

[Demo] NLP Dataset for Customer Service Automation

Company Type	Health Insurance Companies
Inquiry Category	Home health care coverage stipulations
Inquiry Sub-Category	Duration and Frequency of Coverage
Description	Queries about the limitations on the length of coverage or the frequency of home health visits allowed by the insurance policy.
Data Size	6,623 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 ____ a limit on the number ____ times I can ____ ____ ____ ____ ?
____ the monthly ____ home care ____ ?
What ____ the ____ on ____ care ____ ?
How many ____ a ____ allowed ____ have in- ____ care?
Is there any cap ____ home care?
Can ____ get ____ times per ____ ?
Can you ____ is a ____ on the number of ____ services ____ ?
____ times am ____ to ____ home care a ____ ?
____ there ____ a limit on ____ number ____ care ____ .
____ to know ____ there's a ____ on how ____ receive home ____ .
____ know ____ there ____ restrictions on ____ care services provided monthly?
Can you tell ____ a cap ____ how often ____ can ____ ?
____ would ____ know ____ there ____ a monthly limit for ____ care ____ .
____ there ____ limit on ____ frequently ____ home healthcare ____ ?
I ____ appreciate it ____ you ____ if there ____ limit on ____ home care service instances.
____ any limits ____ my ____ use ____ home ____ services?
____ home ____ be limited in a ____ ?
____ you ____ restrictions on ____ use of ____ care ____ ?
____ capping ____ home ____ visits?
____ many ____ can ____ home ____ each month?
____ whether ____ is a monthly limit on ____ home care ____ ?
Is ____ a ____ for the ____ ?
____ not ____ how ____ I can get ____ each month.
Can ____ tell me ____ there ____ restrictions ____ care services ____ each month?
____ you put ____ on ____ often assistance ____ offered at ____ ?
Is there ____ on ____ number ____ home care is ____ ?
Can ____ get numerous ____ care ____ month?
I would ____ could let me ____ was a cap ____ number of home ____ instances.
What's the ____ of home care ____ month?
____ how many monthly visits I can have ____ care.

How _____ per _____ do I have to _____ for _____ ?

_____ need _____ know _____ times _____ month I can receive in- _____ .

Is _____ a cap on _____ amount _____ get _____ month?

I'm _____ is an imposed _____ on the number _____ care _____ .

_____ home care _____ monthly limit?

_____ visits can I _____ home nursing _____ a _____ month?

I would like to know _____ there _____ service instances _____ a _____ .

_____ there any _____ on the _____ home care _____ provided _____ ?

_____ don't _____ if I can get home care services _____ .

_____ me if there is _____ monthly _____ home care _____ .

In _____ month, _____ times _____ you get access _____ home _____ ?

How _____ in- home care in a single _____ ?

_____ is a _____ how many _____ I _____ home _____ each month.

_____ a _____ can _____ get _____ home _____ services?

How many _____ a month _____ help in _____ ?

_____ cutoffs _____ at home frequently during one _____ ?

Can you _____ me if _____ any _____ on _____ number _____ home _____ provided _____ ?

_____ home care services _____ you receive _____ month?

I need to _____ number of monthly visits _____ can have.

_____ cap _____ the number _____ monthly _____ can have for _____ home care?

_____ how many times _____ can _____ a month.

Is _____ possible to _____ monthly _____ for home _____ ?

_____ to limit my _____ care _____ ?

_____ would appreciate _____ if _____ could _____ if _____ a limit on _____ number _____ care service instances.

_____ would appreciate it if _____ let _____ know _____ were caps on the number _____ service _____ .

Is _____ an _____ to _____ visits for _____ help?

_____ how frequently _____ can get home healthcare _____ ?

Do you _____ there _____ a monthly limit _____ services?

_____ on the number _____ home care services I _____ month?

Can _____ limit _____ many times _____ have _____ home _____ month?

_____ amount of _____ care I receive each month?

_____ there no more _____ visits _____ home _____ ?

The _____ for monthly _____ usage _____ unknown.

What _____ the number _____ monthly visits _____ at _____ ?

_____ limit _____ monthly home _____ service _____ ?

Will there _____ instances _____ aides are available _____ ?

Is there _____ restrictions _____ many _____ I can get my _____ care?

_____ if there is an restriction _____ the number of home _____ ?

Is _____ how frequently I can _____ home care _____ ?

_____ would like _____ are restrictions on _____ of home _____ services _____ monthly.

Do _____ if there _____ on the _____ times _____ receive home care?

There _____ be _____ monthly _____ on _____ number of _____ services.

The monthly cap _____ care _____ .

Is _____ maximum number _____ for home services _____ ?

_____ there _____ monthly _____ for _____ care services?

Do _____ cap on _____ number _____ visits I can have _____ home _____ ?

What _____ the _____ number _____ home _____ that _____ be received _____ month?

Is _____ limit on _____ I _____ access home healthcare?

Where _____ the _____ cap _____ services?

How _____ times per month do _____ to get _____ ?

_____ times _____ home _____ a given month

Can _____ confirm _____ is a monthly limit on _____?

Is there _____ how frequently I _____ care?

_____ a limit on the number _____ receive _____ services monthly?

_____ a monthly _____ care services?

_____ I have _____ in a _____?

Is _____ a cap on the number _____ month?

Is there _____ minimum _____ visits per _____ home _____?

Can _____ if _____ is _____ receiving home care services?

What _____ the _____ for home _____ service _____?

_____ don't _____ if _____ get many home _____ services _____ a _____.

Can _____ if _____ is _____ restriction on _____ home _____ visits accepted?

_____ is the _____ monthly _____ care _____?

What _____ of _____ care services _____ each month?

_____ tell _____ if there are _____ number _____ care services provided each month?

_____ is the _____ on home _____?

I would _____ if you _____ limits _____ the _____ of _____ care service instances within a _____.

_____ know _____ a restriction _____ the number _____ home care visits _____?

Is there _____ limit _____ many _____ I can _____ care?

What if _____ care visits every _____?

I _____ to know _____ cap _____ the number of _____ I _____ have for _____.

Is _____ receive _____ many home care services _____ a _____?

How frequently _____ I avail _____?

_____ you specify _____ there _____ an imposed _____ the number _____ visits?

Do _____ on _____ care visits?

Is there _____ the number _____ care visits _____?

_____ the home _____ per month?

Can _____ me the number _____ monthly visits _____ can have _____ home _____?

Is there _____ imposed _____ regarding _____ of _____ home _____ visits _____?

_____ limitations _____ a month?

What is the _____ home _____.

Do _____ regular monthly _____ to _____?

I'm not _____ if _____ is a monthly _____ home _____.

_____ many times _____ get _____ each _____?

I want _____ there are _____ restrictions _____ often I can _____ home _____.

The _____ cap for _____ services _____.

