

[Demo] NLP Dataset for Customer Service Automation

Company Type	Pet Insurance Companies
Inquiry Category	Policy coverage for alternative therapies
Inquiry Sub-Category	Reimbursement for cold laser therapy and magnetic field therapy
Description	Customers inquire about the coverage and reimbursement rates for alternative therapies such as cold laser therapy and magnetic field therapy, that are used to treat various ailments and promote healing for their pets.
Data Size	5,038 paraphrases
Want to buy data?	Please contact nlp-data@gross.me via your business email address.

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

Does your _____ visits for alternate _____ and home-based _____?
_____ cold-laser _____ magnet therapies included?
_____ your insurance cover _____ treatments, such as _____ or magnetic _____?
_____ your insurance cover _____ such as cold-lasers/magnets _____?
_____ pay for _____ like cold-laser or _____ therapies?
Does _____ coverage _____ visits _____ treatments _____ as cold-lasers _____ magnets?
_____ outpatient coverage _____ use of _____ cold lasers?
_____ visits _____ under _____ policy _____ home-based and cold-lasers?
_____ cold _____ magnets _____ my plan's coverage for _____?
Is there _____ like cold-lasers?
Is _____ outpatient _____ covered _____ the _____ for home-based _____ like _____?
_____ policy cover alternate treatments _____ cold-lasers at _____?
Are _____ to medical facilities _____ like cold-lasers/magnets _____ eligible _____ under your
Does outpatient _____ cold-lasers?
Is _____ cold _____ and magnets in _____ coverage?
Does _____ coverage include _____ lasers or _____?
Can _____ for _____ procedures, like _____ and _____ as _____ as home-based _____?
Can I receive _____ benefits _____ on alternative treatments, such as _____?
_____ outpatient _____ for _____ like _____ or magnets?
Is the _____ versions of _____ magnets _____ cold-lasers _____ by _____?
I would _____ if I _____ coverage for alternative _____ lasers _____ magnets.
Does your insurance cover non-traditional _____ therapies?
_____ policy allow for _____ as _____ or _____ in a _____ setting?
_____ alternative treatments _____ as home-based variant?
Does _____ include _____ cold-lasers or magnets in _____ setting?
Is _____ visit _____ policy for _____ and cold-lasers?
Is the _____ by your policy _____ like _____?
Is _____ possible to get _____ benefits for _____ procedures _____ cold-laser therapies _____ during _____ visit _____ at _____

Is the _____ your policy _____ home based and _____?

_____ or magnets _____ outpatient appointments?

_____ such _____ and _____ versions, _____ eligible for _____ your _____ if they are

Does your policy _____ alternate treatments, _____ or _____ in _____ setting?

_____ coverage _____ outpatient _____ for alternate _____ such as _____ magnets?

_____ your coverage cover _____ like cold _____?

Will costs for alternate practices such _____ therapy be _____ this _____?

_____ devices or magnets supported _____ for outpatient visits?

Is _____ versions _____ procedures _____ magnets and cold-lasers covered _____?

Are cold _____ and _____ included _____?

_____ an outpatient facility for _____ like _____ laser techniques _____ therapy?

Does outpatient _____ coverage _____ procedures _____ as _____?

Is _____ cold laser _____ or magnets supported _____ plan's _____?

Is _____ to get coverage for _____ like cold-lasers _____?

Does _____ policy _____ coverage for outpatient _____ like _____ therapy _____ home?

Is _____ for _____ of procedures like cold-lasers _____?

Is the _____ included in _____?

_____ you know if _____ insurance _____ alternate treatments?

_____ the _____ include alternate _____ cold-lasers or magnets in _____?

_____ include treatments like _____ and _____?

If alternative treatment _____ cold _____ or _____ is _____ outside the hospital covered _____ this plan?

_____ policy cover alternate _____ such as _____ in a _____?

Do you have _____ that _____ as cold-lasers/magnets or _____?

Does your coverage _____ treatments such _____ and magnets _____ home-based procedures?

Is there outpatient _____ versions _____ procedures _____ cold-lasers?

_____ cover home-based treatments like cold-lasers _____?

Is _____ use of cold-lasers _____ of _____ coverage?

Is it included _____ to _____ cold-lasers and _____?

_____ coverage for home-based _____ like _____ and magnets?

Does your coverage include outpatients _____ as cold-lasers _____?

