _____.

I'm curious to _____ there's _____ of _____ I _____ to purchase each month.

_____ there a limit _____ the _____ of _____ I _____ get within a _____ no extra _____?

_____ face _____ of free _____?

What's _____ amount _____ per month?

Can you tell me _____ cost-free prescriptions can _____ single _____?

_____ prescription cost-free cap _____?

Is there _____ monthly prescriptions I _____?

I am _____ to _____ there is a _____ prescriptions _____ can be given _____ month.

There _____ a maximum _____ of _____ allowed monthly.

There can be _____ cost _____ allowed monthly.

Is there _____ limit _____ the amount _____ medication _____ can _____ at _____?

_____ wondering if there _____ on the _____ monthly _____ under my _____.

Is _____ on free _____ prescriptions _____?

_____ a limit _____ the number _____ I _____ at no extra _____?

_____ would like to know _____ there _____ on _____ monthly _____ fills under _____.

Is there a _____ on _____ amount _____ medication _____ within a _____ cost?

_____ interested in _____ there _____ a _____ I can _____ each month.

I'm _____ if there is _____ prescription fills under _____ plan.

I _____ know _____ there _____ to _____ free prescription _____ you _____ give me.

I would like _____ know if I _____ more _____ at _____ extra _____ if it _____ a _____.

_____ many scripts _____ get a _____ free?

_____ the _____ on _____ exist?

Is it _____ have _____ monthly _____ with _____ fees?

_____ if there is _____ limit for _____ monthly prescription _____.

I'm wondering if there's an _____ limit _____ prescription _____ plan.

_____ I _____ certain amount of _____ within my _____ at no _____ or _____ have restrictions?

I _____ there's _____ maximum of _____ get each month.

_____ need to know _____ there _____ a limit _____ free _____ that you _____.

_____ many _____ I _____ for free every _____?

I _____ there is a _____ prescriptions I _____ need to _____ each _____.

_____ any _____ number of _____ take each month?

Is _____ cap per month _____?

_____ am curious _____ if there _____ a _____ number of _____ I _____ to _____ month.

What _____ the _____ number _____ cost prescriptions _____?

_____ of no-cost _____ allowed?

I asked if _____ limit _____ free _____ prescriptions under _____ plan.

Is _____ a _____ limit _____ free _____?

The limit of free _____ month _____.

_____ maximum number of _____ per _____?

_____ to know _____ is _____ limit for _____ prescription fills under my _____.

_____ to _____ out if there's a limit _____ fills.

_____ it possible _____ prescriptions every month _____ charges?

_____ know if there _____ of prescriptions I need to _____ in _____.

What is _____ for _____?

What _____ of _____ zero-fee per month?

_____ limit on _____ of _____ allowed to take each month?

I'm curious _____ know _____ there's _____ of prescriptions _____ be _____ each _____.

_____ am _____ sure _____ there is _____ upper _____ free _____ prescription fills.

_____ whether there's _____ upper limit for _____ free _____ prescription _____.

_____ there are restrictions _____ I _____ take for a month at no extra cost.

_____ there be _____ maximum _____ of _____ prescriptions?

I'm curious _____ know if there's an upper _____ my _____.

I _____ wondering _____ the limit _____ free _____ per _____.

I _____ like to know if _____ get _____ prescriptions for free or _____.

_____ number of medications _____ at _____ month?

Is _____ a limit _____ the _____ prescriptions I _____ get _____ won't add _____ my expenses?

In _____ month, _____ many _____ I _____ without _____ costs?

Is there any restriction on the number _____ that _____?

Are _____ limits on free _____ under your _____?

_____ if _____ is _____ upper limit for _____ fills under your plan.

I am curious _____ know _____ I _____ get _____ maximum _____ month.

_____ I get _____ in _____ month _____ money?

_____ pills _____ I _____ a month, without the _____?

Can _____ have _____ prescriptions _____ a _____ without more _____?

_____ a limit _____ free medications I can _____?

_____ in knowing if _____ an upper limit _____ free _____ prescription _____.

I am curious _____ if there _____ maximum _____ prescriptions _____ can _____ each _____.

_____ there any _____ many cost-free prescriptions can _____ one month?

_____ cap _____ quantity with no additional fees?

Is _____ maximum number _____ that I _____ each month?

What is _____ maximum _____ that _____ can get _____ charges?

_____ you _____ if _____ is an upper _____ on _____ free prescriptions under _____ plan?

I want _____ if _____ upper limit for free monthly prescription _____.

What amount _____ can _____ each month _____ free?

I wonder _____ limits on _____ prescriptions.

_____ are the _____ of _____ can _____ in a month?

_____ upper limit _____ free monthly _____ under my plan?

I'd _____ to know _____ there's _____ maximum _____ prescriptions _____ can _____ each _____.

_____ any limit _____ cost-free _____ that can be obtained one _____?

I'm _____ to _____ a max _____ prescriptions I _____ buy each month.

Can I _____ in a month without _____?

_____ there _____ to _____ restrictions _____ the number of prescriptions _____ cost?

_____ if there's an upper limit _____ free _____ fills.

_____ there _____ how many prescriptions _____ can get per _____?

_____ know if there _____ a limit _____ the _____ you offer.

Is there a maximum number _____ prescriptions that _____?

I would _____ if _____ can have _____ prescriptions _____ no _____ cost and whether _____ maximum.

_____ there a maximum _____ prescriptions _____ can _____ a single _____?

_____ an _____ limit on _____ free _____ that you have?

_____ monthly prescription _____ with _____ costs?

_____ there an _____ limit _____ prescription fills?

Is _____ that I can _____ extra cost or _____ a maximum?

Is _____ a limit _____ the _____ of prescriptions _____ can take _____?

_____ many _____ can we _____ monthly?

_____ have a limit _____ cost-free _____ month?

I _____ to _____ if there are restrictions _____ of _____ prescriptions _____.

Does _____ upper limit for _____ monthly prescription fills?

Is it possible that I _____ limits _____?

I want to know if _____ limit _____ for _____.

I'm wondering if _____ upper _____ monthly prescriptions under my _____.

There is _____ limit on _____ prescriptions that can _____ obtained in _____.

_____ a limit _____ the free prescriptions _____ take?

_____ if there is an _____ for the _____ prescription _____ under _____ plan.

_____ there _____ the number of prescriptions _____ get _____ month.

Is _____ a _____ the free _____ prescription _____ my plan?

Is _____ possible to have _____ monthly prescription _____ charge?

_____ would _____ to _____ if _____ multiple prescriptions _____ extra _____ or a maximum.

What _____ the _____ number _____ no-cost prescriptions allowed _____?

_____ is _____ limit _____ no charges?

Can I _____ for _____ if there _____ a maximum _____?

Before more cost _____ of prescriptions _____?

I _____ wondering if there _____ maximum _____ I need to _____ each _____.

_____ cost _____ imposed, _____ max _____ of prescriptions allowed/mo?

Is there a _____ to the _____ I can _____ month.

_____ prescriptions have _____ cost-free _____ per _____?

Is there _____ on _____ I _____ get without _____ more?

_____ there a cap _____ how many _____ I _____ month?

Is there a _____ many _____ I _____ without _____ costs?

_____ prescriptions allowed monthly?

Is _____ a limit on how _____ can receive _____ charge?

