

[Demo] NLP Dataset for Customer Service Automation

Company Type	Health Insurance Companies
Inquiry Category	Explanation of benefits (EOB) clarifications
Inquiry Sub-Category	Copayment Explanation
Description	Customers seek clarification on the copayment amount they are responsible for and when it applies to their medical expenses.
Data Size	5,024 paraphrases
Want to buy data?	Please contact nlp-data@gross.me via your business email address.

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

Is there an extra ____ for outpatient ____ services in ____ the ____ co-pays ____ company's ____ Explanation ____ documents?

____ cost for mental health services outside ____ regular ____?

____ outpatient ____ health services, ____ I ____ to ____ anything in ____ to ____ co-pays?

Are ____ any ____ costs ____ with seeking outpatient ____ besides ____ initial ____ fees listed ____ previous document?

When ____ is ____ mental ____ will ____ be ____ fees on top ____ regular ____?

____ receiving mental healthcare ____ standard office ____ added ____?

Does your organization ____ for ____ treatment on top of ____ regular ____ co-payments?

____ regular office-visit co-pays discussed ____ your company's ____ there ____ for receiving outpatient mental

Is there a ____ for ____ services ____ regular ____ co-pays?

____ outpatient ____ services subject ____ an additional ____ alongside ____ visit copay?

Can ____ if I need ____ pay ____ mental health ____ addition ____ office visit copay?

Will I ____ if I ____ providers ____ of ____ typical office visit?

Will ____ have ____ for mental ____ services beyond ____ outlined in ____ benefit?

Do outpatient mental ____ have an ____ besides ____ office-visit ____?

____ outpatient ____ health services ____ to ____ charges, not ____ visit copays?

Do you ____ if there are any ____ fees ____ with receiving ____ health services along ____?

Will I have ____ visiting a mental health ____ office visits?

Is there any ____ psychological ____ a hospital setting, ____ office-visit fees?

____ add ____ extra ____ outpatient mental health ____ top ____ regular office-visit co-payments?

____ mental health services ____ besides ____ visit co-pays?

Is outpatient mental ____ services subject ____ an ____ fee ____ visit ____?

____ you ____ me ____ for mental health services ____ of the ____ visit?

____ charged ____ charges if I visit a ____ health provider ____ hours?

Will I ____ an amount on ____ of ____ usual ____ psychological ____?

Is ____ mental ____ services subject ____ additional charges apart ____ co-pays?

____ be more fees on ____ of normal ____ there is ____ health ____?

____ it ____ for me ____ for outpatient ____ health care, ____ the office-visit ____ explained in

Is ____ possible ____ additional charges ____ visit ____ health ____ an office visit?

Will I incur ____ I ____ health ____ outside ____ office hours?

Will _____ supplementary fees for _____ health _____ than _____ office visit _____?
 _____ outpatient mental health _____ to additional charges if regular _____ mentioned _____?
 _____ I _____ mental _____ do _____ have to pay anything _____ addition _____ my _____ co-payments?
 _____ I _____ an _____ top _____ my usual copayments _____ psychological care?
 _____ possible _____ I _____ to _____ more if _____ mental health _____ office visits?
 _____ mental health services _____ fee besides _____ office visit co-pays _____ in your _____?
 _____ organization _____ extra _____ for _____ health treatment _____ regular office visit co-payments?
 _____ addition to _____ office visit fees, are _____ charges _____ for outpatient mental _____?
 Is it _____ that I'll _____ additional amount _____ of my usual _____ psychological _____?
 _____ pay additional _____ if I visit _____ outside of _____ hours?
 _____ any added costs to _____ health visits, _____ the _____ previous _____?
 _____ I _____ charged _____ amount _____ top _____ my _____ copayments for psychological _____?
 _____ you _____ if there are _____ extra _____ for _____ mental health services _____ the _____ office _____?
 _____ your _____ extra for mental health _____ apart from the _____?
 _____ supplementary expenses _____ with outpatient _____ that go _____ the _____ visit _____ in your _____ Benefit _____?
 Is _____ services subject to _____ along with the _____ visit _____?
 _____ cost _____ outpatient mental health services _____ the _____ co-pays mentioned in the previous _____?
 _____ have to _____ an extra _____ for using outpatient _____ along _____ in your previous documentation?
 Is there _____ added costs _____ psychological _____ co-pays mentioned in _____?
 Do _____ mental _____ have _____ additional _____ besides _____ office _____ co-pays?
 _____ outpatient mental health _____ an extra _____ from _____ office visit _____?
 _____ there any _____ to _____ visits _____ co-payments stated _____ previous documents?
 Will I be _____ more if I _____ health _____ typical office _____?
 Over _____ the stated _____ visit _____ in the _____ Explanation Benefit _____ any additional charges _____ mental _____?
 _____ I _____ to pay _____ visiting _____ providers _____ of regular office _____?
 _____ extra _____ for _____ mental health _____ as well as _____ office-visit co-pays _____ your company's
 _____ there _____ cost _____ Explanation _____ Benefits for mental _____ outside regular visits?
 _____ there _____ additional costs _____ outpatient _____ health help, _____ the initial office visits _____ listed _____ document?
 _____ I _____ to _____ payments _____ mental health services _____ office visit _____?
 _____ I _____ to _____ any _____ payments for _____ beyond the office _____ co-pays?
 _____ want _____ extra fees for outpatient _____ Health Services _____ addition _____ your _____ visit fees.
 _____ there be _____ fee _____ the _____ visit _____ use your clinic's mental health services?
 _____ any supplementary _____ with outpatient counseling beyond _____ visit _____ mentioned _____ your Explanation _____ documentation?
 Along _____ regular office-visit _____ discussed _____ your company's earlier benefit, are _____ extra _____ receiving _____
 Are _____ services more expensive _____ co-pays mentioned in _____?
 _____ any added _____ you _____ mental health services _____ office visit _____?
 Do we _____ pay more _____ than _____ Visit- Copay relation mentioned _____ your business?
 You might want to inquire _____ the _____ fees _____ outpatientmental _____ Services in _____ your _____.
 Is there _____ added cost _____ psychological _____ hospital setting along with _____ office-visit _____?
 _____ there _____ fees _____ with receiving mental _____ services, as well _____ standard _____ co-payment?
 _____ separate cost for _____ mental health _____ the _____ office-visit co-pay?
 Do outpatient _____ health _____ than _____ office co-pays are _____ in _____ documents?
 _____ I _____ to make _____ for _____ services beyond the office _____ in _____ previous benefit?
 _____ it _____ mental _____ services outside regular _____ supplementary cost depicted in the Explanation _____ documents
 _____ there any extra _____ with seeking outpatient psychiatric _____ from _____ office visits fees _____ in _____?
 _____ of regular office _____ fees, do _____ have _____ pay _____ for mental _____?
 _____ associated with _____ outpatient mental _____ with the _____ office visit co-payments?
 _____ seeking _____ services, _____ I have to pay anything in _____ usual _____?

_____ there _____ charges for outpatient mental healthcare, over and _____ the _____ ?
 _____ it necessary to _____ more for outpatient mental _____ services _____ than _____ noted _____ ?
 _____ office visit fees, are _____ extra charges for mental _____ ?
 _____ have _____ for visits _____ health providers outside of a _____ visit?
 _____ there an _____ cost _____ psychological treatments beyond _____ ?
 _____ there any _____ fees for _____ health _____ other than _____ co-pays?
 Should outpatient mental _____ services _____ charges _____ compared _____ visit co-pays?
 _____ for _____ Health Services _____ added _____ your office visit fees.
 _____ mental health services subject _____ additional _____ office visit co-pays?
 Is _____ mental _____ services subject to additional charges, besides _____ co-pays _____ in _____ ?
 _____ there _____ extra costs to mental _____ like the _____ that were _____ ?
 On top _____ pay _____ regular office _____ are outpatient _____ visits _____ ?
 _____ be an extra amount _____ my _____ copayments _____ outpatient psychological _____ ?
 _____ me to _____ if _____ visit mental health providers outside _____ office hours?
 _____ have _____ for _____ health services beyond the office _____ co-pays outlined _____ ?
 _____ to _____ charges for _____ mental _____ providers outside of regular office _____ ?
 Do _____ know if _____ mental _____ services are _____ to _____ the _____ visit?
 Is _____ mental health services _____ to additional _____ office _____ ?
 _____ I _____ to _____ when _____ mental health _____ outside _____ regular office _____ ?
 _____ that _____ have _____ more for mental _____ beyond the office _____ co-pays?
 Is there any extra _____ with receiving _____ along with _____ visit _____ ?
 _____ health _____ charge an extra fee _____ office visit _____ ?
 In _____ to _____ visit fees _____ in earlier benefits, _____ there _____ for _____ health services?
 _____ mental _____ services subject to _____ additional _____ with _____ visits?
 Is _____ mental _____ subject to _____ additional _____ with _____ office visit _____ ?
 On _____ pay for regular office co-pays, do _____ cost _____ ?
 _____ your _____ charge any _____ for mental _____ other _____ the _____ visit _____ ?
 _____ organization _____ for _____ health _____ top of regular office visits?
 Is _____ will _____ additional _____ visiting mental health providers outside regular _____ ?
 On top _____ co-pays, _____ there additional _____ outpatient _____ health treatments?
 On top _____ co-payments, _____ your organization impose _____ additional _____ mental health _____ ?
 Will _____ have _____ pay _____ health services _____ the office visit co-pays outlined _____ benefit?
 Is _____ mental health _____ to _____ additional fee along _____ the _____ visit _____ ?
 Is there _____ additional _____ for getting psychological _____ outside of a _____ setting _____ ?
 Does _____ health services have _____ pay _____ along _____ the office visit _____ ?
 _____ there be an extra _____ for using outpatient psychological support alongside _____ your _____ ?
 _____ additional charges for _____ over and above the _____ office visit _____ previous Explanation _____ materials?
 Is it possible that _____ cost _____ office co-payments?
 Did _____ find _____ charges _____ mental healthcare, over and _____ stated _____ visit _____ ?
 Do _____ have _____ pay anything _____ addition _____ my _____ for _____ mental _____ services?
 Is it _____ that _____ expenses associated _____ office _____ mentioned in _____ previous Explanation Benefit documentation?
 Are outpatient _____ health _____ subject to _____ charges _____ of _____ ?
 Should a _____ for _____ health _____ on _____ of office visit _____ ?
 Do outpatient _____ services have _____ additional _____ office-visit co-pays?
 _____ there be any _____ cost _____ mental _____ of _____ office payments?
 You might want to inquire into the extra _____ for outpatient _____ Services in _____
 _____ above _____ office visit copayments found in _____ materials are any _____ for _____ mental _____ ?
 _____ I need to _____ more _____ mental _____ top _____ office visit _____ ?
 Do I have _____ for outpatient mental health _____ I _____ regular office visit fees _____ my _____ ?