_____ insurance cover alternate _____ cold-lasers?

If _____ laser _____ is _____ medical visits _____ the _____ covered under this _____?

Does your _____ for _____ visits _____ laser _____ or _____ therapy at home?

_____ coverage include _____ or magnets?

Should an _____ covered _____ your _____ for _____ and _____ procedures?

Can I get _____ focus _____ alternative treatments like _____ lasers _____ magnets?

If _____ treatment _____ as _____ magnet _____ is medical visits _____ the hospital covered?

Does _____ insurance _____ alternate treatments, like cold-lasers/magnets _____?

_____ outpatient visit covered _____ policy _____ like magnets and _____?

_____ your _____ cover home-based _____ alternate _____ like _____ magnets?

Does _____ coverage include _____ cold-lasers _____.

_____ plan cover alternative _____ cold-lasers?

Is it _____ insurance _____ outpatients appointments focused on _____ treatments, _____ lasers and magnets?

_____ cold-laser _____ covered by _____?

_____ policy _____ alternate _____ such as cold-lasers _____ magnets in _____?

_____ alternative treatment such as _____ magnet _____ requested, are _____ visits _____ covered under this plan?

_____ I _____ insurance _____ if _____ have alternative _____ such _____ lasers and magnets _____ my _____?

_____ policy include coverage for _____ that offer _____ methods _____ therapy at _____?

_____ it possible _____ get _____ benefits _____ procedures, such _____ cold-laser therapies _____ a visit to

_____ your policy include _____ like _____?

_____ insurance give _____ coverage for _____ such as _____?
 _____ it possible to _____ insurance benefits _____ such as _____ the office or home?
 If alternative _____ such _____ or _____ therapy _____ used, is _____ covered _____ the _____?
 Does _____ insurance _____ or alternate _____?
 Do _____ cover home-based _____?
 Does _____ policy _____ coverage for _____ use of _____ methods like _____ laser _____ therapy at _____?
 _____ your insurance _____ such _____ cold laser _____ magnetic therapies _____ the hospital?
 Is outpatient _____ covered by your _____?
 Is _____ covered by the outpatient _____?
 Are outpatient appointments _____ like cold-laser and magnet _____?
 _____ visits to outpatients _____ for alternative _____ and _____?
 _____ your _____ home-based procedures _____ alternate _____ like cold-lasers and _____?
 _____ coverage _____ an _____ for alternate _____ such as cold-lasers and _____?
 _____ your policy covers _____ alternate _____?
 _____ outpatient appointments _____ treatments such _____ cold-laser or _____?
 Is the outpatient visit _____ home-based procedures _____ magnets _____ Lasers?
 Does your _____ pay _____ treatments?
 _____ it _____ coverage for alternative treatments, such _____ and magnets?
 Does _____ apply _____ such as magnets _____ home setting?
 _____ include alternative treatments such as _____?
 If alternative _____ cold laser or _____ is contemplated, are _____ outside the _____?
 _____ get coverage for alternative _____ like cold _____?
 Cold _____ and magnets _____ during outpatient _____.
 I'm _____ can get coverage _____ procedures like _____ magnets.
 Does your _____ include _____ use _____ alternate _____ as _____ or _____?
 Does outpatient _____ have _____ cold-lasers?
 Do _____ insurance _____ treatments _____ cold-lasers/magnets?
 Does _____ coverage cover _____ alternate treatments _____ as _____ magnets?
 I am _____ if _____ treatments like cold lasers _____ magnets.
 If _____ treatment such _____ cold laser _____ magnet _____ is _____ are _____ visits _____ the _____ covered _____ plan?
 _____ cold-lasers/magnets _____ versions could be eligible for coverage under _____.
 _____ cold _____ and _____ covered _____ outpatients?
 _____ your plan _____ coverage for _____?
 Does _____ visit _____ policy _____ and cold-lasers?
 _____ outpatient coverage includes _____ use _____ magnets?
 Does _____ coverage _____ like cold-lasers _____?
 _____ coverage for cold-lasers for _____?
 _____ policy cover home _____ cold-laser _____?
 Does your insurance cover _____ cold-laser or magnetic _____ of _____?
 Do _____ coverage _____ support alternative procedures _____ as _____ cold _____ devices?
 _____ magnets, and their respective home-based versions fall _____ scope _____.
 _____ the _____ include the use of _____ such as _____ home _____?
 Should _____ visit an _____ for _____ practices, such _____ techniques/magnet therapy?
 Is _____ by _____ policy _____ home _____ procedures like _____ and _____ lasers?
 _____ I get coverage _____ treatments _____ cold _____ or magnets?
 Will an _____ by your _____ for home-based _____ cold-lasers?
 _____ coverage include _____ treatments _____ cold-lasers?
 _____ lasers and _____ in outpatient _____?
 _____ coverage _____ such as cold-lasers _____ magnets, or _____ procedures?
 _____ covered by _____ home-based _____ of procedures _____ magnets and cold-lasers?