I _____ to _____ out _____ can _____ prescriptions at no _____ cost or if _____ maximum.

What is _____ prescription _____ accompanied by _____ each month?

_____ to know if _____ is _____ maximum _____ prescriptions that I may have _____ purchase _____.

_____ know of an upper _____ free _____ under _____ plan?

Is there a _____ that _____ have a certain amount _____ medication _____ no _____?

Is there _____ limit on _____ number _____ in one month?

_____ anyone tell me a _____ on the _____ of _____ to _____?

_____ need _____ know _____ is a limit _____ free _____ fill up.

_____ there's _____ upper limit of _____ prescriptions under my _____.

I am _____ if there's _____ prescriptions I _____ month.

_____ of _____ allowed before added _____?

_____ there any _____ on _____ of _____ free-of- cost?

Is there a _____ on _____ I _____ a month?

Is _____ any _____ limits _____ free _____?

I _____ wondering _____ were _____ on _____ many pills I _____ month _____ no extra cost.

_____ am curious _____ know _____ is a maximum _____ can _____ each month.

I _____ know if there _____ a maximum of _____ I _____ have _____.

_____ there a limit _____ free _____?

_____ curious if there's an _____ for _____ fills _____ my plan.

Is there any _____ on _____ free _____?

I'm wondering _____ there _____ an upper _____ free monthly prescription _____ plan.

I _____ to _____ if I _____ multiple _____ extra cost or if _____ is a _____.

_____ there _____ upper limit _____ the free prescriptions you _____ under _____?

_____ there an upper limit to free _____ fills _____?

Can _____ be _____ on _____ monthly _____?

I _____ know if there is _____ for free monthly _____.

_____ a fix _____ the number of _____ allowed _____ money _____ needed?

Is _____ a limit on _____ get per month?

_____ to _____ if there _____ an _____ on _____ monthly _____ under my plan.

_____ maximum allowed _____ prescriptions _____ month?

I'm _____ to _____ there is a _____ prescriptions I _____ get _____.

_____ limits _____ the free monthly _____ your plan?

_____ a _____ to _____ number of _____ that _____ can get _____ month?

What is _____ of prescriptions I _____ have _____ a _____?

_____ many pills _____ take _____ month without _____ costs?

How many _____ I _____ a _____ without _____?

Is there _____ limit _____ increased expenses on _____?

_____ there a _____ on _____ many prescriptions I _____ a _____?

_____ was an upper limit _____ free monthly prescription _____ under _____.

_____ there _____ limit _____ the number _____ covered free of _____?

I _____ to know if _____ an _____ limit on _____ fills.

_____ would _____ to _____ there is an upper limit _____ free monthly prescription _____ under _____.

What amount of medications _____ capped at _____?

_____ was wondering if there _____ an upper limit _____ prescription _____ my _____.

What amount _____ scripts _____ I get _____ each _____?

Is there _____ limit on the number _____ prescriptions that _____ extra _____?

_____ limit on free _____ what is _____?

Is there _____ the number of _____ I _____ at _____ charge?

Is prescriptions _____ per _____?

_____ the _____ with zero fees?

_____ wondering _____ I _____ have multiple _____ extra cost _____ if _____ a maximum.

_____ don't know if there's _____ I _____ get each month.

Can there be a _____ on the _____ of _____ can _____ obtained _____ month?

_____ to _____ multiple prescriptions _____ charge, or is there _____ limit?

I don't _____ I can have multiple _____ extra cost or _____.

_____ on _____ number of _____ prescriptions _____ be obtained in _____ single month?

_____ is _____ number of no-cost prescriptions _____ month.

_____ there is a maximum of prescriptions _____ can take _____.

_____ maximum for _____ free _____ prescriptions?

Should there be _____ number of _____ cost _____?

Are there any _____ on _____ of prescriptions _____?

How many _____ receive _____ script at no cost?

I would _____ to _____ there _____ limit on free _____ in _____ plan.

Can _____ get _____ prescriptions every _____ additional _____?

I _____ curious _____ know _____ is _____ maximum _____ prescriptions that _____ may need to _____ month.

_____ include an _____ limit on _____ monthly prescription fills?

_____ want to _____ if _____ a _____ the free monthly prescription _____ my _____.

I _____ to know _____ for free monthly prescriptions _____ my _____.

I'm curious to know if _____ of _____ each month.

A max number of _____ before _____ is _____?

At _____ extra _____ allowed prescriptions _____ provided monthly?

Is the amount _____ I _____ get within _____?

Is _____ a limit _____ the _____ prescriptions I _____ get _____ single _____?

What _____ upper limit for _____ fills under my _____?

Is _____ maximum _____ of no _____ prescriptions _____?

I am _____ if there _____ prescriptions that I need _____ month.

_____ some restrictions on _____ of cost-free prescriptions that _____ obtained _____ month.

I'm interested _____ know _____ a maximum of _____ can get _____.

_____ there be _____ cap on prescriptions _____?

Am _____ limited in the _____ of free _____?

_____ anyone tell _____ there _____ the number _____ scripts I _____ to pay?

_____ times a _____ I _____ a script at _____ cost?

_____ are the number _____ capped at zero-fee _____?

Is a _____ on how _____ get _____ month?

I'm _____ there's a maximum of _____ I _____ each month.

_____ limit _____ the _____ prescriptions _____ my plan covers free of _____?

_____ a _____ on cost-free _____?

_____ am curious to know _____ is a maximum of _____ each month.

_____ if _____ is an _____ limit on _____ free monthly _____ your _____.

I _____ to _____ there is _____ maximum _____ prescriptions _____ have to purchase _____ month.

_____ be restrictions _____ number of cost-free prescriptions _____ in _____ month?

_____ many _____ can I get _____ month _____ charges?

_____ of no-cost prescriptions allowed _____?

max _____ of _____ cost _____ monthly

_____ if there's an upper limit _____ prescriptions under _____

_____ to know if I can have _____ for _____ if _____ max.

_____ cost-free _____ per month?

I'm _____ if there's _____ upper _____ on _____ under _____ plan.

Let me know _____ there is an _____ free _____ prescription _____ my _____.

Is _____ to _____ medication I can _____ month at no cost?

_____ a maximum of prescriptions I can get _____ am _____.

_____ a limit _____ more expenses _____ Rx's/monthly?

Is _____ a _____ number _____ extra money is needed?

Is there _____ the number _____ free _____?

I want _____ many medications _____ capped _____ fee _____ month.

_____ want _____ if I can _____ at _____ additional cost or _____ a maximum.

I _____ find out if _____ a _____ to _____ prescription fills you _____ me.

Is it possible _____ a _____ amount _____ medication within a given _____?

_____ number of medications _____ at _____ per _____.

Is _____ a limit _____ number _____ prescriptions _____ can _____ month.

Is _____ limit on _____ number of no-cost _____?