_____ you tell me if _____ is _____ on home _____?

Home _____ visits are _____?

_____ it _____ to have home _____ per _____?

_____ maximum _____ you can seek home _____ within a _____?

_____ it possible to _____ a _____ care services?

_____ to monthly visits for _____ home assistance?

_____ would _____ it _____ me _____ were caps _____ the number of home care instances.

Should _____ on _____ number of monthly visits _____ can have for _____?

How _____ times _____ month can I _____?

_____ you _____ the use of home _____ services _____ monthly _____?

I'm wondering if there is _____ can receive home care.

Can I _____ more than one visit _____ month?

_____ would like _____ is an imposed restriction _____ the amount of home _____.

_____ home care limitations _____?

What is ____ monthly ____ care.
 ____ there ____ on ____ many ____ I can receive ____ support?
 There ____ a ____ home care I can get each ____.
 ____ can I have help at home ____?
 Are ____ home care ____?
 Is ____ a ____ for receiving ____?
 Can I ____ home ____?
 ____ the ____ for ____ care services there?
 ____ is ____ limit on receiving home ____ services?
 ____ a ____ many times can ____ care services?
 ____ is ____ home care I can get per ____?
 Is it ____ to have ____ maximum ____ for my home ____?
 I ____ a cap ____ the ____ I can ____ for ____ care.
 How many ____ per ____ can ____ get ____ home ____?
 ____ any caps on how ____ is ____ homes?
 ____ I have home ____ on a ____?
 ____ times can I ____ home ____ within a ____ month?
 What ____ cap for home ____?
 Is there ____ restriction on ____.
 How many ____ a ____ get help ____ my ____?
 Are ____ be ____ any restrictions ____ of times I ____ get ____ care?
 Is ____ how many times ____ have help at ____?
 I want to know if there's ____ cap ____ frequently ____.
 The monthly ____ home ____ unknown.
 Is ____ limit to ____ often ____ receive ____ care?
 Are ____ I ____ care limited?
 ____ I get a home care service ____ a ____?
 Someone ____ to ____ if there ____ a ____ limit for ____.
 ____ you tell ____ if ____ restrictions ____ amount ____ home ____ services given monthly?
 ____ number of times ____ can get home ____?
 Monthly ____ home help?
 ____ tell ____ if there ____ an imposed ____ regarding ____ of monthly ____ visits?
 ____ many ____ can I receive ____ care ____ one ____?
 ____ there ____ cap on ____ care ____ receive a month?
 Is the ____ I ____ receive home ____ services ____?
 ____ limit for ____ number of home care ____?
 I ____ to ____ number ____ monthly visits ____ can have for ____.
 What is ____ service number ____ in- home ____?
 Can I be ____ that ____ monthly cap on ____ of ____ care ____?
 Is there ____ to ____ I can get home ____?
 ____ an imposed restriction ____ the amount ____ monthly ____ visits?
 ____ there any limits ____ how ____ care assistance?
 Can I ____ more than ____ round of ____ care ____?
 ____ a ____ how ____ home services ____ be received?
 ____ many times can ____ have home ____ each ____?
 How many ____ can ____ receive ____ one month?
 Is ____ of monthly ____ visits ____?
 ____ any limit to ____ often ____ can ____ home ____ assistance?
 How ____ times can ____ in- ____ help ____ month?
 Is ____ limits on my ____?

Is there ____ monthly limits ____?

____ the ____ monthly home care service usage?

____ of ____ that home care can ____ per ____?

What's the ____ for ____ home ____?

____ it ____ you ____ my home care ____ every ____?

Is there a ____ number ____ month ____ for home ____?

____ like ____ know ____ there is a cap ____ number ____ care ____ within a month.

____ be a ____ cap on the ____ home ____ services?

Is there restriction ____ number ____ care services ____?

____ the maximum number of ____ services you can ____?

____ the monthly cap on ____?

____ is the ____ of times ____ person ____ home care?

____ limitations per month?

____ I ____ my ____ care services ____ times a ____?

____ me the ____ on receiving home care?

____ anyone ____ will be an end to the number ____?

____ is the maximum number ____ care services ____?

There ____ on the ____ of home care ____ monthly.

Can you ____ me the ____ home ____?

Is there ____ specific ____ care services?

____ might be restrictions on ____ of ____ services ____ monthly.

____ home care service ____?

How ____ times ____ month can I receive ____?

How ____ times a ____ you seek ____?

____ i ____ care ____ times a month?

____ there any ____ on the amount ____ home ____ given ____?

Can ____ me ____ there are ____ restrictions ____ the amount ____ services ____ monthly?

How much ____ per month ____?

____ is ____ imposed ____ regarding ____ amount of ____ visits accepted.

Is ____ a ____ on how many times ____ services?

How many ____ depend on in- home ____?

Is ____ care services at ____ monthly limit?

I need ____ there is a cap on the ____ home ____ a month.

Is ____ any limits ____ the ____ can have home care ____?

____ if there is a ____ of monthly visits ____ services.

The ____ of home ____ services ____ received ____ month?

____ a limit to how many ____ get home ____?

____ maximum number ____ visits to my ____ care ____?

How much ____ care ____ I ____?

____ to know ____ the ____ number ____ visits ____ can have for ____ care.

____ of ____ care services you can ____ per month?

Is there ____ on how ____ assistance ____ offered ____ homes ____?

____ if ____ are restrictions on the ____ of ____ services provided?

Home ____ limited ____?

____ limit on how ____ a ____ get home care?

____ want you ____ tell ____ about any ____ of home ____ service instances ____ a month.

____ there ____ on the ____ times I can ____ my monthly home care?

What ____ the ____ on ____ visits?

I ____ to ____ if ____ a ____ limit on home ____.

____ you tell me if ____ restrictions ____ the ____ of ____ care ____ monthly?

_____ is a _____ how _____ can get home care _____.

_____ times _____ can I _____ access to home _____?

_____ there a _____ on _____ home _____?

Do _____ if _____ are restrictions on the _____ care services _____?

_____ possible _____ times of receiving _____ care in _____ month?

I am wondering _____ I _____ receive in- _____ within _____ month.

_____ a _____ for home _____?

Do _____ a cap on _____ I get home care?

_____ it _____ you _____ my home care _____ month?

_____ it a monthly _____ for _____?

_____ if _____ is a _____ on how often I can _____ home _____.

Do I _____ a _____ monthly _____ for my home _____?

_____ a _____ cap on the number of _____?

_____ me _____ there is _____ restriction on _____ number _____ monthly home care _____ accepted?

_____ would _____ you could _____ me _____ the caps _____ number _____ home care service instances _____ month.

What is the _____ of _____ you can get home _____?

Can I _____ the _____ of _____ my _____ care services?

How many _____ can I get _____?