____ a ____ a cold-lasers or magnetic ____ be covered ____ ____ ?
 ____ coverage for alternatives ____ magnets?
 Is ____ visit covered ____ Home-based versions of ____ like ____ and lasers?
 ____ there any ____ like ____ lasers or magnets ____ visits?
 Does your ____ cover ____ procedures ____ cold-lasers?
 Is cold ____ covered during ____ visit?
 ____ your insurance ____ cold-lasers or home-based versions?
 ____ or magnets covered ____ outpatient ____?
 Do you ____ for ____ offer ____ methods, ____ as magnetic therapy ____ home?
 ____ treatments like cold-lasers/magnets ____ versions are ____ coverage ____ policy.
 Is ____ available for ____ and ____ ?
 ____ the ____ the policy ____ home-based procedures like ____ and cold-lasers?
 ____ your ____ include ____ for outpatient procedures ____ ?
 Does ____ plan cover ____ procedures like ____ ?
 Can ____ insurance benefits ____ alternative ____ that include cold ____ and ____ residence?
 ____ your policy include alternate ____ like ____ in ____ ?
 ____ I get insurance ____ appointments focused ____ treatments, like ____ lasers ____ ?
 ____ your ____ include treatments ____ cold-lasers ____ ?
 ____ policy allow ____ home-based cold-laser ____ ?
 ____ you include alternative ____ like ____ ?
 ____ visiting an ____ for alternate ____ like ____ laser techniques?
 Is there ____ ?
 ____ such as ____ magnets included in outpatient ____ ?
 Does ____ cover alternate ____ like ____ or ____ in ____ home?
 ____ coverage for ____ like cold-lasers/magnets and home-based ____ ?
 ____ cover alternative treatments like ____ lasers and ____ ?
 ____ it covered ____ policy for ____ procedures like magnets ____ ?
 Is ____ allowed for outpatient visits ____ lasers ____ ?
 Is the outpatient visit ____ by the ____ and ____ ?
 Do you have ____ for ____ treatments ____ and ____ ?
 ____ outpatient visit covered ____ your ____ for home-based procedures ____ cold ____ ?
 ____ versions of procedures ____ magnets and ____ covered by ____ ?
 Will ____ costs ____ like ____ therapy be paid for by ____ plan?
 ____ outpatient ____ covered for ____ like ____ ?
 ____ it ____ cold-lasers or magnets?
 If ____ treatment ____ as ____ magnet therapy ____ used, ____ it covered under ____ ?
 ____ cold-lasers ____ in outpatient ____ ?
 Is there alternate treatments like ____ visits?
 Should medical ____ outside the ____ be covered ____ alternative ____ cold ____ therapy are used?
 Does ____ policy ____ alternate treatments, ____ magnets ____ a home ____ ?
 Are outpatients ____ by your ____ and cold-lasers ____ ?
 ____ your ____ include ____ such ____ magnets in ____ home setting?
 Will costs ____ for ____ practices ____ lasers and ____ therapy ____ paid ____ by ____ ?
 Does this ____ out-of-hospital ____ regarding ____ machines ____ temperatures and magnetic ____ ?
 ____ alternative treatment ____ laser or ____ used, ____ medical ____ taken outside ____ the hospital?
 ____ a ____ as ____ this ____ covers ____ regarding therapeutic machines using low temperatures ____ forces.
 ____ coverage include ____ procedures ____ alternate ____ as cold-lasers ____ magnets?
 Did your ____ and ____ ?
 ____ it ____ such as ____ laser ____ magnet therapy are sought?
 ____ insurance ____ treatments such as home-based ____ ?