I'm _____ of _____ I'll need _____ purchase each month.
 I'm curious to know if _____ a _____ be given per _____.
 Is _____ limit to the _____ of _____ can _____ a _____ month?
 What is _____ cap _____ prescription _____ fees?
 _____ to know _____ there's a _____ on _____ fills.
 Is _____ any maximum _____ prescriptions I can _____ ?
 _____ limit _____ free monthly prescriptions _____?
 _____ limit on how much medication I _____ get _____ given _____?
 Is _____ on _____ many _____ I can _____ a _____?
 _____ in _____ there _____ an _____ limit for free monthly _____ fills.
 _____ there is an upper _____ for the _____ monthly _____ fills.
 Can you tell _____ monthly _____ at _____ charge?
 Is there a restriction _____ free monthly _____?
 _____ limits _____ free monthly prescriptions?
 I am curious to _____ if _____ is _____ to _____ number _____ prescriptions I _____ each _____.
 _____ have more prescriptions in _____ without paying _____?
 I'm curious if there's _____ upper _____ on the _____ plan.
 I _____ like to know _____ can _____ a certain _____ of medication within _____ at _____.
 If there is _____ for free _____ prescription _____ you _____ me?
 Tell _____ if _____ upper _____ for free monthly _____ fills.
 Are there an _____ for free _____ prescription _____ my _____?
 I'm _____ there _____ limit on _____ number _____ prescriptions under my _____.
 _____ many _____ at zero-fee _____ month?
 _____ to know _____ is any _____ the _____ prescription fills.
 _____ there be _____ cost-free _____ on _____ month?
 Is there _____ number _____ prescriptions _____?
 _____ about _____ limit for _____ monthly prescription fills under _____.
 _____ you tell me if there _____ for _____ monthly prescription _____?
 _____ there a _____ on free _____?
 _____ there _____ a maximum _____ prescriptions I _____ to purchase each _____.
 I am _____ to know _____ a maximum of _____ I _____ have to _____.
 Is the _____ prescriptions _____ before additional _____?
 Are there any restrictions _____ the number _____ obtained in _____ month?
 What is the _____ month?
 _____ maximum monthly restriction for free-of-cost _____ medication?
 _____ allotted _____ of prescriptions that _____ extra fees?
 _____ curious if there _____ an _____ free prescriptions under _____ plan.
 Is _____ an allotted _____ of prescriptions _____ don't _____?
 How many _____ I _____ paying _____?
 I _____ know _____ there is a _____ I can _____ a month.
 Is there any limit to the _____ month?
 Should there be limits _____?
 _____ would _____ know _____ I am able _____ multiple _____ free or _____ it is a _____.
 Is _____ of cost-free _____ can be obtained _____ a single month?
 Should there _____ a _____ prescriptions?
 Will there be _____ cost-free _____ month?
 I _____ there is _____ prescriptions _____ I have to _____ each month.
 Is _____ specific limit to _____?
 _____ any limits _____ monthly prescriptions _____?
 _____ an upper limit on the _____ monthly _____ you _____ under _____?

_____ to _____ if _____ a _____ of _____ I can be given _____ month.

There _____ of _____ cost prescriptions allowed _____.

Is _____ restrictions _____ how _____ cost-free prescriptions _____ be obtained _____ single _____?

_____ if _____ can have multiple prescriptions for _____ or if it is _____.

I am _____ if there _____ of prescriptions _____ I have _____ each _____.

Is _____ a _____ that _____ be _____ at no extra charge?

_____ there a limit _____ number of _____ get _____ month _____ won't _____ me anything?

_____ is _____ maximum _____ of _____ prescriptions _____ month?

What is _____ for prescriptions _____ charges?

Should there be _____ for _____?

I _____ is a _____ of _____ I can be _____ month.

_____ am wondering _____ there is an upper limit _____ under _____.

Do you have _____ limit _____ prescription _____ you can _____?

Is there an upper _____ the _____ fills?

I _____ like _____ if there's a _____ prescriptions I _____ to purchase _____.

_____ there any restrictions _____ the number _____?

_____ there a _____ on how _____ I _____ get without _____?

There might _____ an _____ limit _____ monthly _____ fills _____ your _____.

_____ maximum number of _____ I _____ in a _____ month?

Is _____ possible to _____ multiple prescriptions at _____ or is _____?

Bounds _____ script _____ monthly without _____?

I'd like _____ know if _____ is _____ I need _____ purchase _____ month.

_____ I _____ maximum number of prescriptions without _____?

_____ curious _____ know if there _____ of _____ prescriptions I can _____ given _____ month.

There are restrictions on _____ many _____ prescriptions _____ in _____.

I would _____ know _____ is _____ upper _____ free monthly _____ in _____ plan.

_____ there's an _____ limit for _____ free _____ under your plan.

_____ there's _____ upper _____ the _____ monthly prescription _____ under the plan.

I would like to _____ I _____ take _____ at no _____ or if _____ a _____.

_____ the number of free monthly prescriptions?

_____ it _____ that there _____ on free _____ prescription fills?

I am wondering _____ there _____ restrictions _____ many _____ I can _____ for a _____ at _____.

_____ it possible to _____ month without charges?

_____ cap on _____ quantities accompanied by no _____?

_____ you please let _____ is _____ upper limit on _____ prescriptions?

I _____ curious to _____ if _____ is _____ maximum _____ prescriptions _____ should _____ each _____.

_____ am curious _____ there _____ max _____ prescriptions I need to _____.

Can _____ more prescriptions _____ a month _____ money?

I am _____ to _____ there _____ a _____ that can _____ purchased each _____.

What is _____ prescriptions with no _____.

_____ be any restrictions on the _____ cost-free _____ that can _____ in _____?

_____ to get _____ maximum _____ free prescriptions?

_____ know if _____ a maximum _____ prescriptions _____ can be prescribed each _____.

I'm curious if there is _____ prescriptions _____ can _____ month.

I would _____ is a _____ on free _____ prescriptions _____ my plan.

There _____ restrictions on the _____ cost-free prescriptions _____ be _____ a _____.

_____ there _____ monthly _____ no extra charge?

_____ curious to know _____ maximum of _____ each month.

I _____ curious if _____ limit to _____ prescription fills.

_____ am curious if _____ is _____ maximum of prescriptions _____ receive _____.

_____ there a definite _____ on the _____ ?
 _____ a _____ limit _____ monthly limit?
 I'm _____ to _____ if there is _____ of _____ that _____ need _____ purchase each _____.
 Is _____ possible _____ a limit on free _____ ?
 Is there _____ limit _____ number of _____ I can _____ without _____ ?
 _____ to _____ can have _____ prescriptions for no _____ cost or _____ it's _____ maximum.
 Do _____ the cap on prescription quantities _____ fees each _____ ?
 _____ many prescriptions _____ without having to _____ more?
 _____ monthly _____ on prescriptions?
 _____ am _____ if _____ is a _____ of _____ take in a _____.
 How many prescriptions _____ I _____ without additional _____ ?
 _____ many _____ are _____ zero fee per _____ ?
 I _____ know if there's an upper limit _____ plan.
 I _____ to know if _____ is _____ limit on the _____ monthly _____ fills _____.
 _____ I get for free _____ month?
 There might _____ the _____ of _____ monthly prescriptions.
 _____ am curious to know _____ is _____ I _____ to _____ every month.
 I'm _____ to _____ there is a maximum of _____ to _____ month.
 Can _____ maximum _____ free monthly _____ ?
 _____ there have to _____ on _____ prescriptions per _____ ?
 I need _____ if there _____ a _____ free prescription _____.
 What is the _____ with _____ additional charges?
 _____ there is an upper limit _____ prescription fills.
 How many pills can I _____ without _____ ?
 Is free _____ ?
 What's _____ number _____ I _____ get _____ additional charges?
 I am _____ there is _____ I need to purchase _____ month.
 _____ am wondering if there is a _____ of _____ purchase _____.
 _____ there's _____ limit for free prescriptions, _____ you please _____ me _____ ?
 _____ any limit _____ the number _____ I can take _____ month?
 I was _____ if _____ was a maximum of _____ I would _____.
 _____ wondering if _____ an _____ limit _____ prescriptions.
 _____ is _____ limit _____ the number _____ prescriptions?
 Can _____ restrictions _____ the _____ of cost-free _____ can get _____ a month?
 Is there a _____ cap _____ ?
 I _____ curious _____ there is _____ maximum of prescriptions I _____ be _____.
 _____ limit on _____ of _____ I can _____ per month?
 I want to _____ a _____ number of _____ I can _____ each _____.
 Can _____ multiple prescriptions _____ free, or _____ a _____ ?
 _____ there _____ on the number of _____ that _____ take _____ month?
 Is _____ a _____ free _____ per _____ ?
 _____ any limit to the _____ prescriptions I _____ month?
 Can _____ a cap on _____ per _____ ?
 I'm _____ limit on the _____ prescription fills.
 Is there _____ on _____ of _____ scripts?
 Is there a _____ on _____ number of _____ ?
 _____ there is _____ maximum of _____ I _____ take each month.
 _____ curious about _____ for free prescriptions under _____ plan, and _____.
 There might be a limit _____ prescription _____ can _____.
 What is _____ prescriptions _____ no fees?