_____ caps _____ the number _____ times assistance _____ at homes?

What _____ the _____ number _____ home care is _____ each _____?

Are you _____ the _____ visits _____ have _____ my home _____?

Is it _____ monthly limit for _____?

Is it possible _____ a cap on _____?

Is there _____ limit _____ of _____ can make _____ my home care _____?

Can you _____ whether there's _____ home care services?

Did _____ max _____ times allowed _____ receive home _____?

I _____ to know if _____ is _____ frequently I can _____ home _____.

_____ there _____ receiving home care _____ month?

_____ limit on _____ for in- _____ assistance?

Is _____ how _____ home _____ can receive every month?

What is the _____ the _____ I _____ have for _____ care?

Is _____ home care _____ month?

_____ monthly limit for my home _____ not _____.

How many _____ I visit in _____ single _____ home _____?

What _____ the _____ number of _____ in a _____ you _____ care?

_____ you impose limits on _____ of _____ care?

_____ times _____ I allowed to _____ home _____?

Can I confirm if _____ monthly _____ on _____?

Do you _____ to _____ the _____ home care _____ a _____?

Can _____ the _____ of visits I _____ have for _____ home _____?

_____ you know _____ a _____ the _____ of _____ home care visits accepted?

_____ capping home care _____?

Is there monthly maximum _____?

_____ many times _____ I _____ home _____ month.

_____ you think _____ you are _____ home _____ visits?

Can you _____ me _____ cap on _____ care _____?

What is the maximum _____ times a _____ care _____?

_____ you if _____ is _____ cap on _____ care services _____?

_____ there's a _____ on _____ home care, can you tell _____?

Can _____ tell me _____ maximum number _____ home care _____?

Do I ____ a ____ of monthly ____ home ____ services?
 Do ____ know how frequently ____ get home ____?
 Is ____ a limit ____ how often I ____ healthcare ____?
 There ____ restrictions on the ____ provided each month.
 ____ need ____ if ____ a monthly limit on ____ home ____.
 ____ it possible ____ is ____ monthly ____ the ____ of home care ____?
 I ____ to know if ____ monthly ____ for receiving ____ services.
 ____ limit ____ how many times a ____ I ____ help?
 ____ know ____ there's a monthly limit on receiving ____.
 ____ you ____ me if there ____ monthly limit ____ receiving ____ services?
 Is there a max ____ allowed ____ services?
 Are there any restrictions ____ number ____ care services that ____?
 ____ many times ____ can ____ get ____ services?
 Is ____ a ____ how many ____ receive home ____ services?
 ____ have more than ____ of home ____ once ____ month?
 ____ is access ____ home ____ allowed in a ____?
 Is my ____ services ____ a certain number ____ visits?
 ____ would like to ____ if ____ cap ____ frequently I can get ____.
 Do you place ____ on ____ assistance is ____?
 ____ a limit to ____ of ____ care ____ provided monthly?
 ____ you tell ____ of times I can ____ home care ____?
 ____ time ____ getting home ____ month.
 I wonder ____ there is a ____ the ____ of ____ care ____ month.
 ____ you know if there ____ an imposed ____ the ____ visits accepted?
 Do you ____ of home care ____?
 Is there any ____ I ____ home care assistance?
 ____ service Frequency ____ receiving in- home ____ per ____?
 If ____ a ____ cap on home ____ services, ____ that?
 Any limit ____ of times ____ can ____ care?
 Monthly ____ might have ____ cap.
 Is ____ any ____ on the number ____ I ____ home ____?
 ____ you ____ restrictions on the ____ of home care ____ provided ____?
 ____ can I ____ home ____ assistance ____ month?
 ____ you tell ____ if ____ a ____ limit ____ care?
 Is ____ a monthly ____ on ____ home ____?
 How ____ times can I ____ at home ____ a ____?
 Is ____ be restrictions on ____ number ____ times I can ____?
 ____ there ____ limit ____ the ____ of ____ home visits?
 I ____ if there is a limit on ____ I ____ receive ____.
 ____ there ____ limit on ____ frequently I can ____ at ____?
 Can there ____ the ____ of receiving home ____?
 ____ can I get multiple home ____?
 ____ if there ____ a cap ____ how ____ I ____ receive home ____?
 ____ you tell ____ if ____ is ____ limit ____ much I ____ home care?
 ____ a ____ how ____ assistance is offered at homes ____ period?
 I want ____ limit on the number of ____ care service ____ month.
 ____ is ____ cap for ____ care ____?
 How ____ month ____ get home care?
 ____ putting a limit ____ amount ____ help ____ can ____ at home?
 ____ I receive many home ____ services ____ single ____?

Is _____ a _____ maximum _____ assistance?
 _____ there a limit on _____ home care services _____?
 _____ allow me _____ use home care services _____?
 What is _____ maximum _____ of times _____ is _____ month?
 Can _____ that there is a cap _____ home _____?
 Can _____ a _____ on monthly _____ care _____ usage?
 What's _____ for monthly _____ care _____?
 Is there a limit _____ home _____ services?
 _____ is the _____ amount of home _____ in a _____?
 Can _____ multiple _____ services in _____ month?
 _____ want _____ know how _____ I can _____ health _____ a month.
 _____ a limit on _____ times _____ home care is _____?
 Is there _____ cap on _____ I can _____?
 What is _____ much home _____ can get _____ month?
 What's the _____ cap _____ assistance?
 Do _____ how many times _____ home _____ is _____?
 _____ what is the maximum _____ of times _____ home care?
 Do you restrict _____ monthly _____ care _____?
 Is there _____ the _____ times home care is _____?
 Is there a limit _____ how _____ home _____?
 What is _____ number _____ care _____ available each month?
 Is there _____ restriction _____ frequently I _____ home _____?
 Can I say that there _____ on _____ care _____?
 How _____ times per _____ do _____ need _____ care?
 Are you going to limit _____ number _____ monthly dose _____ care or something?
 Can there _____ limit _____ my home _____ services?
 How _____ a _____ I _____ get home _____?
 _____ some kind of _____ much _____ I can get?
 _____ there a limit _____ home care visit?
 _____ monthly limit _____ homecare services?
 _____ is the maximum _____ of _____ each month?
 I am interested _____ knowing _____ is _____ receiving home care _____.
 Home care _____ limited _____.
 Does _____ home _____ have a _____?
 _____ care _____ per month?
 _____ don't _____ if _____ is a _____ on _____ can _____ home care.
 _____ know _____ times I _____ my monthly dose of home _____?
 _____ you _____ my _____ visits?
 _____ there some cap _____ the _____ care _____ can get?
 I _____ if _____ any _____ how often _____ can _____ home _____ assistance.
 I _____ you _____ my home care _____ month.
 Is there _____ on how _____ I can _____ in-home _____?
 _____ assistance is allowed in _____ month?
 Are _____ maximum instances in _____ aides _____ month?
 _____ is _____ home _____ usage monthly?
 _____ many _____ can one _____ aid in _____ month?
 Is _____ any _____ on _____ get _____ care assistance?
 _____ a month, _____ much _____ is _____ to _____ assistance?
 _____ there _____ how many times I can get _____ per _____?
 _____ would appreciate _____ could tell _____ about _____ caps on _____ of home care _____ within _____ month.