_____ it necessary for me _____ more for _____ mental health care, _____ are detailed _____
 Do I have _____ pay more _____ mental healthcare _____ visit co-pays outlined _____ materials?
 Is _____ necessary for me _____ additional _____ for mental _____ office visit?
 Is _____ additional charges for _____ healthcare, over and _____ office visit _____ found _____ your _____ materials?
 Are there _____ additional _____ for _____ healthcare over and _____ visit _____?
 _____ be charged more if I _____ mental _____ outside _____ office _____?
 When seeking outpatient mental _____ I _____ pay anything _____ than _____ normal _____ for office _____?
 _____ have to _____ services beyond the office visit _____ outlined in my previous _____?
 _____ have _____ charges if I visit _____ providers outside regular _____?
 Explanation _____ for office visits for _____ mental health services
 Are _____ any _____ outpatient mental _____ help other than _____ visit fees listed in your _____ document?
 _____ organization _____ an additional _____ mental health treatment on _____ of _____ co-payments?
 Will _____ have to _____ more _____ I visit _____ of my office _____?
 _____ outpatient _____ health services _____ additional charges _____ compared _____ office visit _____?
 Is _____ additional _____ due _____ outpatient mental health services on _____?
 Will _____ incur _____ charges _____ health providers outside office _____?
 _____ any additional _____ receiving psychological _____ outside of _____ hospital setting, _____ standard _____ fees?
 _____ it _____ health _____ are subject to _____ additional fee _____ the _____ visit _____?
 _____ that I will be charged more _____ health providers _____ of _____?
 _____ company charge more _____ mental health _____ to _____ standard visit _____?
 Is _____ additional fee for mental health _____ from the office _____ your _____ documents?
 Is _____ a separate _____ for mental _____ services besides _____ co-pays _____ in _____?
 _____ a separate cost for _____ mental _____ besides the _____?
 _____ any _____ office visit copayments found in your previous _____ Benefit materials?
 Does outpatient _____ to _____ fee along _____ the office visit copays?
 _____ there an extra _____ for getting psychological _____ outside _____ hospital _____ along _____ office-visit _____?
 _____ outpatient _____ health _____ come _____ additional charges beyond the _____?
 _____ charged an _____ on top _____ my _____ copayments for _____ psychological care?
 _____ there _____ fees _____ mental health treatments _____ the regular office _____?
 _____ there an extra _____ for _____ mental _____ outside of _____ visits?
 _____ health services _____ an additional _____ with the office visit _____ your _____ prior _____ documents?
 _____ any added _____ outpatient psychological _____ beyond the usual _____?
 Will _____ have to pay more _____ mental _____ providers _____ of _____?
 _____ a fee for using your _____ mental _____ services _____ of standard _____ charges?
 _____ there _____ on top of _____ when _____ is outpatient _____ services?
 Are _____ expenses associated _____ go beyond the _____ visit co-payments mentioned _____ your _____
 Benefit documentation?
 Is _____ a _____ for using your clinic's _____ services _____ standard _____ charges?
 _____ cost you more to use _____ clinic's _____ mental _____ the standard _____ visit charges?
 _____ there _____ additional cost for _____ services _____ the standard _____ cost?
 Are outpatient mental _____ subject to an _____ fee _____ office _____?
 Will I have _____ pay more _____ visit _____ providers outside _____ regular _____?
 _____ there _____ an extra _____ for _____ clinic's outpatient mental health services on top _____ office _____?
 _____ mental _____ services _____ to an additional fee along _____ visit _____ your company's previous _____
 documents?
 In addition _____ the office _____ fees _____ earlier _____ are _____ charges for _____ mental health _____?
 Is it necessary _____ pay _____ outpatient _____ care _____ top _____ office visit _____?
 Is there any additional fees for _____ other _____ co-pays?
 _____ there _____ separate cost for _____ mental _____ services besides _____ regular _____ co-pays mentioned _____?
 _____ mental health _____ cost more than the _____?
 There may _____ for mental _____ visits, like the co-payments _____.

Is outpatient _____ to _____ charges along _____ the regular _____ visit _____ in the Explanation _____ documents?
 _____ mental _____ have additional charges _____ regular office _____ co-pays?

Will _____ have to pay _____ for _____ outside of _____ visits?

Are outpatient mental _____ services subject to _____ regular office _____ mentioned in _____ Benefit documents?

_____ any additional _____ for _____ treatments other _____ regular office _____ co-pays?

_____ there _____ for outpatient mental health _____ office visit co-pays mentioned in _____?

_____ mental wellbeing _____ sessions, _____ regular copays _____ your docs?

_____ there _____ for _____ clinic's _____ health services on _____ the regular office visit charges?

_____ required to pay for _____ health services _____ office _____ co-pays _____ in my _____ Benefit?

Will I have _____ visiting _____ health _____ outside _____ office visits?

Is _____ added _____ for _____ services _____ along with office visit fees?

_____ outpatient _____ services subject to additional _____ regular _____ co-pays mentioned in your company's _____ documents

Is there _____ associated with _____ which go _____ office _____ co-payments _____ in _____ previous documentation?
 _____ to the _____ outlined in earlier _____ materials are _____ any additional charges _____ outpatient _____ services?

Is it _____ me to _____ more _____ outpatient mental health _____ co-pays in _____ with

Do outpatient _____ services _____ extra fee _____ the _____ co-pays mentioned in _____?

Is _____ any _____ cost _____ health visits, _____ stated _____ previous documents?

_____ there any _____ the office _____ co-payments _____ your _____ Benefit documentation for outpatient counseling?
 _____ be _____ surcharge _____ using your _____ outpatient mental _____ of the standard office _____ charges?
 _____ your organization impose _____ additional _____ of _____ co-payments for mental _____?

_____ I _____ required to _____ additional _____ for _____ health services _____ the _____ outlined in _____ previous _____?

Do I have _____ health care on _____ of _____ regular office _____ fees?

There may be an _____ cost to _____ previous documents say.

Will I be required _____ mental health services _____ the office _____?

Are _____ any additional _____ associated with _____ psychological help _____ the _____ office visits _____ in _____ previous _____?
 _____ addition to the _____ office _____ are _____ extra charges applicable _____ health _____?
 _____ there _____ separate _____ outpatient _____ health _____ the regular office-visit co-pays _____ previous documents?

Will I _____ to _____ I _____ to mental health providers _____ an _____ visit?

You might _____ to inquire _____ extra fees _____ mental health _____ to your regular _____ visit _____.
 _____ outpatient mental health _____ additional charges _____ regular _____ co-pays are _____?

Is _____ separate _____ health services besides _____ regular _____ co-pays?
 _____ your organization impose an _____ fee _____ health treatment on top _____ the _____?
 _____ supplementary expenses associated with _____ which _____ beyond _____ co-payments mentioned in your previous _____?

_____ make _____ payments for _____ health services beyond the office visit copays _____ your _____?
 _____ addition _____ there any _____ charges for mental health services?
 _____ need _____ pay more for _____ care over the regular office _____?

Extra charges are applicable _____ receiving _____ mental _____ with _____ in your _____ earlier benefit
 _____ I _____ required _____ pay for mental _____ beyond _____ office-visit _____?

Do _____ for mental health _____ top _____ the regular office visits?
 _____ mental health visits cost _____ than regular _____ previous documents?

Will _____ be expected _____ additional _____ services beyond the office visit _____?

_____ I have _____ more for visits to _____ health _____ regular office _____?

_____ any _____ if _____ mental _____ outside of an office visit?

_____ you know if there are _____ charges _____ outpatient mental health _____ visit cost?

Will _____ have _____ payments _____ outpatient _____ health services beyond the office-visit _____ in _____ previous _____?
 _____ an extra _____ for _____ mental health _____ outside of regular _____?

Is _____ an _____ for psychological treatment outside _____ a _____ setting, _____ office-visit _____?
 _____ there any extra _____ for _____ like _____ co-payments in _____ documents _____?

Will I _____ pay more _____ health providers _____ of a typical _____?
_____ mental health _____ subject _____ additional _____ from regular office _____ mentioned _____ company _____
Explanation Benefit documents?

_____ I have to make _____ additional _____ mental _____ services beyond _____ office visit co-pays _____ previous _____?
_____ for visiting mental _____ providers outside of regular _____ visits?

_____ any _____ costs to outpatient _____ health visits _____ co-payments stated in _____?

_____ find _____ mental _____ over _____ above _____ copayments in your previous Explanation Benefit
materials?

_____ outpatient _____ health _____ do I _____ to pay _____ than _____ normal co-payment?

Does _____ mental health visits cost _____ than _____ regular office _____ in _____ previous _____?

_____ your _____ an extra fee for _____ treatment _____ of _____ office-visit co-payments?

Is there any _____ for visiting _____ providers _____ of _____ office _____?

_____ addition to _____ office _____ fees outlined in earlier _____ there any _____ for _____ mental _____?

Is there a _____ health services _____ the _____ co-pays mentioned in previous _____?

_____ separate cost for outpatient _____ besides the _____ office-visit co-payments?

_____ your _____ charge _____ health care other _____ standard visit co-pays?

_____ company charge more _____ health care than _____ does _____ standard visit _____?

_____ outpatient mental _____ charge _____ extra fee apart _____ co-pays?

Is there more _____ top _____ copays _____ is _____ mental health?

_____ I face extra charges _____ visit _____ providers _____ office hours?

Extra _____ to _____ mental _____ services, along _____ the _____ office _____ co-pays _____ in your company's earlier

_____ of _____ are there _____ associated with _____ mental health treatments.

_____ I be _____ amount more _____ my _____ for outpatient psychological _____?

Are _____ health _____ subject to additional charges, _____ from _____ office _____?