_____ wondering _____ there _____ an _____ for free monthly prescription _____ under my _____.
 I _____ like _____ know _____ can take multiple _____ no extra cost or _____ a _____.
 What's _____ cap _____ month for _____?
 What's the _____ free prescriptions _____?
 _____ be _____ limit _____ monthly prescriptions.
 _____ there _____ restriction on the _____ of _____ that _____ in a _____?
 _____ number of _____ prescriptions _____ allowed _____.
 Is _____ any _____ free monthly _____?
 How many _____ get _____ month without _____ extra?
 _____ to get multiple prescriptions per _____ without _____?
 _____ the cap _____ prescription _____ by no _____ every month?
 _____ a limit to _____ many _____ I _____ additional costs?
 _____ am wondering _____ are any restrictions on how _____ a month at no _____.
 Is it _____ a number of cost-free prescriptions _____?
 _____ there _____ limit _____ free monthly _____?
 I am _____ is _____ maximum _____ prescriptions _____ can _____ a month.
 _____ there a _____ how much medication I can _____ a _____ at _____?
 Is there _____ limit _____ the number _____ prescriptions _____ get in _____?
 I'm curious if there's an _____ the number _____ plan.
 Is _____ to _____ free monthly _____ I _____?
 Do _____ the monthly _____ with _____ fees?
 I'm _____ on _____ free monthly prescription _____ under the plan.
 _____ is _____ number of prescriptions _____ can get a _____?
 Do you know _____ upper _____ free _____ under _____?
 How _____ pills _____ a _____ without increasing my costs?
 I'm curious _____ there's a limit on _____ fills _____ your _____.
 If _____ for _____ monthly prescription fills, I would _____ it.
 _____ need _____ my plan has _____ upper limit _____ monthly prescription _____.
 Will there _____ a _____ for _____?
 _____ if there is an upper limit _____ monthly _____ fills under _____.
 Is _____ a _____ the _____ scripts a month?
 _____ there is _____ limit to the free _____ you _____ give me.
 Are there any _____ the number of prescriptions _____ in _____ single _____?
 _____ someone _____ me _____ limit _____ free prescriptions _____ month?
 Any free _____ limit?
 _____ there _____ limit on your free _____ fills?
 _____ it possible to get _____ at _____ is it _____ limit?
 _____ a _____ limit _____ free prescriptions?
 _____ there any limit to the amount _____ in _____ month?
 Is _____ a max number of _____ additional _____?
 What is _____ on _____ accompanied _____ no _____ fees each _____?
 Bounds _____ script _____ without additional _____?
 Is there _____ limit _____ the _____ prescriptions _____ can be obtained in _____?
 _____ the amount of cost-free prescriptions that _____ be _____ a month?
 _____ pills can I _____ in a _____ without _____?
 _____ is the cap _____ and _____ additional _____ each month?
 _____ wondering if _____ was _____ limit for free _____ prescription _____.
 _____ I have more _____ without overspending?
 _____ to _____ out if there _____ a maximum of _____ need _____ purchase _____ month.
 Is _____ a limit _____ number _____ prescriptions _____ get _____ month?

_____ curious if _____ is an _____ limit _____ free _____ prescriptions.
 _____ a _____ limit on _____ prescriptions?
 Is there _____ maximum _____ of prescriptions that can _____ cost?
 Is there _____ limit to _____ number _____ take a _____?
 _____ on _____ without additional fees?
 A _____ limit on _____ per month.
 _____ it _____ multiple prescriptions _____ month _____ additional charges?
 Do _____ free prescriptions?
 Is there _____ on the _____ of _____ receive per _____?
 _____ there _____ on _____ of prescriptions _____ can _____ each month?
 What _____ the _____ on prescription _____ no additional fees _____?
 There must be a _____ no _____ allowed _____.
 _____ maximum amount of _____?
 _____ is the _____ of _____ capped at _____ month?
 Can _____ have more prescriptions _____ extra money?
 _____ it _____ have a _____ limit _____ no extra cost?
 _____ would like _____ know if _____ multiple _____ for _____ extra _____ and if it's _____ maximum.
 _____ an allotted amount of _____ come _____ no extra _____?
 The maximum _____ of prescriptions _____ be _____ at _____?
 _____ a _____ to _____ monthly prescriptions?
 _____ am curious _____ maximum of _____ need _____ purchase a month.
 Will _____ be _____ limit _____ free _____ prescriptions?
 Is _____ any _____ on _____ monthly _____?
 _____ if _____ an upper _____ on the free _____ prescription fills _____ my _____.
 I _____ know _____ is a _____ amount of _____ I _____ in a month.
 Can there be _____ how many free _____?
 _____ there be a _____ cost prescriptions allowed _____?
 _____ on _____ prescriptions _____ month
 I'm curious _____ the upper limit _____ my _____.
 _____ there's _____ upper _____ for _____ prescriptions under _____ am curious.
 _____ be limits _____ free scripts _____.
 _____ there is a _____ free prescription _____ give _____ I _____ to know.
 _____ be limits _____ the _____ monthly _____ I receive?
 _____ by _____ free _____ limit or monthly limit?
 _____ curious _____ there _____ max _____ prescriptions _____ need to purchase each _____.
 _____ if there is a _____ prescriptions I _____ given in _____ month.
 _____ you think there _____ cost-free _____ prescriptions?
 I _____ to know if _____ is _____ of _____ that _____ can _____ month.
 I needs _____ know _____ there _____ a _____ to _____ fills.
 _____ you know _____ upper limit on free _____ prescription _____?
 _____ there _____ cap on the number _____ mois?
 _____ the maximum _____ of prescriptions _____ can _____ for?
 I _____ curious to _____ there is a _____ that I _____ per _____.
 Monthly number _____ prescriptions _____?
 Are there _____ on the _____ of _____ prescriptions _____ a month?
 _____ you know if _____ is an upper limit _____ plan?
 _____ curious _____ if _____ is an _____ limit _____ free _____ my plan.
 Is _____ on _____ number of scripts _____ month?
 How many no-cost _____?
 _____ limit _____ prescriptions per _____?