_____ there _____ limit _____ how many times _____ get _____ care in a _____ ?

_____ there a limit _____ how many times _____ home _____ ?

Are _____ receiving _____ care limited?

Someone asked _____ a _____ home care services.

_____ there _____ cap _____ when I _____ get _____ services?

Is _____ limit for _____ care _____ there?

_____ times _____ do I need _____ get home _____ ?

Can you _____ if _____ restrictions _____ the number of home _____ monthly?

_____ care _____ at _____ number of times each month.

_____ you tell me _____ there is an imposed _____ the _____ of _____ visits _____ ?

_____ know _____ cap on the number _____ visits I _____ have _____ .

_____ times _____ do I _____ to go to my _____ care _____ ?

Is _____ a _____ number _____ care visits that can be _____ ?

_____ my _____ care visits?

Is _____ a _____ home care I can _____ .

_____ there be _____ maximum of monthly _____ for _____ services?

_____ put caps on how _____ offered at _____ ?

How _____ can _____ in- home care _____ month?

Is there _____ cap _____ the _____ of _____ I can _____ ?

Is _____ monthly cap _____ care?

_____ to know the _____ of _____ I can _____ my _____ care.

Is there _____ restriction _____ home _____ month?

restrictions on _____ month?

_____ there _____ on _____ number of home _____ provided _____ month?

Is there a _____ on the _____ of _____ that _____ ?

How many times _____ I get _____ home _____ ?

There may _____ restrictions _____ receiving home _____ .

_____ frequently I can _____ home health _____ month?

_____ is the maximum _____ times _____ month _____ home care _____ ?

_____ that there _____ monthly cap on the number of _____ ?

Can I _____ if _____ a _____ on the _____ home care _____ ?

How often _____ I _____ in- _____ month?

How much _____ usage is _____ per _____ ?

_____ there is a monthly _____ on home care?

Can there _____ any _____ monthly _____ ?

_____ there a cap _____ I can receive _____ ?

_____ you know if _____ is _____ restriction on _____ number _____ care _____ accepted?

_____ there a _____ how frequently I _____ home _____ ?

If _____ are any _____ receiving home _____ ?

_____ some sort _____ cap on how _____ home _____ get?

Is _____ any _____ care _____ month?

How many home _____ services _____ one _____ ?

Is a limit _____ of _____ home care services?

_____ be _____ monthly _____ the _____ of home care services.

_____ have _____ monthly limit _____ home care _____ ?

_____ the _____ on _____ home care I can _____ month.

_____ does the _____ on home care _____ like?

Is there any _____ how often I _____ ?

What _____ amount _____ for you _____ seek home care?

Do _____ a maximum _____ visits _____ home care _____ ?

_____ can i access _____ healthcare _____?
 _____ there a _____ the number of _____ I _____ get _____?
 _____ you _____ if _____ a limit _____ I can receive home _____?
 _____ any limit on how _____ have _____ care _____?
 _____ your _____ the _____ of monthly _____ can have _____ home care?
 Will _____ a monthly _____ on _____ care _____?
 _____ know _____ there is an imposed restriction on _____ of monthly _____ care visits _____.
 _____ end _____ the _____ visits for _____ at home?
 How often will you give _____ service _____?
 Is _____ restriction on home _____?
 How many times _____ home _____ month?
 _____ don't _____ have more _____ one round _____ home care each _____.
 Is _____ a _____ on how _____ care visits you _____?
 Any restrictions on _____?
 _____ tell me _____ is an imposed _____ on the number _____ care _____?
 Are _____ on _____ can get home care?
 Is there _____ monthly _____ on the _____ home _____?
 _____ I know if there _____ monthly _____ home _____ services?
 I _____ to know _____ monthly cap _____ home _____ services.
 How _____ can I access _____ aid _____ month?
 Is there an _____ quantity _____ care visits accepted?
 _____ restriction on the number _____ I _____ get _____ dose of home _____?
 I would _____ know _____ on the _____ of home _____ within a _____.
 _____ frequently _____ I _____ in a single month?
 _____ the _____ of times that _____ care _____ covered each _____?
 _____ many times _____ month _____ receive home _____ assistance?
 Can _____ a _____ on when _____ can _____ home _____?
 In _____ often can _____ get _____ aid?
 _____ a limit on how many _____ month _____ care?
 I _____ question about the monthly limit _____ receiving _____.
 _____ would like _____ there _____ caps on _____ number of _____ service instances within _____ month.
 _____ times can I visit _____ within _____ single month?
 _____ if there _____ any _____ on the number of monthly _____ care _____?
 Are _____ monthly _____ on _____ services?
 _____ tell _____ there _____ restrictions _____ the _____ home care services provided?
 Is there _____ on how frequently _____ care?
 Is there some limit _____ how _____ home _____ I _____?
 I _____ know _____ there _____ a monthly _____ home care _____.
 _____ may _____ a maximum of _____ visits for _____ services.
 There is an _____ restriction on _____ amount _____ home _____.
 _____ possible you capping my _____?
 _____ a home _____ limitation per _____?
 _____ I confirm if _____ is _____ monthly _____ on _____ of home _____?
 _____ max time _____ for home _____?
 There _____ a _____ on how _____ home care _____ can _____ each _____.
 _____ okay _____ have max _____ for home _____ monthly?
 How _____ capping _____ home _____ month?
 _____ there a _____ I _____ in- home help a month?
 _____ cap _____ on _____ frequently assistance can _____ offered at _____?
 _____ maximum number of times _____ care _____ provided in _____?

_____ a cap on _____ care _____ get every month?

Is _____ on _____ amount of _____ can receive _____ services?

_____ frequently _____ I receive _____ care _____?

Is _____ a _____ the number _____ care visits.

_____ you _____ me _____ there _____ an imposed restriction on _____ of _____ care _____?

Is there a _____ on how _____ receive _____?

How _____ month can I have _____?

Can _____ be given home care _____ once _____?

_____ I get _____ per _____?

I _____ know _____ a _____ on the times _____ can _____ care services.

Is there _____ cap placed _____ how _____ assistance _____ at _____?

Is _____ a limit on how frequently _____ offered _____?

_____ there _____ limit on _____ can _____ home _____ assistance?

_____ limit on _____ many _____ I can _____ home care _____ a _____.

There _____ be a _____ number _____ home care visits.

Can _____ number of times _____ help in _____ home?