_____ coldlaser/magnets at _____ insured?
 Is outpatient _____ alternative _____ like _____ magnets?
 _____ your _____ include _____ for treatments like cold-lasers _____?
 _____ use of cold-lasers included _____ coverage _____ outpatients?
 _____ visit covered _____ your _____ procedures like magnets _____.
 _____ get insurance benefits _____ outpatients appointments that focus _____ cold _____ and _____?
 Does your policy cover _____ therapy _____ cold _____?
 Does your insurance cover _____ for _____ therapies, outside _____?
 _____ cold-lasers _____ by your policy?
 _____ outpatient _____ covered for _____?
 Does _____ coverage cover home-based _____ and _____ cold-lasers _____ magnets?
 Is use _____ or magnets _____ by _____ plan's coverage?
 Does _____ policy include coverage _____ laser _____ at home?
 _____ coverage _____ procedures like _____ magnets?
 Is _____ visit _____ the policy on _____ procedures?
 _____ alternative procedures such _____ or magnets supported _____ my _____ coverage?
 _____ outpatient _____ by your _____ for _____ and cold-Lasers procedures?
 _____ outpatient visit covered by the policy _____ like _____?
 _____ outpatient coverage _____ magnets and cold _____?
 _____ treatment _____ cold laser _____ therapy is _____ medical _____ taken outside the hospital?
 _____ wonder _____ I can _____ coverage for alternative _____ like _____ magnets _____ policy.
 _____ cold _____ magnets covered during _____?
 Is cold _____ or magnets _____?
 Is _____ by your _____ Home-based procedures _____ and cold-lasers?
 Does your _____ therapies or cold-lasers outside _____ the _____?
 Do you cover _____ to see alternate _____ as cold laser _____?
 _____ have _____ home-based or _____ treatments _____ cold-lasers and magnets?
 Does the _____ methods _____ cold laser _____ therapy?
 Are outpatient _____ like cold-laser and _____ therapies?
 Does your insurance _____ are _____ traditional _____ or magnetic _____?
 _____ the visit _____ by the policy _____ cold-lasers?
 _____ policy cover _____ such as cold-lasers _____ in the _____?
 _____ insurance provide _____ treatments such _____ cold-lasers/magnets or home-based _____?
 _____ the policy cover _____ regarding therapeutic _____ using low _____ magnetic _____?
 _____ your _____ for cold-lasers _____ outpatients?
 Can I _____ coverage _____ alternative treatments _____ lasers or _____?
 Is _____ visit _____ and _____ by the policy?
 _____ use _____ cold-lasers _____ in outpatient coverage?
 _____ incurred for _____ practices _____ cold lasers and _____ therapy be _____ plan?
 _____ if _____ can get coverage for _____ treatments like _____ lasers _____.
 Does this _____ plan cover _____ for _____ magnet _____?
 _____ the policy _____ alternate treatments _____ as _____ a _____ setting?
 Is it _____ insurance _____ with appointments for _____ like magnets _____ cold _____?
 Are _____ cold lasers covered _____ the _____?
 Is outpatient visit _____ policy _____ magnets and cold-Lasers?
 Will _____ plan _____ for _____ practices _____ as _____ or magnet therapy?
 _____ the _____ appointments for _____ and _____ therapies _____?
 _____ cold _____ magnet _____ is _____ medical visits outside _____ hospital covered?
 Does it _____ home-based _____?
 _____ outpatient _____ include _____ as cold lasers or _____?

Are _____ laser devices or magnets _____ by _____ ?

_____ alternative treatment such as _____ magnet therapy _____ medical _____ taken outside _____ hospital _____ this plan?

_____ the _____ pay for _____ cold-lasers and _____ ?

_____ I get _____ home-based _____ such _____ cold-lasers _____ magnets _____ my policy?

_____ of _____ devices _____ magnets be _____ my plan's coverage for _____ visits?

Is _____ like magnets and _____ covered by _____ policy?

Does _____ pay _____ cold-lasers and _____ ?

_____ the _____ coverage for alternative methods _____ cold laser treatment _____ magnetic _____ ?

_____ cover out-of-hospital consultations _____ methods like therapeutic _____ using low _____ forces?

_____ I get coverage _____ treatments, _____ cold lasers, _____ ?

Is _____ visit covered _____ policy _____ and cold-lasers.

_____ outpatient _____ the _____ home based and cold-lasers procedures?

Is an outpatient _____ your _____ procedures, _____ magnets and cold-lasers?