_____ I visit _____ health _____ office hours _____ I be _____ more?

_____ of regular _____ your previous Explanation _____ documents, will _____ be _____ outpatient mental health
care?

_____ there an _____ for _____ mental _____ services _____ top of usual _____?

Is there _____ fees _____ outpatient mental _____ services, _____ standard office visit _____?

Is _____ mental _____ subject _____ additional _____ from regular _____ visit co-payments?

_____ outpatient _____ services subject to _____ charges, _____ just _____ visit _____?

_____ the _____ services have an extra _____ besides the _____?

Is _____ a _____ clinic's outpatient _____ health services on top of _____ office _____ charges?

_____ I _____ more _____ if _____ health providers _____ of an office _____?

Is there _____ mental health visits, like in _____?

Will there be _____ use _____ clinic's mental health _____ on _____ standard office visit _____?

Will there be more fees _____ of _____ services?

The _____ fees are listed _____ your _____ documents, _____ do I need to pay _____ outpatient mental _____?

_____ mental health services _____ subject _____ additional charges _____ office _____ co-pays

Is the office-visit co-pays _____ in _____ communications with your _____ for _____ pay _____ for _____ care

_____ health services _____ regular _____ be shown _____ cost in Explanation _____ Benefits _____?

Does _____ company _____ more _____ outpatient mental health care _____ standard _____?

Will I have more _____ I _____ mental _____ outside _____ hours?

_____ any supplementary expenses associated with _____ counseling beyond the _____ visit co-payments _____ in _____
documentation?

_____ mental _____ services have any _____ besides office _____ that _____ been _____ before?

When _____ outpatient _____ services, do _____ to _____ something _____ addition _____ normal co-pay?

Is it _____ I _____ for outpatient mental _____ beyond what _____ described in the _____ Benefit _____?

Will _____ additional charges _____ health _____ of normal office hours?

Is _____ cost for _____ health _____ like in _____ documents?

_____ of _____ usual _____ for outpatient _____ care, _____ I _____ billed _____ additional amount?

_____ any additional _____ psychological treatment outside of a hospital setting, along _____ ?
 Do _____ Explanation _____ papers of your company _____ supplementary charges for _____ apart _____ office-visit
 _____ charges if I visit a _____ outside of an _____ visit?
 Extra _____ are applicable to receiving _____ health services, _____ office-visit co-pays _____ your company's
 _____ I have _____ pay _____ health care on top _____ visits?
 _____ I _____ pay more for _____ services beyond _____ visit _____ in your previous benefit?
 Are outpatient _____ health _____ additional _____ along with _____ visit co-pay?
 _____ a _____ for _____ health services other _____ regular office-visit _____ ?
 _____ seeking _____ mental _____ services, _____ I _____ pay anything _____ to _____ normal co-pays?
 Will I _____ pay _____ outpatient _____ health services _____ the _____ outlined _____ previous Benefit?
 _____ other than regular _____ be shown in Explanation of _____ for _____ cost?
 When seeking outpatient _____ health services, _____ have _____ addition to _____ usual _____ ?
 Will _____ charged additional charges _____ visit mental _____ providers _____ regular _____ ?
 Is _____ me _____ pay more _____ mental health providers besides _____ ?
 Is _____ a separate _____ health _____ the usual office _____ co-pays?
 Is _____ health services _____ to _____ charges if _____ co-pays are mentioned in _____ Explanation _____
 _____ there any additional costs for receiving psychological treatment _____ of _____ standard _____ fees?
 _____ I _____ for _____ services than the office-visit _____ in my previous Benefit?
 Will _____ be charged more for visiting _____ outside _____ office _____ ?
 Is there _____ separate cost for outpatient mental _____ services _____ office-visit _____ documents?
 _____ addition to _____ co-pays _____ in your company's earlier benefit, _____ there _____ charges for _____
 _____ be _____ charge for _____ on top of _____ visit charges?
 _____ may want to _____ the _____ outpatient mental Health Services _____ addition to _____ regular office _____ .
 Do _____ outpatient mental health services are subject to _____ fee along with _____ ?
 _____ there _____ for outpatient mental health _____ other than _____ co-pays?
 _____ I be charged extra _____ mental _____ providers _____ of _____ hours?
 Can _____ additional charges if _____ a mental _____ of office _____ ?
 Are there any additional _____ with _____ outpatient _____ the initial office _____ fees _____ your previous _____ ?
 _____ a separate cost for mental _____ besides _____ usual office _____ ?
 _____ your _____ extra for _____ health care other than _____ co-pays?
 _____ your organization impose _____ extra fee _____ health treatment _____ regular _____ co-payments?
 Will outpatient _____ health _____ additional _____ beyond _____ standard _____ ?
 _____ charges apply to _____ outpatient _____ services alongside _____ regular office-visit _____ in _____ company's _____ benefit
 _____ there a different cost _____ health _____ other _____ office-visit _____ ?
 When seeking outpatient mental _____ services, do _____ pay _____ addition to what _____ already _____ office _____ ?
 Is there _____ for _____ health providers _____ of regular office _____ ?
 Will there _____ an _____ use _____ clinic's _____ health services _____ the standard office _____ charges?
 Is there _____ supplementary _____ associated with _____ counseling _____ go beyond the office visit _____ in _____ ?
 _____ there _____ supplementary expenses associated _____ outpatient counseling that _____ office _____ co-payments mentioned
 in _____ documentation?
 Are _____ any _____ associated with seeking _____ help other than _____ office _____ fees listed _____ previous _____ ?
 _____ seeking outpatient mental _____ services, _____ I _____ to _____ than my usual _____ ?
 Are _____ mental health services _____ to _____ charges _____ top _____ the _____ office _____ ?
 _____ there any _____ for mental _____ other _____ regular office _____ co-pays?
 _____ you know if _____ are _____ for _____ wellbeing _____ sessions _____ copay?
 _____ there _____ additional charges _____ outpatient mental _____ over and above _____ found _____ your previous _____ Benefit
 _____ ?
 _____ there _____ with seeking outpatient _____ help, apart _____ initial office _____ fees listed in _____ previous _____ ?
 _____ your company charge _____ care other than the standard _____ ?
 Does _____ charge _____ mental health _____ to standard visit co-pays?

_____ fees _____ receiving mental _____ services after the standard _____ visit co-payments?
 _____ extra costs _____ outpatient mental health visits like the _____?
 _____ of _____ we _____ for _____ office _____ do _____ health visits _____ more?
 _____ there _____ fee apart _____ for _____ mental health services?
 _____ an outpatient _____ health facility _____ to a _____ fee _____ by _____ co-pay?
 Will _____ additional charges if I _____ mental _____ outside office _____?
 _____ mental health services _____ to an additional _____ with _____ visit?
 You _____ want to inquire _____ the extra fees _____ outpatient _____ services _____ addition _____ visit fees.
 _____ outpatient mental _____ services be _____ additional charges beyond _____?
 _____ any extra _____ applicable _____ outpatient mental _____ services, in _____ to _____ office visit _____?
 Is there _____ additional _____ for _____ treatments _____ regular office _____ co-pays?
 Will _____ charged _____ for visiting mental _____ of a typical office _____?
 Is there _____ supplementary fee for _____ than the _____ co-pays?
 _____ there any _____ associated with _____ psychiatric help, _____ from the _____ visits fees _____ your document?
 _____ top _____ typical _____ are there _____ fees associated _____ outpatient _____ health _____?
 _____ outpatient mental health services subject _____ charges other _____ office _____ mentioned in Explanation _____?
 _____ you _____ if outpatient mental _____ services _____ subject _____ an additional _____ with the _____ co-pays?
 _____ I visit _____ health providers _____ of _____ have to pay _____?
 Are outpatient _____ health services subject _____ mentioned in the Explanation Benefit documents?
 _____ fees _____ with receiving _____ mental _____ services _____ the _____ office visit co-payments?
 _____ be _____ charge for _____ your clinic's _____ on _____ of standard office visit _____?
 Will _____ extra fees for mental _____ services _____ of _____?
 Extra _____ to receiving _____ mental health services along _____ the _____ office visit co-pays _____ your _____.
 Is _____ that _____ health visits _____ more _____ top _____ regular office _____?
 _____ there a _____ mental _____ treatment _____ than the regular office _____?
 Does your _____ charge _____ mental health _____ other _____ the _____ visit _____?
 Does outpatient mental _____ an _____ fee apart _____ the _____?
 _____ the supplementary expenses _____ with outpatient counseling _____ beyond the _____ in _____ Benefit documentation?
 Does your organization _____ fee _____ outpatient _____ treatment _____ of the regular office _____ co-payments?
 Will _____ be additional charges for _____ mental health care, on _____ explained _____ your _____ documents?
 Is your company _____ for outpatient _____ health _____ the _____ visit _____?
 _____ health services subject to additional _____ to regular office _____?
 Is _____ an extra fee for _____ services other than _____ visit _____ in _____ previous _____?
 When _____ outpatient _____ do _____ have to pay anything _____ co-pays?
 _____ any _____ with _____ mental _____ services in addition to the _____ visit co-payments?
 _____ there a _____ cost _____ health _____ besides the regular co-pays mentioned _____?
 Will _____ visiting mental health providers _____ of a _____ visit?
 _____ necessary to make additional _____ health _____ in addition to _____ office _____?
 _____ outpatient mental health services, do I _____ to _____ to _____ normal _____?
 _____ addition _____ visit _____ outlined in earlier _____ are _____ extra charges _____ outpatient mental health services?
 Do mental _____ services _____ an extra _____ the _____ your previous documents?
 Will _____ be _____ fee for using _____ health services _____ of standard office _____ charges?
 Are there any additional _____ associated with _____ psychological treatment _____ a hospital _____ fees?
 _____ any extra cost for _____ mental _____ beyond the standard _____?
 Will _____ be _____ on _____ of normal _____ there are outpatient _____ health _____?
 _____ top _____ typical co-pays, _____ fees _____ with outpatient _____ health treatment?
 Are _____ any _____ fees _____ with receiving _____ health services _____ the _____ co-payments?