Are _____ restrictions on _____ home _____?

_____ know _____ of _____ visits you can _____ for home care.

_____ the number _____ monthly _____ for _____ home assistance?

_____ be _____ on getting home _____ month.

What is the _____ care _____?

_____ any _____ on _____ home care?

_____ frequently can _____ receive _____ per month?

I need _____ know _____ are caps _____ the _____ of _____ care _____ month.

_____ a limit _____ the number of _____ themselves of homecare?

Monthly _____ for _____ home _____?

Is receiving _____ the _____?

Tell me _____ monthly _____ on receiving home _____ services.

_____ a month, _____ much _____ to _____ is allowed?

_____ there any restriction _____ home _____ every _____?

Is _____ possible to _____ of _____ in a month?

_____ there _____ on how _____ I can receive _____ care.

Limit _____ times _____ can get home care _____ a _____.

_____ don't _____ how frequently _____ can get home _____ aid _____.

I need to _____ there _____ monthly _____ my home care _____.

_____ don't _____ many times _____ to _____ for home care a month.

_____ a cap _____ home care _____?

How many _____ care _____ you cap _____?

_____ can I go _____ home for nursing within _____?

Can I _____ care services in _____?

_____ is the _____ of _____ a _____ can request home _____?

_____ you tell me _____ there is a _____ how _____ receive home _____?

Is there _____ how much _____ able _____ get each month?

What _____ your cap _____ I can _____ for my home care?

_____ a cap _____ times _____ can _____ home care in _____ month.

There may _____ restrictions on how _____ I _____ assistance.

_____ need _____ there is a cap on how frequently _____ get _____.

_____ I have in-home _____?

Have _____ limits _____ visits?

_____ you _____ me if there are restrictions _____ of _____ care _____ provided _____?

Please tell _____ an _____ restriction on _____ number _____ monthly _____ care _____ accepted.

Can _____ health _____ a month?

Is there a _____ to _____ I _____ have _____ care _____?

_____ there a _____ monthly home _____ use?

_____ if there is a _____ number of _____ care visits _____.

_____ is the maximum _____ of _____ home care _____ each _____?

How many times _____ receive home _____?

_____ there _____ a _____ cap on _____ number of home care _____?

How _____ times can I _____ help _____?

Can _____ tell me _____ I _____ home care _____?

Which _____ limit on monthly _____ usage?

In _____ month _____ receive _____ care _____?

_____ many _____ can I _____ in- _____ per month?

Is there a _____ how _____ times I _____ home _____?

Can you _____ how _____ care _____ can receive a _____?

Is _____ limit on _____ number of _____ care services _____?

_____ am wondering if there's _____ limit on _____ care _____.

_____ be some restrictions on the _____ times I _____ home care?

_____ there any _____ number of _____ care services _____ month?

Do you _____ home care _____ each month?

What _____ little cap _____ the _____ visits I can have _____ my _____?

_____ you _____ you _____ access home healthcare support?

Are there _____ placed _____ how _____ offered _____ homes?

_____ a month, _____ do I _____ home care?

_____ want _____ know if _____ limit on _____ number of monthly _____ care _____.

What is _____ for receiving _____?

_____ a _____ on monthly _____ care _____?

_____ on how frequently _____ offered in your home?

_____ for _____ at _____ during a single calendar cycle?

_____ may _____ restrictions on _____ of home _____ services provided _____.

What restrictions _____ have _____ home _____ monthly?

What is _____ maximum _____ that home _____ covered per _____?

Within a _____ month, _____ visits _____ for at- home _____?

_____ for monthly _____ care service _____?

There's _____ cap on the _____ of _____ visits _____ home care.

_____ put caps on _____ offered at homes?

I would like to know _____ on how _____ I _____.

Do _____ the monthly _____ home _____ services?

What _____ my home _____ visits _____?

_____ frequently _____ in- home _____ per month?

Is there a cap _____ times _____ receive _____ care _____ month?

Do _____ home care visits _____?

What _____ capped _____ home _____ visits?

_____ you _____ any _____ on my _____ of home _____?

_____ have _____ restrictions on _____ home _____?

Is there _____ the _____ of home care _____ allowed?

I _____ like to _____ about _____ caps _____ the number _____ care service instances _____.

_____ get home _____ multiple times _____ month?

I want _____ know _____ get in- home care _____ a _____.

_____ cap on the _____ of monthly visits _____ can _____ home _____?

If _____ want _____ care within _____ month, _____ is the _____?
 _____ you _____ me _____ monthly limit _____ care services?
 _____ there be _____ to _____ visits for at- home _____?
 Do _____ a cap _____ times assistance is offered _____ homes?
 _____ have restrictions _____ use _____ home care services _____?
 Is there _____ number of _____ my _____ care _____?
 Is there _____ imposed restriction on _____ of _____ can _____ accepted?
 Is _____ going _____ be any _____ on _____ times I can _____ home _____?
 _____ there _____ on the _____ of _____ get home care?
 _____ home _____ can be received _____ a _____ month?
 _____ be there _____ a _____ on _____ home care _____.
 _____ there _____ number _____ where aides are _____ here every single _____?
 What _____ limit for _____ usage?
 Is _____ cap _____ care visits every month?
 _____ many times a _____ can _____ for at- _____?
 Is _____ on the number _____ can receive _____ care?
 _____ tell _____ if there is _____ regarding _____ number of _____ care visits?
 Can _____ home care _____ month?
 _____ many times _____ receive _____ care per _____?
 _____ there any restrictions on _____ provided _____?
 _____ there a _____ how many times _____ receive _____ care in _____ month?
 Is _____ home care monthly?
 I _____ appreciate _____ if you _____ tell _____ about the _____ caps on _____ of home care _____ month.
 _____ want to _____ if you _____ capping _____ every month.
 Is there a cap _____.
 _____ you capping _____ care _____?
 _____ the scoop on how much _____ a month?
 _____ I only get home _____?
 Can I _____ each _____?
 _____ if there _____ a restriction on _____ of home care _____.
 Is _____ a _____ on how much _____ care _____ be _____ in _____?
 I _____ know if _____ monthly limit _____ receiving _____ care _____.
 _____ often _____ get home _____ a month?
 I _____ was _____ cap _____ how often _____ receive home care.
 _____ there _____ limit on _____ often I _____ care?
 _____ I _____ limit on the number of _____ have for _____ home _____?
 _____ like you to tell me _____ the _____ care service _____ within a month.
 _____ to _____ there's a _____ limit on _____ home care _____.
 _____ I _____ various _____ in a month?
 _____ be some _____ on _____ number of _____ I _____ home care?
 _____ monthly allowance _____ in- home _____?
 Is there _____ cap _____ how much _____ can _____ a _____?
 Are _____ placed _____ frequently assistance is offered at _____?
 Do you _____ that _____ care visits are _____?
 _____ there _____ to the number of _____?
 How _____ go _____ home nursing in _____ single month?
 Is it _____ a _____ number _____ home _____ visits?
 _____ the monthly cap _____ care _____?
 _____ to know how many times _____ can get _____ a _____.
 Can you _____ me _____ limit _____ home care _____?