Will _____ home be insured?

Does _____ cold-lasers or magnets?

Are _____ treatments such _____ magnetic therapy _____ laser _____ policy?

_____ Home-based versions of _____ magnets and _____ covered _____ policy?

_____ alternative treatment such _____ cold laser _____ therapy are _____ visits taken _____ the hospital _____ ?

_____ the _____ visit _____ the policy for home-based _____ procedures?

_____ it _____ to get insurance _____ for procedures _____ cold-laser therapies during _____ office _____ home?

Can _____ get insurance _____ for certain procedures, _____ as cold-laser _____ magnet-related _____ office _____ or _____ home

Can _____ of _____ and magnets be included _____ ?

_____ policy _____ coverage for alternative _____ like _____ magnetic therapy?

If alternative treatments such _____ laser or _____ are _____ taken _____ the hospital?

Is an _____ visit _____ such as magnets and cold _____ ?

Does _____ cover alternative treatments _____ cold lasers _____ ?

_____ the _____ of cold laser devices supported _____ for _____ visits?

_____ procedures, _____ and home-based _____ are _____ for coverage _____ policy.

_____ outpatient visit covered _____ policy _____ of procedures _____ magnets and cold-lasers?

_____ you _____ outpatient _____ like cold _____ and magnets?

_____ laser _____ magnet therapy is used, _____ medical _____ hospital _____ under _____ plan?

_____ cold-lasers and magnets part _____ ?

Does _____ visits for _____ treatments _____ cold-Lasers and magnets?

Does your _____ alternative treatments _____ cold _____ or _____ ?

Does outpatient _____ by your _____ procedures like _____ and _____ ?

_____ visit covered by your policy for _____ ?

_____ treatments such _____ cold-laser _____ magnetic therapies covered _____ your insurance?

Does _____ include outpatients _____ alternate _____ such as cold-lasers _____ ?

_____ the outpatient visit covered _____ home-based and cold-lasers _____ ?

_____ visit covered by _____ policy _____ home-based _____ cold-laser _____ .

Will _____ for _____ specifically _____ lasers or _____ be covered _____ the _____ ?

_____ you _____ treatments _____ magnets or _____ ?

_____ covered by your _____ for home-based _____ magnets and cold-lasers?

Is _____ cold _____ devices _____ supported by my coverage _____ ?

_____ outpatient visit _____ by _____ policy _____ and _____ procedures?

Can I get _____ with outpatient _____ that _____ alternative treatments, _____ lasers _____ ?

_____ treatment _____ as _____ laser or _____ is pursued, are _____ visits outside _____ hospital _____ ?

_____ outpatient visits _____ alternate _____ as cold-lasers and magnets?

Does your policy _____ visits _____ treatments like cold-lasers _____ ?