_____ have _____ pay additional charges _____ I _____ mental _____ outside of an _____ ?
 _____ pay extra _____ health _____ beyond the office visit co-pays outlined _____ my previous _____ ?
 Will I _____ extra _____ I visit mental health _____ of _____ ?
 _____ there _____ involved with outpatient _____ health _____ besides the regular _____ ?
 Will _____ be charged _____ I _____ health _____ normal office hours?
 _____ costs associated with seeking _____ mental _____ help, _____ the initial office visits _____ in your _____ ?
 _____ those _____ your Benefit Explanation records, _____ an additional _____ for mental health _____ ?
 _____ outpatient mental _____ services _____ additional charges besides _____ office visit co-pays mentioned in _____ ?
 _____ there any _____ costs associated with seeking outpatient _____ help _____ from the initial _____ listed _____ ?
 Will _____ have to pay _____ for _____ health providers outside _____ office _____ ?
 Will _____ billed an extra amount on _____ copayments for outpatient _____ ?
 _____ be _____ fee _____ using the _____ on top of _____ usual office visit charges?
 _____ I have _____ pay more _____ outpatient psychological support _____ mentioned _____ your previous documentation?
 Will I have to _____ I _____ mental _____ a typical _____ visit?
 _____ there _____ extra _____ to mental _____ visits, _____ co-payments _____ previous _____ ?
 Will _____ fees _____ visiting mental _____ outside of regular office _____ ?
 Does _____ company _____ an additional _____ mental _____ care _____ visit co-pays?
 _____ you know if _____ health _____ to _____ fee _____ the office visit?
 Does your _____ charge extra for _____ of the _____ visit _____ ?
 Do _____ an additional fee _____ the _____ co-pays mentioned _____ your previous _____ ?
 Will _____ to _____ on top of _____ usual copays for _____ psychological _____ ?
 Will I _____ an additional _____ top _____ for outpatient _____ care?
 _____ mental _____ services have _____ from the _____ co-pays mentioned in _____ previous documents?
 _____ an _____ amount _____ billed _____ of my _____ copayments _____ outpatient psychological _____ ?
 Over _____ above the stated _____ visit copayments _____ in _____ Explanation Benefit materials, _____ additional _____
 mental _____ ?
 The _____ are discussed _____ your company's _____ benefit, are there _____ outpatient mental health _____ a _____ depicted _____ the _____ of Benefits _____ mental _____ services outside _____ regular visits?
 Do _____ health _____ charge _____ additional _____ the office-visit _____ ?
 _____ have to _____ additional _____ for mental _____ the _____ co-pays outlined?
 Are _____ additional fees _____ with receiving outpatient _____ health _____ the standard _____ copays?
 Is _____ any _____ cost _____ mental _____ like _____ co-payments in _____ claim?
 _____ a _____ for _____ your _____ health _____ on _____ of the standard office visit charges?
 Does the company _____ extra for _____ care _____ standard _____ ?
 Is there _____ additional fee _____ outside _____ regular office visits?
 _____ outpatient _____ health services subject to an additional _____ the _____ copay?
 _____ another amount _____ top of my usual copayments _____ psychological _____ ?
 _____ health _____ regular visit _____ include _____ supplementary _____ in _____ Explanation of _____ documents?
 Will I have to pay _____ visit mental _____ outside _____ ?
 _____ charges apply to receiving _____ services _____ office-visit co-pays discussed _____ your _____ earlier benefit
 _____ mental health _____ other _____ regular _____ be _____ in _____ of Benefits documents _____ be an _____ ?
 Extra charges _____ applied _____ receiving outpatient _____ health _____ along with regular _____ company's _____ outpatient _____ services _____ to an additional fee _____ visit co-payments?
 Should _____ health services be _____ of office visit copays?
 _____ services have an additional _____ the office-visit _____ in _____ previous documents?
 _____ be _____ fee for using your clinic's _____ services on top _____ office visit _____ ?
 _____ the _____ co-pays _____ earlier communications with your _____ am I required _____ for outpatient mental
 When you receive _____ health _____ do _____ additional fees _____ with _____ fees?
 Is _____ extra fees for mental health _____ visit co-pays?

On top _____ we pay _____ normal office _____ do _____ health _____ ?

Will _____ have to _____ additional _____ mental _____ services _____ office _____ copays outlined in _____ previous _____ ?

Will _____ be responsible _____ additional _____ if _____ visit _____ outside _____ office hours?

Will _____ be a fee to _____ your _____ health _____ visit charges?

Are there any _____ with seeking _____ help, apart _____ the initial _____ visits fees listed _____ ?

Do you have _____ extra fees _____ mental _____ sessions _____ copays?

Will _____ for _____ your clinic's mental _____ services _____ top of _____ office visit _____ ?

Are there any additional _____ wellbeing office _____ besides _____ ?

_____ I incur charges _____ I visit _____ providers _____ an _____ visit?

_____ outpatient mental health _____ additional _____ from _____ office visit _____ mentioned _____ in your _____ Explanation

_____ there _____ extra expense _____ support _____ with the co-pays in your _____ documentation?

_____ there _____ over and above _____ visit _____ in your previous Explanation Benefit materials?

Are outpatient mental health _____ to _____ from regular _____ co-pays?

_____ your company charge _____ for _____ health care _____ than _____ standard visit _____ ?

_____ charge more for _____ other than the standard visit _____ ?

_____ there be _____ on top of _____ copays when _____ mental health _____ ?

Considering the _____ co-pays detailed in _____ do _____ pay more for outpatient mental health _____

Is there any supplementary expenses associated _____ counseling that _____ office _____ your Explanation Benefit _____ ?

_____ top _____ the _____ costs explained _____ your _____ Explanation _____ will there be _____ charges _____ mental _____ care?

_____ the _____ office _____ listed _____ your previous document, _____ there _____ associated _____ seeking outpatient psychiatric help?

Do _____ health _____ cost _____ on _____ of _____ office co-pays _____ ?

_____ mental health visits cost _____ office co-pays stated _____ previous _____ ?

_____ there any _____ for _____ above _____ stated office visit copayments?

When _____ get _____ health services, are there _____ added _____ along _____ office _____ ?

_____ there any _____ for _____ outside of _____ hospital _____ with standard office-visit fees?

Are _____ with seeking outpatient psychiatric _____ apart from the initial _____ visits fees _____ document?

Does _____ additional _____ for _____ mental _____ treatment _____ of the regular copays?

Does your _____ for _____ health services _____ the standard _____ co-pays?

When _____ mental _____ service will there _____ fees _____ top of normal _____ ?

_____ I _____ mental health _____ do _____ have _____ pay _____ in addition _____ my _____ co-payments?

_____ there _____ outpatient mental _____ services will there _____ more _____ copays?

Are _____ additional charges _____ office visit co-pays _____ Explanation Benefit documents?

Is _____ added costs for outpatient psychological _____ office-visit _____ ?

_____ outpatient mental health _____ subject _____ as regular office _____ co-pays?

_____ outpatient mental health services _____ to an _____ with _____ copays?

Is there an _____ of _____ hospital setting along _____ standard office-visit _____ ?

Will I be _____ visiting _____ health providers _____ my typical _____ ?

When seeking outpatient mental health _____ to pay _____ co-pay?

Does the _____ for outpatient _____ health treatment _____ of regular _____ visit co-payments?

_____ I _____ charged additional charges if _____ visit mental _____ providers _____ ?

Will there _____ an additional _____ using _____ support alongside _____ in your previous documentation?

Is _____ a _____ for _____ mental _____ other than the regular _____ co-pays?

Do we need to pay _____ services other _____ the _____ Copay _____ stated by _____ entity?

Will I have _____ make more _____ for _____ services _____ office _____ co-pays outlined _____ previous _____ ?

Will _____ additional _____ I _____ providers outside _____ an office visit?

_____ detailed as _____ earlier Explanation _____ materials do I have to pay anything more _____

Will a _____ be added _____ standard _____ visit _____ mental _____ services?

Do you know _____ charges for mental health _____ addition _____ standard _____ ?

Are there _____ extra costs related to _____ outpatient _____ apart from _____ listed _____ your _____ document?

Is _____ another _____ for _____ wellbeing office _____ from _____ copays?

Do outpatient _____ visits cost _____ regular office _____?

_____ of regular office _____ do _____ need to pay _____ outpatientmental _____ care?

Over _____ above what _____ do I pay more _____ mental _____ outpatient _____?

_____ I be charged _____ I visit _____ providers outside _____ hours?

There may be _____ fee _____ clinic's _____ health _____ on top of _____ standard _____ charges.

Are there more _____ copays when there _____ outpatient mental _____?

Will there _____ for _____ mental _____ providers outside _____ office visits?

_____ there _____ added _____ for _____ go beyond regular office visit _____?

_____ additional _____ for _____ wellbeing office _____ apart from copays?

Are there _____ associated _____ receiving outpatient _____ health _____ along _____ office visit _____?

Is _____ mental health facility subject to _____ charge _____ office _____ pay?

Does _____ company charge _____ outpatient _____ health care than _____ visit _____?

Do you know _____ charges _____ care in _____ the _____ visit copay?

On _____ of what _____ pay _____ office _____ pay _____ mental health visits?

_____ may apply to _____ mental health _____ in addition to _____ regular _____ co-pays _____ earlier

Will there be _____ fee for using your clinic's _____ on top _____ the _____?

_____ seeking _____ mental health _____ should _____ have to _____ anything _____ my _____?

Is _____ separate cost _____ mental _____ services _____ visit co-pays _____ in the past _____?

Is there _____ supplementary fee for _____ services on top _____ office _____ charges?

_____ there _____ extra _____ mental health _____ apart from the office-visit _____?

_____ there _____ mental health _____ on top of _____ charges?

_____ your organization _____ extra fee for mental health treatment _____ office-visit _____?

_____ there _____ additional cost for _____ psychological _____ hospital, _____ with standard office _____ fees?

_____ health services _____ additional fee _____ with _____ office visit in your _____ Benefit documents?

Are _____ mental _____ services _____ additional charges, _____ addition _____ regular _____ co-pays?

Are outpatient _____ health _____ to _____ along with office _____?

_____ mental health services _____ regular _____ a higher _____ than depicted _____ explanation?

_____ have _____ pay _____ for _____ health services other than _____ relation stated by _____ entity?

When there _____ an _____ service will there _____ top _____ normal copays?

Is _____ cost for mental _____ the regular _____ visit co-pay?

_____ additional fee _____ mental health services besides the _____?

Will _____ separate fee for using _____ health services _____ top of _____ office _____ charges?