Do _____ know _____ there _____ the number _____ can get home care?

I _____ know _____ is _____ cap on times I _____ care services.

How many times _____ home care _____?

_____ frequently can I _____ home _____ month?

Do you know how _____ I _____ home _____?

I _____ know _____ allowable _____ on the _____ of home care _____ instances in _____.

There _____ a limit _____ of monthly _____ home care _____.

I am wondering _____ cap _____ care visits _____.

_____ home care _____ a monthly _____?

_____ many _____ per _____ do _____ get access _____ assistance?

How many _____ can _____ home care?

Limit _____ care can _____ received in _____ month.

_____ you limiting my _____ care _____?

I _____ there _____ a _____ cap on home _____ services.

Limitations on _____ I _____ receive home _____?

_____ there a limit on the number _____ will _____?

Are there _____ the number of _____ can _____ care _____?

_____ a month, how _____ does access to _____?

_____ I _____ sure _____ is _____ monthly cap on _____ services?

Are I able to _____ month?

_____ may _____ restrictions _____ getting _____ care every _____.

_____ there _____ number of monthly _____ for _____ services?

_____ if there is _____ how _____ I _____ get home care?

_____ a _____ is home assistance _____?

Is it _____ to _____ receive home _____ during _____?

_____ you _____ the limit _____ receiving home _____ services is _____?

Does receiving _____ monthly max?

I _____ how often _____ get home _____ aid _____ a _____.

How many times _____ the maximum _____ home _____?

_____ curious _____ how much home _____ get _____ month.

_____ times _____ a month can I _____ care?

_____ you _____ limit on _____ care _____?

Can you _____ me _____ there are _____ on how _____ care _____?

_____ many _____ will _____ be able to _____ home _____ each _____?

What is the maximum amount of _____ provided _____?

I _____ to know _____ monthly limit for _____ care services.

_____ I _____ home care services _____ a _____?

Is _____ any _____ per month?

In a _____ how _____ access _____ home _____ allowed?

Is _____ you _____ my _____ care visits?

How many _____ I able to get _____?

I _____ if there's _____ limit on home care _____.

How _____ per month _____ I _____ help?

_____ wondering if I can _____ one _____ of _____ care _____ month.

Does this _____ there is _____ cap on _____ number _____ services?

_____ there _____ how frequently assistance _____ offered _____ home?

_____ there be maximum _____ where _____ are _____ month?

Is _____ limit _____ many home care services _____ can _____ month?

_____ scoop on _____ much home _____ I can _____ each _____?

Can _____ tell _____ about _____ cap _____ care?

Is _____ a limit on _____ I _____ receive _____ services?
 _____ like to _____ if there _____ cap on _____ home care.
 _____ wondering _____ there's a _____ on how _____ can _____ care.
 what _____ the monthly cap _____?

Is the _____ of home _____ per month?
 Can _____ me _____ any _____ on receiving home _____?
 If there _____ an imposed _____ number of home _____?
 Can I _____ home care _____ certain _____ the _____?
 _____ it possible that _____ monthly _____ receiving _____ care services?
 _____ is _____ monthly cap _____ services.

I was _____ monthly limit on _____ home _____ services.
 _____ if there is an imposed _____ regarding the _____ of _____.
 _____ to _____ me about any _____ on the _____ of home _____ service instances within _____.
 _____ there a limit to _____ often _____ health aid?

Do you _____ can have _____ than _____ home _____ monthly?
 _____ on how _____ I _____ home _____ aid?
 _____ there monthly limits _____ services?

How _____ someone receive home care?
 _____ the monthly _____ home _____?
 _____ there going to be some restrictions _____ of times _____ home _____?
 _____ a _____ number _____ visits _____ for home care?

Are you _____ be limiting _____ of times _____ can _____ care?
 Does _____ home care _____ have _____?
 _____ you put _____ on _____ frequently _____ is offered _____?

Can you _____ on how _____ home care services are provided.
 I _____ to know the _____ the _____ of _____ care _____ instances _____ month.
 Is _____ cap _____ I _____ receive home care?
 I _____ if there's a monthly _____ on _____.

So, _____ limit _____ the _____ of visits I _____ have _____ my _____?
 _____ there _____ on how _____ times I _____ home _____?
 _____ want to know _____ there _____ a _____ can _____ home care.
 _____ much time _____ I get _____ month?

What is a _____ cap _____?
 _____ is _____ on how many times _____ home care _____ a _____.

What _____ the maximum _____ of _____ a _____ home care _____ month?
 Is _____ monthly _____ home _____ services?
 _____ time _____ in a month?
 _____ a cap on _____ times I get _____ care?

Is _____ monthly _____ home care services.
 Can there _____ many _____ care _____ a _____ month?
 _____ to only _____ home care _____?

Is _____ an end to the number _____?
 Can you _____ if I _____ placed on _____ assistance is _____ at _____?
 Is _____ some _____ of _____ on _____ much _____ I _____ each month?
 _____ times can I _____ in home _____ a _____?
 _____ there a _____ home _____ I can _____ a month?
 _____ the maximum _____ home care _____ received per _____?
 _____ how _____ I _____ have in- home help.

Can you _____ if _____ limit _____ frequently I _____ receive home care?
 _____ many _____ I can get _____ care services each month?

Is _____ on _____ care _____ month?

_____ you _____ restrictions on _____ home _____ monthly?

Do you think _____ should limit _____?

I _____ to know if I _____ care _____ multiple _____ a _____.

Please tell me _____ there is _____ the _____ of _____ visits _____.

_____ you have a _____ monthly _____ for _____ care?

Is home care _____?

_____ would like _____ if there were caps on _____ number _____ home _____ within a _____.

_____ me _____ there is a restriction regarding _____ number _____ home _____?

_____ know if there _____ monthly _____ on home care _____?

Is _____ possible _____ receive _____ monthly _____ for _____ care _____?

I'd _____ know about the _____ caps _____ number _____ home care service _____ month.

_____ there a limit _____ often I _____ avail of _____?

There's _____ limit to _____ many times _____ can get _____.

_____ a cap _____ how much _____ care _____ receive _____ month.

_____ number of times _____ care is provided?

Can _____ a _____ home _____ services _____ a month?

Is it _____ to have _____ on _____ services?

_____ there _____ on the number _____ times I visit _____ home _____?

_____ a maximum number _____ care _____?

I _____ know about the _____ on _____ home _____ service instances.

_____ the scoop about how _____ home _____ can get _____?

Can I only _____ aid a _____ a _____?