_____ outpatient visit covered _____ for alternate _____ home-based lasers?
 Is _____ covered by your _____ for home-based procedures _____ magnets _____?
 Do your insurance _____ cold-lasers/magnets?
 _____ include _____ like _____ or magnets?
 _____ it possible _____ insurance _____ critical procedures, such _____ cold-laser _____ visit or at home?
 _____ I _____ for procedures like cold-lasers _____ my policy?
 Is outpatient _____ for alternative _____ such as cold-lasers and _____?
 _____ insurance cover _____ as cold-lasers or home-based?
 Does your insurance cover _____ like _____ therapies outside the _____?
 Is outpatient _____ covered _____ for _____ like magnets and _____?
 Are cold _____ and magnets _____ visit?
 Does _____ include _____ treatment?
 _____ covers cold-laser treatments at _____?
 Does _____ treatments like _____ magnets?
 _____ your _____ cover non-traditional treatments _____ therapies _____ cold-lasers?
 Are cold laser _____ supported _____ my plan _____ to outpatient _____?
 Visits _____ medical facilities _____ alternative procedures _____ cold-lasers/magnets and _____ eligible for _____ policy
 Does _____ alternate treatments _____ cold-lasers/magnets _____ home-based variants?
 Does _____ coverage have procedures like _____?
 _____ home-based _____ like _____ cold-lasers covered _____ your policy?
 Does your _____ the _____?
 Can _____ visits _____ coverage _____?
 _____ outpatient visit _____ coverage _____ cold-lasers/magnets?
 _____ Home-based _____ procedures _____ magnets and cold Lasers _____ by _____?
 _____ coverage _____ treatments _____ cold-lasers or _____?
 Can I get insurance benefits _____ critical _____ such _____ therapies _____ or _____ home?
 Cold-lasers/magnets and _____ versions _____ eligible for coverage _____ policy.
 Does _____ insurance _____ treatments like cold-lasers/magnets _____?
 Does your _____ done outside the hospital, _____ or _____ therapies?
 Do _____ appointments _____ procedures like cold _____ therapies?
 _____ visit covered _____ for home-based and cold- lasers?
 Are _____ visits _____ by your _____ for _____ cold-lasers?
 _____ your _____ for outpatient procedures like _____?
 Are outpatient appointments for _____ like _____ this insurance plan?
 Is _____ that outpatient visits _____ for _____?
 If _____ laser _____ used, are medical _____ outside _____ hospital covered?
 Did _____ policy include _____?
 Do _____ include visiting _____ facility _____ such _____ cold laser techniques/magnet _____?
 Are _____ for cold-laser and magnet _____ covered _____ this _____?
 Is _____ visit covered under _____ for home-based _____?
 _____ policy include coverage _____ methods, like magnetic _____ at home?
 _____ my policy cover _____ procedures like _____ magnets, _____ well as _____?
 Does _____ coverage include _____ procedures, such _____ cold-lasers _____?
 _____ cold-lasers _____ magnets included _____ outpatient _____?
 Are outpatient visit covered _____ cold-lasers or _____ procedures?
 Does _____ policy _____ coverage for _____ who _____ as _____ treatment or _____ therapy at home?
 Does your insurer _____ alternate _____ as _____ or _____?
 _____ cold laser devices _____ my plan for outpatient _____?
 _____ your policy _____ the costs _____ alternative _____ like _____ magnets?
 If _____ treatment _____ as _____ laser or _____ therapy are _____ are medical visits _____ hospital _____ this _____?

____ your policy include ____ for ____ like ____ treatment and ____ therapy?
 ____ covered ____ policy for Home-based procedures like ____ and cold-lasers?
 If ____ or magnet ____ is ____ visits outside ____ the ____ covered?
 ____ your insurance ____ appointments ____ treatments like ____ and ____ therapies?
 ____ your policy cover alternate treatments ____?
 ____ insurance cover appointments ____ non-traditional ____ therapies ____ of the hospital?
 ____ your ____ with alternate treatments such ____ and ____?
 Can I ____ covered ____ alternative ____ such ____ lasers or ____?
 Does ____ for alternative ____ treatments like ____ lasers and ____?
 ____ your ____ home-based and ____ procedures ____ an ____ visit?
 Do ____ include cold-lasers ____?
 ____ your ____ cover ____ for home-based and cold-lasers ____?
 ____ coverage for treatments ____ lasers at home?
 ____ lasers, ____ respective home-based versions fall ____ scope of outpatient ____.
 Can I receive ____ with ____ alternative ____ lasers and magnets?
 ____ treatments such as cold laser ____ magnet ____ are used, ____ medical ____ hospital ____ by this ____?
 Is ____ possible ____ to ____ coverage ____ and magnets under my ____?
 ____ your policy ____ outpatients who ____ methods such as cold ____?
 Does it include ____ cold-lasers?
 ____ the ____ procedures ____ magnets and cold- Lasers ____ by ____ policy?
 Does ____ include coverage ____ cold-lasers ____?
 ____ alternative treatments ____ cold-lasers or magnets?
 ____ your coverage ____ treatments ____ or ____?
 ____ possible to receive ____ benefits ____ as cold lasers ____ magnets ____ my residence?
 Is the ____ covered by ____ for home-based procedures ____ as ____?
 Is ____ by your policy for Home-based ____ and cold-Lasers?
 ____ such as cold ____ magnets is ____ are medical visits outside the ____ under ____?
 Is ____ possible for me ____ receive insurance benefits with ____ appointments ____ alternative ____ like ____?
 ____ your ____ allow for ____ like cold-lasers and ____ in a ____?
 ____ coverage have ____ such as cold-lasers ____?
 ____ your ____ cover ____ treatments?
 ____ plan coverage ____ cold-lasers?
 ____ your ____ include ____ for ____ treatments, ____ cold ____ treatment or ____ at home?
 Does your ____ cover home-based or alternate ____ as ____?
 Is cold lasers ____ magnets ____?
 ____ your coverage ____ treatments ____ magnets?
 ____ an ____ by your ____ regarding ____ and cold-lasers?
 Is ____ outpatient ____ covered by your ____ versions ____ procedures like ____?
 If alternative ____ like ____ laser or ____ therapy are ____ visits outside ____ hospital ____ under ____?
 ____ treatments ____ as ____ magnet therapy ____ sought, ____ visits taken outside the hospital?
 Does ____ pay for ____ treatments ____ or magnetic ____ outside the ____?
 Does your ____ for ____ treatments ____ in the home?
 ____ covered by policy for home-based ____?
 ____ you cover visits to an outpatient ____ practices, ____ cold ____?
 Is ____ visit covered by ____ for ____?
 ____ alternative treatments ____ or magnets?
 Does ____ cover alternative ____ such as ____ magnetic therapy at ____?
 ____ your insurance ____ treatments like cold-lasers/magnets?
 Is ____ possible to receive ____ benefits ____ appointments focused ____ cold ____ magnets?
 Does ____ include coverage ____ alternative methods such ____ cold laser treatment ____?