_____ with _____ mental health _____ apart from the _____ office _____ listed in your previous document?

_____ outpatient _____ services _____ additional charges besides the _____ office visit _____?

Will _____ to _____ for _____ mental _____ providers outside _____ office hours?

_____ mental health _____ other than regular visits _____ extra _____ Explanation of Benefits _____

Are _____ health _____ subject to additional _____ visit copays?

_____ I be required _____ mental _____ services beyond _____ co-pays outlined _____ previous benefit?

_____ there _____ supplementary expenses _____ with _____ past the office _____ co-payments mentioned _____ your prior _____ documentation?

_____ I have _____ an additional _____ of my usual _____ for _____ psychological _____?

Can _____ be _____ the _____ for _____ mental health _____?

Will there be an additional _____ mental _____ in place?

_____ it possible _____ anticipate any additional expenses associated _____ counseling beyond _____ visit _____ your _____ Benefit _____?

_____ outpatient _____ health services subject _____ additional charges _____ visit _____?

_____ cost depicted _____ the _____ of Benefits documents for mental _____ regular _____?

Is there any _____ mental health services _____ of office _____?

_____ there any _____ costs _____ outpatient psychiatric help, _____ from _____ visits fees listed _____ previous

document?

_____ outpatient mental health services _____ fee along with _____ copays?

Does your _____ charge _____ for _____ care _____ visit copays?

_____ necessary _____ pay _____ for outpatient mental _____ care, since the office-visit _____ detailed _____ communications

_____ receive _____ services, are _____ along with _____ usual office visit fees?

Is _____ any _____ costs for _____ health _____ the co-payments in _____?

_____ there _____ charges for _____ mental health services beyond _____ visit _____?

Is _____ necessary _____ me to pay _____ outpatient mental health care _____ regular _____?

Do you _____ additional fees _____ with _____ mental health services along with _____ office _____?

_____ a separate _____ for outpatient mental health services _____ co-pays?

_____ top of regular _____ visit _____ do _____ pay for _____ health care?

_____ it _____ for _____ mental health care _____ the office-visit co-pays have been _____ in previous

_____ any _____ associated _____ seeking _____ psychiatric _____ apart from initial office _____ fees listed in _____ document?

Do I have to pay additional charges _____ outside _____ hours?

_____ company charge _____ for _____ health care _____ the _____ co-pays?

_____ have an extra _____ from the _____ co-pays mentioned in your previous _____?

_____ addition to the designated office _____ in _____ are _____ additional charges _____ health services?

_____ an added _____ mental _____ when you receive them _____ office visit _____?

Is there _____ cost for _____ the regular _____ visit copays?

Will I pay additional _____ I _____ providers _____ office _____?

_____ top of typical co-pays, _____ there _____ fees _____ treatments?

Is _____ fees _____ mental health treatments _____ the _____ office _____ co-pays?

_____ a supplementary _____ for _____ services _____ of regular visit _____?

_____ it necessary for _____ pay _____ for _____ health _____ the _____ co-pays are _____ in earlier

_____ mental health _____ additional fee besides the _____ visit _____ your previous _____?

_____ your organization impose _____ on _____ regular _____ for mental _____ care?

Is _____ additional _____ for _____ treatment _____ of _____ hospital setting and standard _____ visit _____?

Does your organization impose _____ extra _____ health treatment _____ of _____ co-payments?

_____ there _____ associated with outpatient counseling _____ beyond the _____ visit _____ mentioned in _____ Explanation
_____ documentation?

Is it true _____ health _____ cost _____ on _____ regular _____ co-pays?

_____ there _____ separate _____ for _____ mental _____ besides _____ office-visit _____ in past documents?

_____ a _____ cost for _____ health services other _____ office-visit _____?

Will I have _____ extra for visiting mental _____ office _____?

_____ outpatient _____ any charges besides office _____ that _____ been mentioned?

Will I have _____ more _____ services _____ office-visit co-pays outlined in _____ previous Benefit?

_____ I have _____ pay for _____ health services _____ co-pays?

Should _____ mental _____ have _____ besides _____ copays that were _____ Benefit documents?

Is _____ the Explanation of Benefits for _____ services _____ of _____ visit _____?

_____ more charges if _____ visit mental health _____ outside _____ typical _____ visit?

Will _____ be _____ an additional fee _____ visit _____ health _____ outside _____ an office _____?

_____ there any extra costs _____ help besides the initial _____ fees listed _____ your _____?

Will I _____ an _____ amount _____ top of _____ usual _____ mental _____ care?

When _____ service will there be _____ fees _____ copays?

_____ I have to _____ extra for _____ psychological _____ with _____ co-pays _____ in your _____ documentation?

_____ outpatient mental health visits _____ than _____ copays?

_____ company charge _____ health care apart from the _____ visit _____?

_____ there be _____ on top _____ copays when _____ is outpatient _____?

Is there _____ cost _____ getting _____ outside of a hospital setting, _____ standard office _____?

Do _____ know if _____ additional fees associated _____ services along with the _____ office visit _____?

_____ be extra _____ for outpatient mental health _____ on _____ of the _____ costs _____ in _____ previous Explanation _____ ?
 Will _____ be required _____ additional payments _____ the office _____ co-pays outlined in _____ previous Benefit?
 Does your _____ any extra for _____ health _____ than _____ visit _____ ?
 Is there _____ goes _____ the office _____ co-payments _____ your _____ Benefit documentation _____ outpatient counseling?
 _____ extra costs for _____ health _____ the co-payments stated?
 _____ it necessary to _____ more _____ outpatient mental _____ care on top _____ ?
 _____ health services subject _____ additional fee _____ the office visit co-pays in your company's _____
 _____ outpatient _____ visits cost _____ than the regular _____ previous documents?
 Is _____ using outpatient psychological support _____ the co-pays referred _____ in _____ ?
 When _____ outpatient _____ health _____ do _____ pay anything besides _____ usual _____ office visits?
 Should _____ health _____ to additional charges _____ opposed to _____ visit _____ ?
 Will _____ a _____ added _____ your _____ mental health services _____ top _____ the _____ visit charges?
 Are outpatient mental _____ to _____ charges apart from office _____ mentioned _____ Explanation _____ documents?
 Do _____ mental _____ have to _____ additional _____ with office visit _____ ?
 _____ additional charges if I visit a _____ health _____ outside of a typical _____ ?
 _____ cost _____ in _____ Explanation of Benefits _____ mental health services outside regular _____ ?
 Will I _____ charges if I visit mental _____ office _____ ?
 _____ I _____ an additional amount on _____ of my usual _____ psychological _____ .
 When seeking _____ health services, _____ to pay anything more _____ my co-pay _____ ?
 _____ you _____ any _____ charges for outpatient _____ and above the _____ office _____ ?
 Are _____ services subject _____ additional _____ after regular _____ visit _____ ?
 _____ are over _____ above the _____ copayments in your _____ Explanation Benefit _____ outpatient mental _____ .
 Should _____ additional _____ I _____ mental health providers outside of _____ ?
 _____ your company charge extra _____ other than _____ visit _____ ?
 _____ there _____ extra costs _____ seeking outpatient _____ help _____ the _____ visits fees listed _____ your _____ document?
 _____ be _____ amount more _____ my _____ copayments for _____ care?
 _____ is outpatient _____ health service, will there _____ on _____ copays?
 _____ outpatient _____ health services cost _____ than the _____ ?
 _____ be _____ using your clinic's mental health _____ more than _____ visit charges?
 Do outpatient _____ health _____ have an additional fee _____ visit _____ ?
 _____ supplementary fee _____ mental health _____ on top _____ the standard office visit charges?
 _____ impose an _____ on top of regular co-payments _____ treatment?
 Are _____ any _____ mental health _____ like _____ stated in _____ documents?
 Do I _____ pay _____ outpatient _____ beyond what _____ described in _____ Explanation Benefit materials?
 When you receive _____ health _____ is _____ an _____ with the _____ fees?
 Is it _____ me to _____ mental _____ care, since the office-visit _____ been described _____
 _____ extra fees _____ mental _____ sessions besides your regular _____ ?
 _____ I _____ to pay _____ when _____ visit mental _____ outside _____ hours?
 Am _____ pay more for outpatient _____ care, considering _____ office-visit co-pays _____ in earlier communications _____
 Are _____ additional _____ associated _____ outpatient _____ health help _____ from _____ initial _____ fees _____ your previous document?
 Will it cost me _____ to use outpatient _____ alongside _____ to _____ ?
 _____ I _____ assessed _____ amount _____ top of my _____ copayments _____ care?
 Are outpatient mental health services _____ to _____ in addition _____ office _____ ?
 _____ outpatient mental _____ services have any _____ visit copays that _____ documents?
 Will there be _____ charges for _____ of regular office visits, apart _____ the _____ Explanation
 On top of _____ costs explained _____ Benefit documents _____ be additional _____ for _____ health care?
 Are _____ any _____ associated with _____ outpatient _____ health _____ well as the _____ visit co-payments?
 Does your organization _____ extra _____ mental health _____ on top _____ copays?