Is there _____ on the _____ get _____ care?

_____ the _____ of home _____ limited?

_____ you _____ if _____ are _____ on _____ number _____ home _____ services _____ a month?

If _____ often I receive home _____ can you _____ me?

How many _____ I _____ in-home care?

_____ would like _____ know _____ is _____ on home care _____ monthly.

How many times a month _____ home _____?

Do _____ is a restriction _____ the amount _____ care visits _____?

Are you _____ number _____ visits?

What is the _____ amount of _____ person can _____?

_____ limit on how _____ I get home _____?

_____ there _____ monthly _____ home care?

_____ times per month _____ get a home _____?

How _____ I have _____ per month?

Are _____ caps _____ on _____ assistance _____ offered at _____ home?

In _____ how often is _____?

Can _____ tell _____ the limit _____ care service _____.

_____ many days a month _____ for seeking _____?

Is there a _____ for my home _____?

_____ you tell _____ monthly limits _____ care services?

Are there _____ home _____ services?

How many times in _____ in-home care?

Can I _____ there _____ monthly cap for _____ services?

Can _____ the number _____ in- home help _____ month?

_____ can _____ a cap _____ care services.

Is _____ a cap on _____ can _____ a month?

_____ a month, how often _____ benefit _____ aid?

_____ the maximum number _____ one can receive _____ care services?

Is there any _____ on _____?

_____ the _____ care service _____ limit?

Am _____ able _____ home _____ a month?

I _____ know how _____ I _____ home health _____ month.

_____ capping _____ number of _____ care visits _____ have?

_____ come you _____ home care visits _____?

Is _____ to only _____ care in _____ given _____?

Can _____ tell me _____ is a limit _____ of _____ can receive home _____?

_____ tell me _____ home care _____ get per month?

_____ the limit _____ monthly _____ care service _____?

Is _____ a limit on _____ can get each month?

Can _____ tell _____ if _____ are _____ number of home care services _____?

Is there _____ limit _____ the _____ of _____ services provided _____?

_____ limit to _____ frequently _____ can receive _____ care?

_____ number _____ a _____ is _____ care covered?

_____ a limit _____ the number of visits _____ have _____ home _____?

_____ a limit _____ the _____ of times I _____ care?

_____ you going to restrict _____ number of times I _____ monthly dose of _____?

How many times _____ month _____ home _____?

_____ there _____ cap on _____ many home _____ each month?

_____ let me know _____ I can _____ home _____?

Is _____ imposed _____ amount _____ home care visits accepted?

_____ if there is _____ on the number of _____ care _____ a month.

Are _____ care visits _____ month?

_____ there a _____ on _____ receive home care?

Can _____ know _____ of _____ visits _____ home care?

_____ I get a _____ care _____ in a single _____?

Is _____ limit _____ number of times _____ receive _____ care _____?

_____ is your cap on _____ number _____ monthly _____ I _____ have _____ my _____?

Is _____ possible _____ there is _____ limit _____ home care _____?

_____ there is a cap on _____ home _____ services.

_____ have _____ number of _____ I can have for my _____ care.

Is _____ possible _____ you're capping _____ every month?

_____ have a monthly limit _____ home _____?

Can you _____ how _____ I can _____ care?

_____ there _____ on _____ number of times I _____ have _____ care _____?

_____ limit _____ my home care service?

_____ wonder how _____ I _____ get home care _____?

_____ there a _____ home care?

Is _____ possible to only _____ home _____ month?

_____ would like to _____ about any _____ caps on the _____ instances _____ a month.

Can there _____ than one _____ home _____ month?

How many _____ can _____ get in- _____ care?

_____ many times _____ month do _____ to _____ my home _____?

Is _____ cap _____ home care?

What is the _____ number of _____ month _____ is _____?

What _____ your _____ number of monthly visits that _____ can _____ for _____?

_____ on _____ number of monthly _____ for _____ care services?

In _____ get home care _____?

I _____ know how _____ I _____ have home care _____.
 _____ there _____ limit _____ how frequently assistance is _____?
 Is _____ on monthly _____ care _____?
 _____ services have _____ cap?
 _____ a cap on monthly allowance _____ assistance?
 _____ tell me if there's a _____ often I _____ home _____?
 _____ is _____ home _____ limitations per _____?
 Would _____ me _____ there _____ a _____ number of home care _____ accepted?
 _____ many _____ month _____ have to visit _____ at _____ nursing?
 How many _____ can _____ assistance a month?
 How many times can _____ come _____ my _____ each _____?
 _____ you have _____ limit for _____ home care _____?
 _____ you _____ me _____ is a limit on the amount of _____?
 cap on _____ I _____ care?
 Is _____ limit _____ how many _____ I _____ home _____ each month?
 Is _____ on the _____ of home _____ a month?
 How many _____ can _____ nursing in a _____?
 Are _____ to _____ number _____ times I _____ get _____ or what?
 Is the _____ capped?
 Is _____ a _____ of times one _____ have homecare?
 The maximum number _____ care _____ to receive _____?
 Can you tell _____ the amount of _____ get _____?
 Limit _____ of _____ in a _____ month.
 Is _____ to the number _____ times _____ can have _____ assistance?
 Is _____ a maximum _____ visits _____ the _____ care services?
 _____ a _____ on _____ number of visits I can _____ for _____?
 Can _____ there _____ a monthly cap _____ home care _____?
 _____ limit for home _____ services?
 Is it _____ placed over _____ assistance _____ offered at homes?
 Is _____ monthly _____ the _____ care services I _____?
 There may _____ monthly limit for receiving _____.
 Is _____ a limit on _____ many times a _____ receive _____?
 _____ you _____ if there _____ cap on the _____ of _____ care _____?
 I _____ to know your _____ monthly visits I can _____ my home care.
 _____ can I get per month?
 Can _____ tell _____ if _____ often _____ can get home care?
 Can _____ me _____ a _____ the number _____ home _____ visits accepted?
 _____ can _____ get home _____ each month?
 Is there _____ limit _____ the number _____ a _____ can receive _____?
 Can _____ let me _____ if _____ a _____ on how often I _____?
 _____ seek home care _____ a month?
 I don't _____ how _____ times I can _____ home _____.
 _____ you _____ if _____ restriction on the _____ of _____ care visits?
 How many times _____ home help _____ month?
 How _____ home _____ services can _____ month?
 _____ limit on _____ number _____ that you can receive _____ services?
 _____ there a _____ how frequently _____ can _____ home _____?
 Is _____ a _____ on _____ many times _____ can visit my home _____?
 _____ you mean _____ number _____ times I _____ get my monthly _____ of _____ care _____ something?
 _____ you tell me _____ are restrictions on the _____ home _____?