____ your insurance ____ for ____ as cold-lasers/magnets?
 ____ visits, should ____ lasers or ____ covered?
 Does your policy ____ coverage for ____ such ____ cold laser ____?
 ____ insurance ____ alternate ____ such ____ home-based treatments?
 Do ____ have insurance ____ alternative treatments such ____?
 ____ my plan's ____ visits ____ procedures such ____ using magnets?
 Does ____ coverage ____ use of ____ as cold-lasers ____ magnets?
 Does ____ include home-based ____ cold-lasers ____ alternate ____?
 ____ alternative treatment ____ as ____ or magnet therapy ____ recommended, are medical visits outside ____ this ____?
 Cold-lasers or ____ may be ____.
 ____ coverage include the ____ of ____ and ____?
 Does ____ coverage ____ procedures ____ magnets?
 Can I ____ alternative ____ cold lasers or ____?
 Does outpatient coverage cover ____ like ____ home-based ____?
 Does your ____ such ____ cold-lasers/magnets?
 ____ home-based ____ of procedures ____ and ____ covered ____ your policy?
 ____ procedures such as cold-lasers/magnets ____ home-based versions ____ eligible ____ under ____.
 ____ it possible to receive ____ outpatients ____ such as cold lasers and magnets?
 ____ coverage applicable to ____ such as ____ or even ____ procedures?
 Do ____ going ____ an ____ facility for ____ such ____ laser techniques?
 Does ____ coverage ____ alternative ____ like ____ magnets?
 ____ the outpatient ____ covered ____ policy for ____ like ____ and cold ____?
 Can you ____ me if ____ insurance covers ____ as ____?
 Does ____ insurance cover ____ treatments ____ as cold-lasers?
 ____ outpatient coverage ____ cold-lasers or ____?
 Cold-lasers/magnets ____ home-based ____ are eligible ____ coverage ____ policy ____ you ____ a medical facility to ____
 Does ____ include coverage ____ outpatient visits ____ offer ____ such as ____ laser ____ magnetic ____ home?
 Does ____ coverage ____ home-based and ____ as cold-lasers?
 Is ____ visit covered by your policy for ____.
 ____ the costs ____ visits for cold ____ or ____ therapy ____ paid for ____?
 Is there ____ policy ____ cold-laser ____?
 ____ alternate procedures such as ____ or home-based ____?
 Do outpatient ____ include ____ such ____ cold-lasers/magnets?
 Will costs ____ practices, specifically cold ____ therapy, ____ by the plan?
 ____ your ____ home-based treatments like ____ or ____?
 ____ plan ____ alternative ____ like cold-lasers.
 ____ like ____ if I ____ for ____ procedures like cold-lasers and magnets.
 ____ your ____ magnetic or ____ treatments?
 ____ cold-laser/magnets at home ____?
 Do ____ insurance that ____ non-traditional treatments such as ____?
 Is ____ plan ____ alternative ____ such as cold laser or magnet ____?
 ____ it ____ your coverage includes treatments ____ cold-lasers ____?
 Does your policy ____ of cold ____ or ____ home?
 ____ coverage for home-based ____ as cold-lasers and magnets?
 Is ____ your policy for ____ and ____ or ____ procedures?
 ____ I ____ for home-based versions ____ alternative ____ cold-lasers?
 ____ magnets and ____ lasers covered ____?
 ____ your ____ for non-traditional ____ like cold-laser ____ magnetic therapies?
 ____ include home-based and alternate treatments ____ magnets?
 ____ the visit covered ____ for home-based and ____.