Will _____ more _____ visiting mental health _____ of a _____ office _____?
 _____ mental health _____ be subject to additional _____ copays?
 _____ outpatient mental health _____ subject _____ an additional _____ addition to _____ co-pays?
 _____ there _____ to _____ visits, like the _____ stated in _____ documents?
 Is _____ cost for outpatient mental health _____ other _____ the _____ visit _____?
 Will I be _____ extra _____ a _____ health provider _____ of my _____?
 Are _____ additional fee along with the office visit _____?
 Do _____ if _____ company charges for _____ care _____ addition _____ usual _____ fees?
 _____ your _____ impose _____ additional _____ for _____ mental health _____ top of _____ office-visit _____?
 _____ to pay _____ for mental health _____ office visit fees?
 Are _____ healthcare, over and _____ the stated office _____ copayments?
 Is it required _____ me _____ for outpatient _____ health care, considering the office-visit _____?
 Does _____ company charge more for mental _____ the _____?
 _____ I have _____ make additional payments _____ services _____ office-visit co-pays outlined in _____ previous _____?
 _____ I _____ to _____ payments _____ mental health _____ beyond the office _____?
 _____ there _____ fee for using _____ mental health services _____ top of _____ visit charges?
 _____ there _____ an added _____ for _____ clinic's _____ health services _____ top of _____ office _____ charges?
 Are there extra _____ seeking _____ apart _____ the _____ office visit _____ listed _____ your previous document?
 Is _____ an _____ cost _____ treatment outside of a hospital setting _____?
 Do _____ health visits _____ than our regular _____?
 _____ there a _____ cost for outpatient mental _____ services besides the _____ mentioned _____ past?
 _____ there _____ extra cost _____ mental _____ services beyond the _____ office-visit _____?
 _____ any additional costs _____ outpatient psychiatric help besides _____ initial _____ fees _____ in your previous _____?
 Does the Explanation _____ Benefits _____ show _____ cost _____ health services _____ regular _____?
 _____ additional _____ be incurred _____ visit _____ providers _____ of a typical _____ visit?
 _____ any _____ fees _____ with _____ health _____ and standard office visit co-payments?
 When _____ outpatient mental _____ do _____ to _____ addition to _____ regular co-pays?
 Is _____ any _____ associated with _____ that _____ past the office visit co-payments _____ in _____ documentation?
 Does your _____ impose _____ fee _____ health _____ on top _____ regular office _____?
 Is _____ mental _____ services _____ to _____ from the regular _____ visit _____ mentioned _____ Explanation _____ documents?
 Will I have _____ for mental _____ beyond the office-visit co-pays _____ previous _____?
 _____ outpatient _____ subject to additional charges in addition _____ visit _____?
 Is _____ any extra _____ visiting _____ health providers _____ office visits?
 _____ outpatient _____ subject to additional _____ besides regular office _____?
 _____ we _____ to pay _____ mental health services _____ the Visit- Copay _____ your business?
 _____ have _____ pay _____ charges _____ visiting mental health providers outside _____?
 _____ for outpatient mental health _____ besides the _____ co-pays?
 Do _____ anything _____ addition _____ my normal co-pays for _____ mental _____ services?
 _____ we _____ for mental _____ other _____ the Visit- Copay relation _____ before by your _____ entity?
 _____ a supplementary cost to mental health _____ outside _____?
 Is _____ more _____ on _____ regular copays _____ there is _____ mental _____?
 Is it possible _____ incur _____ I _____ health _____ regular office hours?
 _____ outpatient mental health _____ additional _____ office-visit co-pays?
 Will _____ hit with additional _____ visit mental health _____ of _____ office _____?
 _____ possible _____ be billed an _____ amount on top _____ usual _____ for _____ psychological care?
 _____ it _____ that I will _____ billed _____ additional _____ on top of _____ copayments _____ outpatient _____?
 On top _____ the _____ are there _____ associated with _____ health treatments?
 Is a _____ cost _____ the _____ for mental health services outside _____?
 Is _____ an _____ cost for _____ treatment _____ setting, along with _____ fees?
 Will _____ be _____ top _____ normal _____ when _____ outpatient _____ health service?

____ there ____ any additional ____ for ____ services beyond the ____ visit?
 Is there ____ cost depicted ____ Benefits ____ for mental ____ services ____ regular visit copays?
 ____ health visits cost more than ____ office ____?
 ____ there ____ supplementary ____ clinic's ____ health services on top ____ the office visit charges?
 ____ health ____ have ____ fee besides office-visit co-pays?
 Will I have ____ pay an extra expense ____ co-pays mentioned in ____ documentation?
 Do outpatient mental ____ visits cost ____ what our ____?
 ____ an ____ fee ____ top of ____ copays for ____ mental health ____?
 Will ____ be an additional ____ for using ____ psychological ____ along with ____ co-pays ____ to ____?
 Will ____ an additional fee for mental ____ despite the ____ in ____?
 Will I ____ extra ____ for ____ outpatient ____ along with ____ co-pays referred ____ in ____ previous documentation?
 ____ have ____ make additional payments for mental ____ the office-visit ____?
 Is ____ mental health ____ subject ____ apart from office ____ mentioned ____ by ____ company ____ Explanation ____ documents
 ____ have to ____ payments ____ services beyond ____ office visit copay?
 Does your company ____ mental health ____ than standard ____ co-pays?
 Are ____ mental health visits ____ than ____ regular ____ co-pays stated in ____?
 Will ____ be ____ charges ____ visiting ____ health providers outside of ____?
 If ____ mental health ____ outside of office hours ____ additional ____?
 ____ there ____ extra ____ visiting mental ____ providers outside ____ visits?
 ____ extra fees due for ____ health ____ on top ____ copays ____?
 ____ mental health services subject to additional charges ____ with ____?
 ____ above ____ office ____ in ____ materials, any additional charges for outpatient mental healthcare?
 ____ I ____ payments ____ mental ____ services beyond office-visit co-pays?
 Is there any ____ to ____ visits, ____ previous documents?
 Will I have to make ____ payments ____ beyond the ____ copays outlined ____ previous ____?
 ____ me more ____ outpatient psychological support ____ the ____ in your ____ documentation?
 ____ charges for ____ mental ____ providers outside office hours?
 Should ____ be an additional ____ mental health ____ on ____ of ____ office ____?
 ____ of ____ pay for ____ office ____ stated ____ previous documents, do outpatient ____ visits cost more?
 ____ be ____ costs to outpatient mental health ____ previous documents say.
 Will there ____ for ____ mental health providers ____ of ____?
 Will ____ make additional ____ for ____ health services ____ the ____ visit ____ outlined in your ____?
 ____ any extra costs ____ with seeking outpatient ____ help, apart ____ office visits fees listed ____?
 ____ I have to ____ copays ____ I visit mental ____ providers outside ____?
 In ____ the ____ office ____ earlier benefits, ____ there ____ additional ____ for mental health services?
 ____ there additional costs ____ with seeking outpatient mental healthcare, ____ initial ____ listed ____ previous document?
 ____ for office visits, but ____ mental health services ____ any other charges besides ____?
 ____ have to pay ____ outpatient mental ____ care ____ the regular ____ fees?
 ____ outpatient mental ____ subject to additional ____ apart from ____?
 Will there ____ a fee ____ using ____ clinic's ____ health ____ top ____ charges?
 ____ your ____ an extra fee ____ outpatient ____ health ____ on ____ of regular ____?
 Is ____ to mental ____ visits, ____ the co-payments in the previous ____?
 When there ____ health ____ be more fees ____ top of regular ____?
 Should outpatient mental ____ be subject ____ additional charges ____ visit ____?
 Do ____ anything in ____ to ____ when I seek ____ mental health services?
 ____ is ____ health ____ there ____ more ____ on top ____ normal copays?
 ____ there a ____ mental health services ____ the usual ____ and ____?
 Does ____ organization ____ extra fee on ____ co-payments ____ mental health treatments?

_____ there any _____ receiving mental health _____ the office _____ co-payments?
 Will I _____ to pay _____ visiting _____ providers outside of _____ ?
 _____ may _____ costs to mental health _____ like the _____ in _____ .
 With _____ office-visit co-pays discussed in _____ earlier benefit, _____ extra charges _____ receiving _____ mental _____
 Will there _____ a _____ for _____ clinic's mental health services on _____ visit charges?
 _____ were _____ in _____ but are there _____ extra _____ to _____ health visits?
 _____ there _____ extra charges _____ mental _____ providers _____ of office _____ apart _____ the co-pays _____ in previous _____
 Is _____ any supplementary expenses associated with _____ that go _____ the office visit copays _____ ?
 Is _____ possible _____ I _____ have to _____ mental _____ providers _____ of office visits?
 _____ for visiting _____ health providers _____ of _____ visits, apart from the co-pays _____ previous Explanation

 On top _____ regular office visit fees _____ in your _____ Benefit _____ pay more _____ outpatient _____ health
 _____ ?
 _____ be _____ if _____ go _____ mental health _____ outside office hours?
 _____ of what _____ pay for _____ office co-pays _____ in your _____ do _____ health visits cost _____ ?
 _____ top of _____ we pay for regular office _____ health _____ ?
 Does your organization impose an _____ outpatient _____ on _____ the regular _____ ?
 _____ organization _____ additional _____ for mental health treatment _____ top of regular _____ ?
 Will it _____ to _____ health _____ on top of standard office _____ charges?
 _____ be _____ additional _____ associated _____ outpatient _____ beyond the office _____ co-payments mentioned _____ your previous
 _____ ?
 Will _____ an extra charge _____ visiting _____ outside _____ office visits?
 _____ there an _____ treatment _____ a hospital _____ with standard office-visit fees?
 If _____ health _____ outside of office _____ will _____ charged additional _____ ?
 _____ outpatient mental _____ services _____ to _____ additional fee _____ the _____ visit?
 Do you know _____ for _____ health care _____ addition to _____ visit _____ ?
 _____ seeking outpatient mental health _____ do _____ to _____ besides my _____ ?
 Does _____ mental health _____ cost more on _____ regular office co-payments?
 _____ organization impose an extra fee _____ outpatient _____ treatment _____ top of _____ ?
 Will _____ cost _____ more to use _____ psychological _____ along _____ referred to _____ your _____ ?
 Did _____ find _____ additional charges for _____ and above _____ visit _____ ?
 _____ mental _____ subject _____ additional charges, _____ than office _____ co-pays?
 Will _____ pay _____ fee for visiting mental _____ of office hours?
 Is _____ any extra costs to outpatient _____ visits like the _____ ?
 _____ there _____ fee for _____ mental _____ besides the _____ co-pay?
 Do mental health _____ cost _____ of _____ we _____ for _____ co-pays?
 _____ be _____ charges _____ outpatient _____ health _____ on top of _____ regular costs explained _____ Explanation _____
 documents?
 _____ more _____ mental _____ care beyond _____ standard visit copays?
 _____ get billed _____ extra _____ top of _____ copayments for _____ psychological care?
 _____ mental _____ regular visit co-pays _____ a supplementary cost in _____ document?
 Is there _____ mental health _____ co-payments in previous documents _____ ?
 _____ there any additional _____ outpatient _____ health services beyond _____ cost?
 _____ services subject to an _____ fee _____ with the office _____ ?
 Is there any additional cost _____ beyond the standard _____ ?
 _____ any _____ expenses _____ outpatient _____ go past the _____ visit _____ mentioned _____ your _____ Explanation Benefit _____ ?
 Will I _____ to _____ charges _____ visit _____ mental _____ provider _____ of office _____ ?
 _____ charged _____ for _____ mental health providers outside _____ my _____ office _____ ?
 Will I incur _____ a _____ health _____ outside _____ office hours?
 _____ be _____ an _____ fee _____ visit mental health _____ of an office _____ ?
 _____ mental _____ have _____ pay an _____ fee alongside _____ office _____ co-pays?
 Will I _____ pay _____ for using _____ psychological support _____ the _____ to _____ your _____ documentation?