_____ for _____ plan to have an _____ on free _____ prescription _____?
 _____ there _____ allotted amount of _____ that do _____ come _____?
 _____ any _____ on the _____ of cost-free prescriptions _____ be _____ in _____ month?
 _____ curious _____ limit to the _____ prescription _____ you _____ give me.
 _____ there any _____ per month?
 _____ is _____ upper limit for free monthly prescription _____ you tell _____?
 _____ am _____ to _____ if there _____ a maximum _____ I _____ get per _____.
 _____ there an _____ for the _____ monthly prescription _____ under _____?
 The number _____ each month?
 Is there _____ restriction _____ number _____ cost-free prescriptions _____ can _____ obtained in _____?
 What is _____ limit _____ month?
 _____ there _____ free scripts _____ month?
 _____ would like _____ if _____ on the _____ prescriptions covered for free.
 _____ many pills can I _____ in _____ me?
 _____ to _____ if there _____ a limit _____ how many max _____ can _____ in a _____.
 I _____ in _____ there is _____ maximum of _____ I need _____ purchase _____.
 I'm _____ if there are any _____ how many pills _____ take for _____ at _____.
 Is there _____ on the _____ I _____ within _____ month _____ no cost?
 Is _____ any _____ on _____ of cost-free _____ that can be _____ in _____?
 _____ is _____ on _____ quantities _____ no other fees?
 There are restrictions _____ cost-free _____ be obtained in a _____.
 _____ am _____ there _____ maximum of prescriptions I _____ get _____ month.
 Does _____ need _____ be _____ cap on _____?
 _____ know _____ there _____ a maximum of prescriptions I _____ be _____ in a _____ month.
 Is _____ any _____ on _____ number _____ get a month?
 I _____ to _____ if I _____ have _____ prescriptions _____ paying _____ it's _____ maximum.
 _____ to _____ if _____ multiple prescriptions for _____ extra _____ or if _____ a maximum.
 I'm _____ there's _____ upper _____ on _____ prescriptions under _____ plan
 _____ there a cap _____ number _____ medications _____ fee per _____?
 Is _____ limit _____ free prescriptions per month?
 Is there _____ number of _____ I _____ get at no _____?
 I'm _____ there is _____ free prescription fills.
 Is _____ possible that _____ have a _____ of medication within my _____ extra _____?
 The maximum _____ of prescriptions to _____ at _____?
 Is _____ to the _____ prescriptions I can _____ month?
 _____ to know if there is a maximum _____ of _____ take _____.
 I'd like to know if _____ limit _____ fills under _____ plan.
 _____ curious if there's _____ for free monthly _____.
 I was wondering _____ cap for cost-free _____.
 _____ an _____ limit _____ free _____ under my plan?
 Is there any limit _____ of _____ take _____ month?
 I want _____ know _____ I can _____ month without costs.
 _____ there _____ number _____ free-of-cost prescriptions I can have?
 _____ am curious _____ know if there is _____ of _____ given in a _____.
 How many _____ I _____ for _____ month.
 _____ want to know _____ there are _____ on _____ prescriptions _____ free.
 Is _____ upper limit _____ the _____ prescription _____?
 _____ there _____ limit _____ prescriptions I can receive _____ a month?
 I'm curious if _____ upper limit _____ prescriptions.
 I am wondering _____ there _____ I _____ to _____ a month.

What's the upper _____ for free _____ ?

I don't _____ there's _____ of _____ can get each _____.

_____ is a maximum number _____ no-cost _____ can _____ taken _____.

I need _____ know _____ there _____ limits _____ prescription fills.

I'm curious _____ there's a _____ can _____ each month.

I am _____ if _____ maximum _____ prescriptions I will _____ to purchase _____.

_____ there _____ definitive _____ to free _____ ?

What is _____ prescriptions I _____ take in _____ single _____ ?

_____ like _____ know if there _____ upper limit _____ free monthly _____.

_____ there any limitations _____ much _____ can _____ in _____ month?

Will there be _____ on _____ ?

_____ you _____ there's _____ upper _____ free prescriptions under _____ plan?

_____ many medications are capped _____ month?

Should _____ cap for _____ prescriptions?

_____ there _____ on the _____ of prescriptions _____ free _____ charge?

_____ manuscripts _____ for free each _____ ?

_____ limit on _____ prescriptions per _____.

_____ there an allotted quantity _____ do _____ fees each month?

_____ if there _____ a _____ to _____ prescriptions I can get each _____.

I would like to _____ if _____ have _____ at no extra cost _____ it _____.

_____ am _____ if _____ upper limit on free _____ under my _____.

_____ a cap on _____ number _____ prescriptions?

_____ a _____ on _____ prescriptions under your _____ ?

_____ curious _____ the _____ for _____ monthly prescriptions.

_____ there limits to _____ Rx's/monthly?

Is _____ a limit _____ how much medication _____ can get _____ extra _____ ?

Am I _____ to _____ limit _____ ?

Is there a monthly _____.

Can there be _____ on the cost-free _____ ?

_____ limits on the free _____ ?

_____ there an _____ prescriptions _____ don't come with _____ fees?

_____ curious to know _____ is a maximum _____ can _____ given each _____

_____ to know _____ I can have multiple _____ or _____ it is a maximum.

Is it _____ to _____ prescriptions _____ no _____ or is it _____ limit?

Do _____ is a _____ on _____ monthly prescriptions?

_____ max number _____ allowed _____ additional _____ ?

Are _____ a _____ cost-free prescriptions?

_____ there _____ cap on _____ of _____ a month?

Is _____ on the number of _____ month?

_____ there any limits on _____ of prescriptions _____ ?

Is _____ have _____ on cost-free prescriptions.

Is _____ a limit _____ of prescriptions _____ can get _____ month?

Is there a _____ free _____ prescriptions _____ receive?

There may _____ limit to the _____ fills _____ give _____.

Does _____ monthly prescriptions _____ ?

_____ you _____ me know _____ there's an upper _____ free prescriptions under _____ ?

_____ a limit on the amount of medication _____ extra _____ ?

Do you know _____ a _____ free monthly _____ ?

I _____ curious to _____ can get a _____ prescriptions for _____ month.

Should _____ the number of _____ monthly prescriptions?

Is _____ maximum _____ prescriptions I can _____ that won't affect _____?

_____ if _____ a limit _____ the free prescription fills?

_____ is an _____ limit _____ monthly prescription fills under my _____.

_____ would like _____ there is an _____ on _____ free _____ prescriptions.

_____ limit on _____ prescriptions _____ can get a month?

Tell me if _____ is _____ upper _____ for _____ under _____ plan.

Is it _____ that I _____ a _____ of medication within _____ no _____ cost?

_____ there _____ limit on the free monthly prescription fills _____ your _____?

_____ there _____ limit on _____ I _____ take in a _____?

Is the _____ free _____ month?

_____ is _____ limit _____ prescriptions _____ month?

_____ need _____ if there is _____ free prescriptions.

I'm curious to know _____ a maximum of _____ I _____ each _____.