____ is the ____ cap ____ home ____ ?
 ____ be ____ on ____ number of times ____ can ____ home care ____ ?
 What about ____ of monthly visits ____ help?
 Can there be ____ end to ____ of monthly ____ for ____ ?
 Is there ____ maximum ____ of visits ____ home ____ ?
 Are the ____ on how ____ is ____ at your ____ ?
 I am ____ is a cap on ____ much ____ care ____ can ____ .
 ____ know ____ I can ____ more than once ____ month.
 I'm wondering ____ cap ____ home ____ visits ____ month.
 Is there ____ amount ____ home ____ support I ____ get?
 ____ cap on home care ____ not ____ .
 ____ tell ____ there's ____ on the number of ____ I ____ home care?
 ____ there ____ limit ____ frequently I can get home ____ ?
 ____ many home care ____ in a ____ ?
 ____ a ____ care visits every month?
 ____ I ____ to receive ____ care ____ than once ____ ?
 ____ home care services ____ maximum number ____ visits?
 ____ tell ____ whether there are ____ on the number of ____ provided ____ ?
 Within ____ month, ____ many visits am I ____ at- ____ ?
 I would like ____ know ____ there ____ the number ____ home ____ service instances ____ a ____ .
 ____ there ____ often I ____ home care services?
 Do I have ____ monthly limit ____ services?
 I ____ about ____ allowable caps ____ the number of ____ instances ____ a month.
 ____ there ____ limit ____ times of getting home ____ ?
 Do ____ guys ____ home ____ visits?
 ____ a ____ limit to home ____ ?
 ____ a ____ on how much home ____ I can get ____ ?
 I ____ to know ____ there ____ caps ____ service instances ____ a month.
 ____ frequently ____ I ____ home care ____ a month?
 Please let ____ an ____ restriction ____ number of ____ care visits accepted.
 ____ there ____ cap on how ____ services are ____ ?
 ____ would like ____ number ____ allowable ____ on home care ____ within ____ month.
 Do ____ is a ____ on the amount ____ home ____ I ____ receive?
 ____ a ____ on ____ frequently I can get ____ support?
 There is ____ cap ____ how ____ can access ____ .
 My home care ____ limit.
 ____ many times a ____ I ____ in home ____ ?
 ____ times a month ____ I ____ on ____ home ____ ?
 Is ____ monthly max ____ home ____ ?
 How ____ I get ____ per month?
 ____ there ____ a ____ the ____ of home ____ visits?
 ____ many times ____ month ____ you need ____ seek ____ ?
 What is ____ monthly ____ of home ____ ?
 What is the ____ home ____ ?
 ____ you all ____ some ____ of restriction ____ the number of times I ____ home ____ ?
 ____ you know ____ frequently ____ can ____ home ____ ?
 How many times a ____ have ____ home care?
 ____ a ____ on ____ number ____ one ____ get homecare within a ____ ?
 ____ there a limit ____ the ____ of times I ____ my ____ ?
 ____ the monthly ____ home ____ services?

What ____ the cap ____ monthly allowance ____?
 ____ know if there ____ limits on ____ of home ____ provided ____?
 What about the ____ visits for assistance ____?
 Limitation on ____ I can ____ home ____?
 ____ you ____ if ____ are any restrictions ____ home care services are ____?
 ____ know if ____ is a ____ home care services?
 ____ monthly limit for home ____?
 ____ many ____ services ____ you receive ____ month?
 Do ____ think I can ____ than one ____ of home ____?
 What about the number ____ for ____ home ____?
 Are you ____ to ____ limiting ____ I can ____ home care ____ something?
 Are ____ capping ____ home care ____?
 Did ____ place caps ____ offered at homes?
 ____ about ____ monthly ____ on home care ____.
 ____ would ____ to ____ if ____ is an imposed restriction ____ the amount ____ home care ____.
 How many ____ a month do ____ care?
 I am wondering ____ there ____ how often I ____ home ____.
 Is ____ number of visits for ____ home ____?
 ____ I rely ____ in- home help ____ month?
 How many times ____ get home ____ assistance ____?
 Limit when ____ can ____ care ____ month.
 ____ like to know ____ caps on the ____ of home care ____ instances ____ the ____.
 There is a ____ how ____ can access ____ healthcare ____.
 Is there ____ visits ____ my home care?
 How ____ times a ____ do I ____?
 ____ there any ____ monthly ____ services?
 How ____ times ____ month ____ I ____ at- ____ nursing?
 ____ get home ____ during ____ period?
 I ____ know ____ many times ____ can ____ care a month.
 What is the ____ home ____ sought ____ a ____?
 Does anyone know ____ there ____ the ____ of ____ care services?
 I ____ to ____ if I can ____ round ____ care a month.
 ____ there be caps ____ on ____ frequently assistance is ____?
 ____ is ____ limit on ____ times I ____ home care each ____.
 ____ times within one ____ do I ____ home ____?
 I'm curious ____ is ____ monthly ____ care services.
 There needs ____ be a limit ____ of ____ visits.
 ____ limit ____ the number of ____ can have in- ____ help?
 Do ____ there is a cap on ____ frequently ____ home ____?
 I ____ the number of monthly ____ you ____ give ____ home care.
 ____ of ____ home care can be ____ per ____?
 Is ____ restriction on how ____ I ____ assistance?
 ____ me if there is a restriction ____ of ____ care visits ____ accepted?
 I ____ to ____ what ____ cap is ____ the ____ of ____ I ____ have for ____.
 I would like ____ know ____ is a restriction ____ of home ____.
 Is ____ on the amount of ____ care I ____ get ____?
 ____ there ____ for ____ home care ____?
 What about the ____ often ____ home care service?
 I would ____ if ____ a cap on ____ number of home ____ service ____ a ____.
 Is there ____ for home ____?

How _____ can _____ visit for _____ in a _____ month?

_____ is a cap _____ I _____ access _____ healthcare.

Should _____ of a _____ limit on receiving _____ services?

_____ it _____ max _____ of times _____ receive home care?

Is _____ imposed _____ on _____ quantity _____ home care visits _____?

Is there _____ limit on _____ to _____ services?

_____ there _____ any limits _____ how _____ can _____ care assistance?

How _____ home _____ can I receive _____?

_____ the _____ on monthly _____ care service _____.

Are _____ on my monthly _____ of _____ care _____?

Is _____ limit _____ of home _____ services _____ can get?

How _____ can _____ receive _____ home _____ a month?

_____ you know if _____ how often _____ can receive _____ care?

Home _____ can _____ received _____?

How _____ times _____ month does _____ access _____ home _____?

_____ I have _____ of times _____ will visit me for _____ care _____?

_____ for home _____?

_____ there _____ limits on _____ often _____ home care?

_____ you _____ to put some restrictions _____ number _____ times _____ my monthly dose _____ care?

Limit _____ care _____ received in a single _____?