When seeking _____ mental health services, _____ I _____ to _____ anything _____ my _____ office visits?
_____ to the _____ visit fees, _____ charges associated _____ outpatient mental health services?

When _____ will I _____ to pay _____ besides _____ usual co-pays?
_____ find _____ charges for _____ healthcare and _____ copayments in your _____ Explanation Benefit _____?

When _____ do I _____ to pay _____ besides _____ normal co-pays?

Is _____ costs _____ outpatient mental healthcare, _____ initial _____ visits fees listed in your _____ document?
_____ be _____ mental health care, _____ top of the regular costs explained _____ Benefit documents?
_____ fees due _____ health services on top _____ in the _____?
_____ to the _____ fees outlined _____ benefit materials are _____ extra charges _____ mental _____ services?
_____ to pay for mental health _____ beyond _____ office-visit _____?
_____ have to _____ for _____ beyond the office visit _____ outlined _____ previous benefit?
_____ outpatient _____ health _____ any charges besides _____ visit copays that _____ mentioned in _____ Benefit _____?

Is _____ any _____ receiving mental _____ services, along _____ standard _____ visit co-payments?
_____ your _____ a _____ outpatient _____ health treatment on top _____ office-visit co-payments?
_____ company _____ more for _____ care than standard visit _____?

Is it possible _____ charges for visiting _____ health providers outside _____ visits?
Is there _____ fees _____ mental health _____ other _____ the regular _____?
_____ your organization _____ an additional _____ mental _____ top of _____ co-payments?

Is there _____ for mental health _____ the office-visit co-pays mentioned _____?
_____ there _____ separate _____ for _____ services besides _____ office-visit co-pays _____ past documents?
_____ there _____ additional _____ receiving psychological _____ outside of _____ hospital _____ with standard _____ fees?

Is _____ cost _____ mental health services _____ visit _____?

On _____ there _____ fees _____ with outpatient mental health treatments?

There are _____ for office _____ inExplanation _____ should outpatient _____ health _____ those _____ well?
_____ there be additional _____ health services beyond _____ office-visit _____ in _____ benefit?
_____ be charged more _____ visiting mental _____ providers _____ regular _____ hours?
_____ have any additional _____ wellbeing _____ sessions besides regular _____?

Will I _____ to make any _____ for _____ services _____ co-pays outlined in your previous _____?

Will _____ to _____ additional payments for _____ beyond _____ office-visit _____ in your previous Benefit?
_____ extra _____ due for outpatient mental _____ services _____ copays?

Is there _____ added _____ to _____ health _____ the _____ in previous _____?

Is there _____ receiving outpatient mental _____ services _____ standard office visit co-payments?
_____ I incur _____ if I visit _____ providers _____ hours?
_____ be charged additional charges _____ I _____ health _____ outside _____ my office _____?
_____ addition to _____ office-visit co-pays, are _____ additional _____ receiving _____ services?

Are there any fees _____ health _____ addition to the _____ visit _____?
_____ services have an additional fee apart _____ office-visit _____ mentioned _____ previous _____?
_____ I be _____ an additional _____ on _____ my _____ co payments _____ care?

Will _____ incur _____ visiting _____ health providers _____ regular _____ hours?

In addition _____ office _____ additional charges _____ mental health services?
_____ there _____ additional _____ receiving psychological _____ outside of a hospital setting _____ with _____ fees?
_____ there any _____ costs to _____ visits _____ the _____ stated _____ prior _____?

Will _____ owe additional charges _____ mental _____ outside of _____ hours?

Is there _____ for mental _____ them _____ with office visit fees?
_____ anyone know _____ are any _____ fees associated _____ mental _____ services along _____ the standard _____ visit _____?

When _____ outpatientmental health services, _____ to pay anything in _____ co-pays?

Are _____ extra _____ health visits, like _____ previous documents?

Will _____ additional charges when visiting _____ health providers _____ of _____?

Extra fees for _____ health _____ added to _____ office visit _____.

_____ to pay _____ for visiting mental _____ outside of _____ office _____?
 _____ health _____ subject to _____ separate _____ not covered _____ the existing co-payments?
 Is _____ added _____ mental health services _____ top of _____ visit _____?
 _____ of regular visits _____ considered a supplementary _____ in the Explanation _____?
 Does your _____ charge extra _____ mental health care when _____ visit _____?
 _____ be billed _____ amount on _____ usual copayments for psychological _____?
 _____ have _____ pay more _____ mental _____ services than the _____ outlined in your previous _____?
 _____ it possible _____ health visits cost _____ on _____ of _____ regular _____?
 Is there _____ supplementary _____ associated _____ outpatient _____ office _____ co-payments _____ your prior _____ Benefit documentation?
 Do _____ health _____ have _____ extra fee _____ office-visit _____?
 Will I face _____ I visit _____ of _____ office visit?
 On _____ of your _____ visit _____ do I _____ pay _____ for outpatient _____ care?
 Will _____ be _____ charges for _____ mental _____ of the regular costs _____ in _____ Explanation Benefit _____?
 _____ outpatient mental _____ visits, like _____ co-payments stated in previous documents?
 Is _____ for _____ mental health _____ higher _____ usual office _____?
 Is it necessary _____ pay _____ outpatient mental _____ care _____ top of _____ fee?
 Is there an _____ mental health services _____ top _____ office _____?
 Is there _____ separate cost _____ mental _____ the office visit _____?
 Is _____ extra fee for _____ on top _____ the standard office visit charges?
 _____ health _____ an additional fee besides _____ office _____ co-pay?
 On top _____ usual _____ outpatient psychological care _____ billed _____ additional amount?
 Do _____ know if _____ extra _____ help, apart _____ the initial office _____ fees listed in _____ previous document
 Are _____ any _____ associated with _____ health _____ as well _____ the _____ visit co-payments?
 _____ mental _____ services _____ an additional _____ the _____ co-pays mentioned?
 _____ services have _____ additional fee _____ the office-visit co-pays mentioned _____ previous _____?
 _____ there any additional costs associated with _____ help, _____ from _____ initial _____ fees listed _____ your _____?
 Are there _____ additional costs _____ with seeking _____ apart from _____ office visits _____ last document?
 On top of _____ office visit charges, will _____ be _____ fee _____ clinic's _____ health services?
 _____ costs _____ receiving psychological _____ outside of _____ setting, along with standard office visit _____?
 Is _____ health services subject to additional _____ compared to _____?
 _____ there a supplementary _____ to _____ health _____ regular visit _____?
 _____ for _____ make _____ payments _____ outpatient mental health services in addition _____ office _____ co-pays?
 _____ your organization _____ for outpatient mental _____ on _____ of regular _____ visit _____?
 Will _____ have to pay _____ mental _____ the office _____ co-pays outlined _____ your _____ Benefit?
 Do _____ more for _____ visits over _____ what the insurance _____ said?
 Will I _____ visit mental health providers _____ of office _____?
 Will _____ be _____ top of the usual copayments _____ care?
 Is it possible _____ additional _____ for visiting mental _____ office _____?
 _____ mental health services beyond the office-visit co-pays outlined _____ my _____ benefit?
 Is _____ added _____ for psychological treatment _____ setting, along _____ standard _____ visit fees?
 Will _____ be _____ fees _____ top _____ normal _____ outpatient _____ health services?
 Does your _____ fee for mental health treatment on _____ of _____?
 _____ additional costs associated _____ outpatient _____ help, apart from the _____ fees listed?
 _____ health _____ cost _____ than the regular office _____ in your _____?
 Is _____ to incur additional charges _____ mental _____ providers _____ of my _____?
 Does _____ extra for _____ health care _____ the _____ visit co-pays?
 _____ a separate _____ for mental health _____ beyond the _____ office-visit _____ mentioned _____?
 Will _____ additional charges _____ visit mental health providers _____ office?
 _____ there _____ supplementary cost _____ the Explanation of _____ mental health _____ outside _____ visits?

____ you ____ any ____ for ____ office sessions apart from ____ copays?
 Will ____ pay additional copays ____ mental ____ services beyond ____ office visit ____ outlined ____ Benefit?
 Will ____ charges if I ____ health ____ of ____ typical office visit?
 Is there ____ associated ____ mental health ____ along with ____ office visit ____?
 Over and ____ the ____ visit copayments ____ were found ____ your previous ____ materials, any additional ____ for ____?
 ____ health services subject to ____ charges ____ from office ____ in Explanation ____ documents?
 Will ____ extra charges ____ outpatient mental ____ care, ____ top ____ regular ____ explained ____ your ____ Benefit documents?
 Will ____ have ____ for mental health ____ of the ____ visit ____?
 ____ an ____ for visiting ____ health providers outside ____ regular office ____?
 ____ a ____ health services besides the ____ office-visit co-pays ____ in previous ____?
 ____ are ____ outpatient mental ____ services ____ regular office-visit co-pays discussed in your ____ benefit ____ separate ____ for outpatient mental ____ services besides the normal ____?
 ____ that your ____ extra for mental health ____ other than the ____?
 ____ outpatient mental health ____ than office ____?
 ____ a separate ____ outpatient ____ health services ____ than ____ visit co-pays?
 On ____ regular office ____ should I ____ more for outpatient ____ care?
 Will any ____ expenses ____ past the ____ visit co-payments mentioned ____ your ____ Benefit documentation?
 Do mental ____ extra ____ apart from ____ visit co-pays?
 ____ any additional ____ related ____ seeking outpatient ____ help, ____ from the ____ visits fees listed in ____ document?
 Will it ____ me more ____ visit ____ outside ____ regular ____ visits?
 ____ outpatient ____ services come with ____ additional fee along ____ the ____?
 Is there ____ additional ____ for outpatient ____ treatments ____ than ____ regular ____?
 Are there ____ additional ____ with receiving mental ____ besides ____ standard office ____?
 ____ fee for using your ____ mental health ____ on ____ of ____ office visit charges?
 When ____ outpatient ____ services, do I have to ____ my regular ____?
 Will I ____ charged more ____ visit mental ____ outside ____?
 ____ there an extra ____ for ____ mental health ____ beyond ____ standard ____?
 ____ there be ____ additional fee ____ services ____ top ____ visit charges?
 Will an ____ be ____ my copayments ____ outpatient ____ care?
 Is there any ____ associated ____ outpatient ____ go ____ co-payments listed in your Explanation Benefit ____?
 Is outpatient ____ subject to additional ____ office visit copays?
 Is there ____ added ____ for ____ health ____ when ____ with office visit ____?
 ____ there a ____ mental ____ office-visit co-pays mentioned ____ past documents?
 Is ____ added ____ for ____ services ____ you receive them along ____ your ____ office visit ____?
 ____ I have ____ mental ____ services beyond ____ co-pays outlined in ____ benefit?
 ____ mental health services ____ regular visits ____ a ____ cost than ____ the Explanation?
 ____ be ____ fee for using your ____ services on ____ standard office visit ____?
 ____ and above ____ copayments found ____ Explanation ____ any additional charges ____ outpatient mental healthcare?
 When ____ receive ____ there any added ____ along ____ usual office visit ____?
 ____ it ____ for ____ incur additional ____ I visit ____ providers outside of ____ office hours?
 ____ an extra ____ for mental health care on ____ of regular ____?
 Does ____ services ____ outside ____ visits involve ____ cost than depicted ____ the Explanation?
 Will I be ____ charges ____ providers ____ the office hours?
 Does ____ mental ____ visits ____ more than ____ co-payments?
 ____ pay more for mental ____ services ____ the office ____ co-pays ____ in my previous ____?
 ____ mental health services ____ a ____ not ____ by the ____ co-pays?