_____ am _____ to know if _____ maximum _____ prescriptions _____ I need _____ purchase _____ month

_____ am wondering if there _____ maximum _____ may need to purchase _____.

_____ number _____ no-cost prescriptions _____?

_____ interested _____ knowing _____ there _____ for free monthly _____ fills under _____ plan.

_____ there be any restrictions on the _____?

_____ an upper limit on free _____ for my _____.

_____ is _____ maximum of _____ month?

I am _____ there _____ maximum _____ I must purchase _____ month.

I _____ wondering if there _____ on how _____ can take a month _____ no _____.

_____ be a _____ on _____ many prescriptions I _____ get _____?

_____ cost-free _____ prescriptions _____ month?

_____ if the free monthly _____ fills _____ plan _____ an _____ limit.

_____ want _____ I _____ get multiple _____ no extra cost or if it is _____.

_____ a cap _____ cost-free prescriptions?

Is _____ maximum _____ on free-of-cost _____ for meds?

Is _____ limits per _____ the _____?

_____ let _____ know if there _____ an _____ free monthly prescription _____.

If there is _____ of _____ may _____ to _____ month, I _____ curious.

_____ limit _____ the number _____ that _____ can get each month?

I'm _____ know _____ there is a _____ prescriptions that I _____ take _____.

I'm _____ upper limit for _____ free monthly _____ fills?

_____ to have _____ limit on _____ prescriptions?

What is _____ monthly _____ on _____?

_____ there _____ the _____ of _____ I can get in _____ given _____?

_____ tell _____ if there _____ upper _____ for _____ prescription fills.

The _____ no-cost prescriptions _____ is not _____.

_____ you please let _____ know an _____ limit for _____ under _____?

I'm _____ limit _____ free monthly _____ under my plan.

I _____ know _____ is _____ upper limit _____ free _____ prescriptions.

_____ there an _____ free _____ prescription fills?

I _____ wondering if there was an _____ free _____ under _____.

I would _____ to know whether _____ is _____ monthly prescriptions.

Can _____ at no extra _____ there a maximum limit?

Is a _____ cost-free _____?

Let _____ there _____ limit for _____ fills under my plan.

_____ a fixed _____ of prescriptions _____ before money _____?

Can I _____ multiple _____ charge, or _____ there a maximum _____?

_____ am wondering if I can have _____ no _____ if _____ maximum.

_____ I get multiple _____ month without _____?

_____ there a limit of _____ number _____ prescriptions I _____?

_____ be limits _____ the _____ prescriptions?

Is _____ any limit _____ of _____ free of cost _____ plan?

_____ about an upper limit for _____ free _____ prescription _____ under _____.

_____ know _____ there _____ a _____ to the _____ fills that you can _____.

_____ there _____ free _____ prescriptions?

_____ possible to _____ prescriptions _____ free or is there a _____?

_____ curious _____ if _____ an upper _____ for _____ monthly prescriptions.

I _____ a _____ of _____ I will _____ purchase each month.

_____ there is _____ upper limit _____ the _____ of _____ prescriptions under _____ plan.

I want _____ the _____ limit _____ free monthly _____ my _____.

_____ curious to _____ if _____ of prescriptions _____ receive each month.

I was _____ was an _____ for free prescription _____.

I'd _____ to _____ is _____ limit for _____ monthly prescription _____ under my _____.

I _____ curious to _____ if there _____ prescriptions _____ can take _____ month.

I _____ to _____ if there is _____ upper _____ on _____.

I'm curious _____ I _____ get _____ prescriptions per month.

I'm _____ if _____ upper _____ the free _____ prescriptions _____ my plan.

_____ there _____ cost-free prescriptions?

Is there _____ on _____ many _____ I _____ take each _____?

If _____ is _____ limit to _____ free _____ you _____ give _____.

_____ there a _____ on _____?

_____ is a _____ no- cost prescriptions allowed _____.

How _____ I get _____ month for _____?

I need _____ know _____ there's _____ on _____ prescription _____.

_____ cost-free _____ for prescriptions?

_____ there a _____ on _____ many prescriptions _____ can take _____?

Would _____ be restrictions _____ the number _____?

Is _____ maximum number _____ I _____ get _____ a single _____?

_____ many pills _____ take _____ month _____ cost?

_____ wonder if _____ an upper _____ for _____ monthly prescription _____ my _____.

_____ there a _____ of prescriptions I can _____ each _____?

Is there a _____ free _____?

_____ curious to know _____ there's _____ limit for free prescriptions _____.

_____ like _____ there is a maximum of _____ I will have _____ each _____.

Please _____ me know _____ there _____ an upper _____ on free _____.

_____ there _____ maximum of prescriptions _____ that won't cost me _____?

_____ many pills can _____ a month without _____?

I'm curious to know _____ there's _____ prescriptions _____ need _____ purchase _____ month.

Is there _____ on _____ free _____?

_____ no-cost prescriptions can be _____.

_____ there _____ on _____ of prescriptions I _____ per month?

_____ if _____ are restrictions _____ many pills _____ can take for _____ month _____ no cost.

_____ know _____ there _____ an _____ on _____ monthly prescriptions under my _____.

I am _____ a maximum _____ prescriptions that _____ can _____ given _____ month.

Can _____ tell _____ if _____ a cap _____ per month?

I am _____ to know _____ there is _____ prescriptions _____ have _____ purchase _____.

_____ would like to know if there is _____ limit for free _____.

I _____ wondering _____ is _____ upper limit _____ monthly prescriptions.
 Is _____ limit to _____ prescriptions I can _____ month.
 What is the _____ on _____ with no _____ month?
 What _____ the _____ on prescriptions with _____?
 _____ there a _____ on cost-free _____?
 I _____ to know if _____ a _____ of prescriptions _____ can be given _____ month.
 _____ to know if _____ an _____ the _____ monthly prescription fills.
 _____ the monthly prescription _____ zero _____?
 _____ there _____ number _____ cost-free prescriptions that can _____ in _____ single month?
 _____ there _____ limit per month _____ the _____?
 _____ many scripts can _____ receive _____ free?
 _____ cost-free _____ have a _____?
 If there is an upper _____ monthly _____ fills _____ your _____ I'm _____.
 _____ regarding _____ free prescriptions per month.
 _____ number of cost-free prescriptions that can _____ obtained _____ a _____ month?
 _____ there _____ limit on _____ number _____ be received at _____ extra charge?
 Do _____ face limits on _____?
 _____ wondering if there is _____ upper limit _____ the _____.
 _____ wondering if _____ an _____ for the free prescription _____ plan.
 I'm _____ the plan _____ an _____ limit for _____ monthly _____.
 _____ me if there is a _____ cost-free _____ month?
 _____ many medications are capped _____?
 _____ there _____ number of _____ I _____ get at _____ charge?
 _____ of prescriptions to _____ given _____ extra charge?
 I want to know if _____ can _____ multiple _____ at _____ extra _____ or _____ they _____.
 I'm wondering if _____ an _____ to the free monthly _____.
 I'm _____ on the free prescription fills under your _____.
 Is _____ a limit on _____ of _____ can get within _____?
 _____ if there _____ limit on the free _____ prescription _____ my plan?
 _____ number of no-cost _____ be _____.
 _____ limit on _____ no-cost _____ allowed?
 Is there _____ the number of _____ that I _____ get _____?
 Is _____ a limit on the _____ I _____ get within _____ additional cost?
 I _____ if there _____ upper _____ for _____ prescription _____ under _____ plan?
 There _____ a _____ on the number _____ cost-free prescriptions _____ be _____ in _____.
 _____ need to know _____ there _____ limit to the _____ prescription _____ that _____ can _____.
 _____ am curious to _____ if there is a _____ can _____ each _____.
 I _____ curious to know _____ a maximum of _____ I need _____ purchase _____.
 How many pills _____ take _____ without spending _____?
 I'm curious if _____ limit _____ the _____ monthly _____ the plan.
 The _____ no-cost _____ allowed _____ month?
 Can _____ tell me _____ an _____ limit on free _____ under my _____?
 Is _____ any _____ on the number of _____?
 _____ want to _____ if _____ is _____ limit for free monthly _____.
 _____ there a limit on the _____ of prescriptions _____?
 _____ to the free _____ provided?
 _____ is the maximum _____ of prescriptions that I _____ get _____?
 _____ be limits _____ free monthly _____?
 Is _____ a _____ the _____ free _____ prescription fills?
 Do _____ have any limits _____?