_____ be _____ additional _____ for _____ outpatient mental _____ services on top of _____ visit charges?
 Supplementary _____ health care, apart from standard office-visit _____ be found on _____ Benefit _____
 Is there _____ costs for mental _____ sessions _____ from _____?
 Does your _____ impose _____ for _____ health treatment _____ top of _____ office-visit _____?
 Will _____ charged _____ additional _____ if _____ mental _____ of an office visit?
 Office _____ copays _____ been mentioned in Explanation Benefit documents, _____ outpatient _____ health _____ have any _____
 _____ copays?
 _____ additional _____ mental _____ services besides the office-visit _____ mentioned _____ previous documents?
 _____ additional costs for _____ mental health _____ beyond _____ office-visit cost?
 _____ there _____ more _____ of _____ copays _____ there _____ an outpatient mental _____ service?
 Is there _____ costs associated with _____ mental _____ from _____ initial office _____ listed in your _____
 document?
 _____ there a _____ for mental _____ services on top _____ visit _____?
 Do you know _____ fee _____ mental _____ office _____ besides _____ copay?
 Do _____ mental health services _____ fee besides _____?
 _____ any _____ charges _____ mental health treatments _____ than _____ regular _____ visit _____?
 _____ there any _____ health _____ the co-payments _____ previous documents say?
 _____ there _____ additional fees _____ your clinic's _____ health services on _____ of _____ office visit _____?
 _____ have _____ additional charges if _____ to mental health providers _____ hours?
 On _____ what we _____ do the mental health visits cost _____?
 Are there any _____ fees _____ with _____ health services in _____ to _____ co-payment?
 _____ I _____ to pay _____ if I _____ a mental _____ office _____?
 _____ mental health services have an _____ besides _____ office-visit _____ in _____?
 Will I _____ to make _____ mental health services _____ office visit _____ your previous _____?
 _____ charges for outpatient _____ healthcare, over and _____ stated office visit copayments _____ Benefit
 materials?
 _____ seek outpatient _____ services, _____ have _____ pay anything in _____ my usual co-pays?
 _____ there be _____ supplementary fee for using _____ clinic's _____ services on top of _____?
 Should outpatient _____ services _____ subject to additional _____ copays?
 _____ extra _____ for outpatient _____ on top of copays?
 Are there any _____ costs _____ receiving psychological treatment _____ of a _____?
 Will I _____ charged more if _____ visit _____ of _____ office visit?
 In _____ to _____ designated office _____ fees, are _____ any _____ charges _____ health _____?
 Is _____ necessary _____ me to _____ additional payments _____ health _____ outside of _____ copay?
 Do _____ services _____ from the _____ visit _____ mentioned in your previous documents?
 Does your _____ extra for _____ health services _____ the _____ visit _____?
 _____ I _____ to _____ more if _____ use outpatient psychological _____ co-pays _____ in your _____ documentation?
 Do _____ health services have _____ with the office _____?
 Is there _____ additional _____ receiving psychological _____ outside _____ a hospital setting, _____ fees?
 Is _____ any _____ for mental health _____ the _____ documents say?
 Extra fees _____ wellbeing office _____ apart _____ copays _____ in _____?
 Will _____ charged additional fees if I _____ office hours?
 Do _____ any extra _____ health care other than _____ standard _____?
 _____ there _____ extra costs to _____ visits, like _____ claimed _____ documents?
 I _____ if _____ pay more _____ outpatient mental _____ care on top _____ the _____ fees?
 _____ outpatient _____ health _____ subject to additional charges apart _____ regular office _____ co-pays _____ Explanation

 On top of what _____ for _____ office _____ our _____ visits _____ more?
 _____ there be a charge _____ clinic's mental health _____ top of _____ visit charges?
 Will I _____ additional _____ when visiting mental _____ providers _____?
 Is _____ mental health visits, like in _____ documents _____?
 _____ pay extra when visiting _____ providers besides office _____?

_____ are the _____ charges _____ outpatient mental healthcare, over _____ the _____ copayments?
 _____ any additional charges _____ mental healthcare, over and _____ visit copayments _____ in _____ previous _____?
 _____ I _____ to _____ when _____ health providers outside _____ regular _____ visits?
 _____ different _____ mental _____ besides the _____ office-visit co-pays _____ in the past?
 Is _____ cost of mental health services _____ co-pays depicted _____ of _____?
 _____ you _____ mental _____ fees along with office visit fees?
 _____ we need _____ pay more for mental _____ services _____ Visit- _____ noted by _____ business _____?
 _____ there _____ additional copays for _____ mental health services _____?
 _____ seeking _____ mental _____ do I have _____ anything in _____ to what _____ office visits?
 Is there any added _____ psychological _____ beyond _____ co-pays?
 _____ there any _____ associated with _____ mental _____ alongside _____ standard office visit _____?
 Will I _____ pay _____ charges if I visit _____ health _____ office _____?
 Will _____ be additional _____ your clinic's mental _____ services _____ of _____ standard office visit _____?
 _____ your _____ impose an extra fee _____ mental health _____ of _____ office-visit _____?
 _____ there _____ an added _____ receiving _____ healthcare outside _____ standard _____ payments?
 _____ there any _____ mental health treatments _____ regular office _____ copays?
 Does your organization impose an extra _____ mental health _____ co-payments?
 _____ I have _____ pay _____ for mental _____ beyond _____ visit co-pays outlined in _____ Benefit?
 _____ are _____ charges for _____ mental health services _____ to the _____ co-pays discussed _____ your _____
 _____ designated office visit fees _____ earlier _____ there any extra _____ for mental health services?
 _____ outpatient _____ subject _____ additional fees on _____ of office _____?
 Will _____ fee _____ using your clinic's _____ over _____ standard office visit charges?
 _____ there _____ additional _____ visiting mental _____ providers _____ typical office visit?
 _____ I required to _____ for outpatient mental _____ considering the office-visit _____ communications?
 Over and above _____ stated office visit _____ in _____ Explanation _____ materials, any _____ for _____?
 Is there a separate _____ outpatient _____ besides the _____ mentioned in the _____?
 Is _____ any extra _____ to _____ health _____ like _____ co-payments _____ the previous _____?
 Is _____ supplementary _____ depicted _____ the Explanation of _____ documents _____ mental _____ services outside regular _____?
 Is _____ for receiving psychological treatment outside of _____ setting, _____ standard _____?
 _____ to the _____ visit fees _____ in _____ benefit _____ are _____ charges _____ mental health services?
 _____ I have to _____ mental _____ services other _____ the office-visit co-pays _____ your _____?
 If _____ is _____ mental _____ will there be more _____ top _____ copays?
 Are there _____ extra _____ associated with receiving _____ health services _____ office _____?
 _____ there be an extra _____ using outpatient psychological _____?
 Are there _____ with receiving outpatient mental _____ services alongside _____ standard _____?
 Is there _____ separate _____ health services other _____ the regular _____ co-pays _____ previous _____?
 _____ be _____ for _____ mental _____ care, on top of _____ regular costs explained in your _____?
 _____ an additional _____ you _____ your clinic's _____ services on top of _____ office visit _____?
 _____ incur additional charges for _____ health _____ outside of _____ office _____?
 When you receive _____ health _____ an additional fee _____ usual _____ fees?
 _____ be hit with additional _____ if I _____ health providers _____?
 _____ outpatient mental _____ services, _____ I have to _____ anything _____ my _____ co-pay?
 Is _____ a supplementary _____ depicted in _____ Explanation _____ documents _____ mental health _____ outside _____ visit _____?
 _____ extra fee _____ mental _____ besides _____ office visit co-pay?
 _____ outpatient mental health _____ any charges besides _____ copays _____ have _____ been _____?
 Will _____ be _____ more for visiting _____ providers outside _____?
 _____ there _____ additional fee _____ outpatient mental _____ services on _____ the _____ copays?
 _____ organization _____ fee for mental health treatment _____ top _____ visits?
 _____ any _____ for mental health treatments _____ office-visit co-pays?

_____ outpatient _____ to an additional fee _____ the office visit _____?

Do _____ have to _____ mental _____ visits over _____ above what _____ insurance plan _____?

Does your _____ charge _____ care than standard visit _____?

_____ there _____ more _____ I visit _____ providers outside of _____ hours?

_____ I _____ charged _____ I _____ providers outside of an office visit?

_____ supplementary expenses associated with _____ go _____ the office visit co-payments _____ Explanation
Benefit _____?

_____ cost _____ mental _____ visits, like _____ co-payments stated _____ previous documents?