What ____ the ____ on prescription ____ with ____ fees?

Can you ____ there's an upper ____ monthly ____ fills?

What is the ____ monthly ____ no ____?

Is there a limit ____ prescriptions that can ____ single month?

____ wondering if ____ an upper ____ for free ____ in ____ plan.

____ there ____ maximum of prescriptions I ____ to purchase ____ month.

I ____ know if ____ have ____ on ____ prescriptions.

____ there ____ the ____ prescriptions covered ____ cost under my plan?

____ don't ____ if ____ is a ____ on ____ monthly ____.

____ if there is ____ free monthly prescription fills ____ the plan.

Which ____ the ____ limit with ____?

Is it possible ____ an allotted amount ____ additional ____?

____ there ____ limit on ____ of prescriptions ____ at ____ extra charge?

____ limit on ____ amount of cost-free ____ you can ____ in ____?

I ____ to ____ if there ____ a ____ to the free prescription ____.

____ tell me if ____ is an ____ limit ____ prescriptions ____ my ____.

Should ____ an upper limit ____ free ____ prescription ____ my ____?

I ____ to know ____ to free prescription ____.

I'd like to know if there is ____ for free ____.

____ have a ____ free monthly ____?

____ am ____ there ____ of prescriptions that ____ take each month.

I am ____ to ____ is ____ maximum of prescriptions I will ____ purchase each ____.

____ maximum allowed number ____ to ____ provided at no ____?

____ to whether or ____ is an ____ limit for free ____ my ____.

____ if there is an ____ for the ____ monthly prescription ____?

____ can ____ in one month without adding ____?

____ are restrictions on the ____ of ____ can ____ in one ____.

Is it possible ____ multiple ____ month ____ additional ____?

____ many prescriptions ____ get ____ month without paying ____?

I am ____ if ____ an ____ for ____ monthly ____ fills.

____ there ____ number of ____ I can get each ____?

Are there ____ restrictions on ____ prescriptions ____ free under ____ plan?

____ you know ____ there is ____ maximum ____ prescriptions?

____ curious ____ know ____ there is a maximum ____ I ____ have ____ purchase ____.

____ like ____ know if I ____ a maximum of prescriptions ____.

How ____ capped ____ zero-fee per month?

If ____ an ____ under ____ plan, then I'm curious.

____ wondering if ____ upper limit ____ free ____ fills.

Is ____ month on ____ script?

Is there ____ on ____ prescriptions that can ____ for ____ under ____ plan?

____ the upper ____ under my plan?

Is there ____ much medication I can get ____ given ____ no extra ____?

____ am ____ there is an upper ____ for ____ under ____ plan

____ it possible ____ an allotted amount ____ free ____ month?

I ____ know ____ there is ____ maximum of prescriptions ____ a single month.

____ would ____ if there's ____ limit for free monthly ____ under ____ plan.

____ is the maximum ____ for ____ per ____?

____ if I can have multiple ____ no extra ____ or ____ is a maximum.

Is there ____ prescriptions that do not ____ additional ____?

____ maximum number of no-cost ____ a month.

Is there _____ on how _____ cost-free _____ can be obtained _____?

_____ am wondering _____ there _____ of _____ I _____ get every month.

_____ am curious _____ if _____ is _____ maximum number of prescriptions _____ to purchase _____ month.

Is _____ possible to get multiple _____ no extra cost, _____?

_____ if _____ is _____ maximum _____ prescriptions _____ I need _____ each month.

I am interested in knowing if there is _____ I _____.

Are _____ on _____ of medication _____ can _____ in a month?

Is _____ limit on the free _____ your _____?

_____ curious _____ there _____ an upper limit _____ monthly prescriptions under _____.

_____ know if there _____ a _____ for cost-free _____.

How many prescriptions _____ I _____ each _____ extra?

_____ am _____ there are _____ on how _____ I _____ for free.

_____ wondering if _____ is a _____ prescriptions I have to _____.

_____ there limitations _____ free _____?

What _____ the limit on _____ with _____ additional _____?

Is there any limit _____ amount of _____ I _____ a month _____ extra _____?

Is there a _____ limit on _____ I _____ no extra cost?

_____ to know if there _____ prescriptions I have _____ buy.

_____ plan, _____ is _____ upper limit on _____ monthly _____ fills?

I want _____ if _____ a _____ of _____ can _____ each month.

If there's _____ limit _____ the free _____ you _____ me, I need _____.

I'm _____ if there is a _____ of _____ purchase a month.

Is _____ a _____ on how many prescriptions _____ can _____.

_____ like _____ know if _____ can have multiple prescriptions _____ no _____ cost _____ if _____ a _____.

Is there _____ limit _____ number _____ I _____ receive _____ no charge?

_____ the _____ of _____ per month?

I'm _____ sure if _____ limit _____ the _____ prescription fills.

Is it possible _____ have more prescriptions _____ a _____?

_____ I get _____ prescriptions in _____ going broke?

I _____ if _____ a limit to _____ prescriptions _____ need to purchase _____ month.

Is _____ allotted amount _____ prescriptions _____ don't _____ extra fees?

_____ wondering if _____ are restrictions _____ how many pills _____ can take _____ the _____ cost.

_____ curious about the _____ free _____ prescription fills _____ your _____.

Is _____ possible to _____ prescriptions for free _____ there _____?

Is there any restriction _____ cost-free prescriptions that _____ a month?

I'm curious _____ there's _____ limit on _____ for _____.

I'm wondering _____ is _____ limit to the _____ monthly _____.

Is _____ an upper limit _____ the free _____ prescription _____?

Is _____ restrictions on _____ of prescriptions _____ free-of-cost?

Where _____ the maximum _____ prescriptions?

I _____ like _____ I can have _____ without extra cost _____ it's _____ maximum.

I _____ like to _____ if I _____ have multiple _____ free _____ limit.

How _____ the _____ prescription _____ at _____ extra charge?

There _____ a _____ number _____ no _____ prescriptions allowed monthly.

I am _____ there _____ an upper _____ monthly _____ under _____ plan.

_____ some _____ the number of _____ monthly prescriptions.

Is there _____ limit _____ how _____ a _____ can get?

_____ there's a limit _____ the _____ of _____ get each month.

There are _____ on how many _____ prescriptions _____ be _____ one _____.

I would _____ to know _____ for free monthly _____ fills under _____.

Is _____ to _____ maximum _____ of free monthly _____?

_____ the _____ limit for the free _____ prescription _____ included in _____ plan.

I'm curious _____ is an _____ on free _____.

_____ to know _____ there is _____ limit on free monthly _____.

I _____ know if _____ are a maximum _____ I can _____ each _____.

I _____ to _____ an upper limit _____ monthly prescriptions.

I want to _____ if _____ have multiple _____ extra costs or _____ maximum.

The _____ number of _____ to be _____ at _____?

I am _____ there is _____ limit on _____ I _____ each month.

_____ many pills can I _____ a month _____ to pay _____?

_____ am _____ I need to purchase a maximum _____ prescriptions _____.

I don't know _____ limits on _____ monthly _____ provided.

_____ limit _____ the number of prescriptions I can _____?

_____ a limit _____ many cost-free _____ be obtained _____ a single _____?

_____ limit _____ the _____ of medication I can take within _____ month _____ no _____?

_____ confused about _____ limit _____ prescriptions per _____.

Is there an _____ free monthly prescriptions _____?

I'm _____ is _____ upper limit for _____ prescriptions.

I wanted to _____ if there _____ an _____ for _____ prescriptions _____ my _____.

_____ there _____ prescriptions per month?

_____ to _____ if _____ is _____ on the number of prescriptions _____ can _____ in _____ month.

_____ there a _____ of free _____?

I _____ an upper _____ monthly prescription fills _____ my plan.

_____ an upper limit on _____ monthly prescription fills?

_____ any _____ the _____ prescriptions covered free-of- cost?

What is _____ limits _____ no _____?

What is the _____ on prescription quantities _____?

_____ if _____ a limit _____ the number of prescriptions _____ each month.

_____ there _____ limits on _____ medication _____ can get at _____ extra _____?

Some _____ on _____ number of _____?

_____ whether there's an _____ free _____ prescriptions _____ my plan.

_____ may _____ a _____ on _____ prescriptions.

I am _____ know if _____ is _____ limit _____ the number of _____ can get a _____.

_____ would like to know if there _____ limit _____ free _____ prescriptions _____.

Do you _____ on _____ quantities _____ additional fees?

I _____ restrictions on how many _____ I can take _____ the _____ at _____ cost.

_____ wondering if there are _____ on the number _____ pills I can _____ at _____.

max _____ before cost increases?

_____ on _____ without costs _____ each month?

I'm _____ if there's an _____ to free _____ plan.

_____ to know if _____ have _____ for _____ or if it's _____ maximum.

_____ the _____ prescription _____ accompanied by _____ additional _____ every month?

_____ how _____ prescriptions _____ can get in a month?

I _____ was an _____ for free _____ prescription fills.

I wonder if _____ limit _____ free monthly _____.

_____ you _____ me to ask _____ there's an _____ under my plan?

_____ am _____ to know if _____ a maximum _____ prescriptions _____ I can _____ each _____.

I'm _____ there's _____ upper limit _____ your _____ prescription fills.

_____ there _____ limit _____ free _____ fills under _____ plan?

_____ don't know _____ is _____ limit _____ how _____ prescriptions _____ can _____ per month.

Do ____ think there ____ a ____ prescriptions?

How ____ pills can I take ____ without ____?

I would ____ to know ____ there ____ maximum ____ I can ____ month.

Can you ____ me ____ on ____ prescriptions ____ month?

How many ____ I ____ month ____ free?

I ____ know ____ I ____ have a certain ____ within my ____ at ____ extra cost.

Could there ____ maximum ____ of ____ prescriptions allowed ____?

____ it possible that I ____ limit?

____ it ____ multiple ____ per ____ without extra charges?

____ a cap ____ cost-free ____ per ____?

Can ____ restrictions ____ of prescriptions covered for ____?

____ I ____ each month without paying extra?

How many ____ can I ____ a ____ without ____?

____ an allotted quantity ____ that ____ without ____ fees?

Can you ____ me ____ on free ____ per ____.

Would ____ please ____ if there's ____ upper limit ____ free ____ under ____ plan.

____ more prescriptions ____ a month ____ shelling out ____ money?

Is ____ an ____ amount ____ come without fees?

Is ____ no-cost ____ allowed monthly?

____ don't ____ are ____ on the number of ____ prescriptions ____.

Do you ____ if ____ maximum ____ is available?

____ there ____ number of no ____ prescriptions ____ monthly?

Is ____ to receive multiple ____ at ____ extra ____ is ____ maximum limit?

Can there be ____ cost-free ____?

____ there a ____ to the number of ____ a month?

Would you ____ allow ____ limit ____ prescriptions under ____ plan?

Is ____ a limit on how ____ prescriptions can be ____?

Is there ____ the amount of ____ I ____ a ____ month?

____ there a ____ on ____ amount of ____ can receive at ____?

____ am wondering ____ is a maximum of prescriptions ____ month.

____ curious ____ know if ____ is a ____ of ____ I ____ purchase ____ month.

____ scripts ____ I get ____ month for ____ charge?

I am ____ there is a maximum ____ I ____ month.

____ of prescriptions a month?

____ on the number ____ I get per month?

____ possible ____ face ____ on free prescriptions?

I am ____ to know if ____ is a ____ prescriptions ____ can ____.

I am ____ to ____ there is ____ maximum ____ I ____ buy each month.

Is there ____ limit on ____ you can take without ____?

____ please ____ me ____ there's ____ upper limit for ____ prescriptions under ____ plan?

____ limit on ____ much cost-free prescriptions ____ be ____ in ____ single ____?

____ the ____ free ____ prescriptions?

I'm wondering ____ there's an ____ limit ____ the ____.

____ to ____ is an upper ____ the free ____ fills under my plan.

I would like ____ if I have a ____ amount ____ month at no ____.

I'm ____ to know if ____ is ____ maximum ____ take per ____.

____ amount for prescriptions that don't ____ additional fees?

____ if ____ upper ____ for free ____ under the plan.

There may be ____ of ____ prescriptions that ____ in one month.

____ prescriptions that come without added fees?

Is there _____ on _____ prescriptions you can _____?

Do _____ on _____ free prescriptions I _____?

_____ maximum _____ of no cost _____?

Is _____ on the _____ of _____ I get _____ month?

I _____ curious to know if _____ a maximum _____ I can _____.

_____ no-cost _____ can _____ take monthly?

_____ there is _____ upper limit to _____ free monthly _____ under _____ plan.

_____ a maximum number _____ prescriptions _____ can get _____.

_____ can _____ limit _____ free monthly _____.

_____ there a cost-free _____ every _____?

_____ per month is not known.

_____ has an upper limit for free monthly prescription _____?

Is there _____ limit _____ how _____ prescriptions _____ can _____ month.

There is a _____ of _____ cost _____ allowed in _____.

_____ you have before _____ additional cost _____ imposed?

I'm curious about the limits _____ monthly _____.

_____ any _____ number of prescriptions _____ I _____ get each month?

I _____ to _____ if a maximum of prescriptions I _____ be _____.

_____ more cost is imposed, _____ prescriptions _____?

Is there _____ of free prescriptions _____ month?

Is there an upper _____ your plan?

Is there _____ to the _____ prescriptions _____ get _____ month?