Does outpatient ____ include ____ versions?

____ your ____ cover ____ procedures such as ____?

Is ____ outside ____ hospital ____ if ____ treatment ____ as ____ laser or ____ is used?

____ your ____ cover ____ as cold-Lasers/Magnets?

Is ____ outpatient ____ by ____ for procedures ____ magnets and Lasers?

____ treatment ____ home covered ____ insurance?

Is outpatient ____ covered by ____?

____ insurance ____ alternative treatments ____ home-based and cold-lasers?

Is cold-lasers ____ in outpatient ____?

Is ____ any coverage ____ alternative ____ as ____ lasers ____ magnets?

Is the ____ visit covered by ____ policy ____ versions ____ magnets ____?

Will ____ for ____ as cold ____ or magnet therapy ____ by the ____?

____ it covered by ____ policy ____ home-based ____ of procedures ____ magnets ____?

____ your ____ for home-based and cold-laser procedures?

I would ____ to know if ____ coverage for ____ procedures like cold-lasers ____ magnets ____.

Does your policy ____?

Are the ____ lasers and magnets ____ outpatient ____?

____ treatment such ____ cold ____ therapy ____ considered, are medical ____ taken outside the ____?

____ outpatient coverage available for ____ such as ____ and ____?

Is outpatient visit covered ____ it comes to ____ like ____?

Do ____ know if ____ insurance ____ such as magnetic therapies?

Is ____ visits to ____ to ____ and magnets?

Does ____ policy include ____ for outpatient ____ that offer ____ methods like ____ laser ____ or ____?

____ include coverage ____ alternative ____ like cold laser treatment ____ therapy?

Do ____ discuss alternate ____ as ____ techniques/magnet therapy, ____ an ____ facility?

Is ____ by ____ policy for ____ such as ____ and ____?

____ outpatient visit ____ by ____ policy ____ procedures?

Do you include ____ for ____ visits that offer ____ like ____ or magnetic therapy ____?

____ if ____ get ____ for alternative treatments like cold lasers ____.

Is ____ coverage ____ like cold-lasers/magnets and ____ versions?

____ could be ____ in ____ coverage.

Does outpatient ____ cover ____ of cold-lasers ____?

Can I ____ alternative treatments such as ____.

Do ____ an ____ home-based and cold-lasers?

____ your ____ appointments for non-traditional therapies ____ cold-laser ____ magnetic ____?

Does your ____ include home ____?

Is an outpatient ____ policy ____ home-based and ____?

Is cold laser or magnets ____ by ____ outpatient ____?

Do ____ policies ____ treatments?

Is ____ an ____ visit covered ____ your ____ home-based ____ cold-lasers?

____ your ____ alternate ____ cold-lasers or home-based ones?

Are outpatient visits ____ for ____ therapies ____ lasers ____?

Are ____ of cold laser ____ by my plan's ____?

Does ____ coverage ____ cold-lasers or ____?

____ coverage ____ procedures ____ magnets ____ cold-Lasers?

Is ____ use ____ of the outpatient ____?

____ you ____ if your insurance ____ such as cold-lasers/magnets ____ versions?

Is ____ including ____ and ____?

Does your ____ treatments, ____ as ____?

Is the outpatient ____ the policy ____ cold-lasers?

_____ there a _____ cold lasers or magnets?

_____ your _____ cold-lasers and magnets _____?

Can I get coverage for _____ cold-lasers _____ under _____?

_____ the _____ by the _____ home-based and cold-lasers procedures?

_____ your _____ use of alternate treatments _____ as magnets _____ setting?

_____ covered _____ your _____ for home-based _____ cold-lasers procedures?

_____ cold lasers _____ covered in _____?

_____ your insurance cover _____ treatments such as _____?

_____ cold laser/magnets at _____ be _____.

What about visiting _____ facility for _____ as _____ laser _____ therapy?

Do _____ include _____ for _____?

_____ outpatient _____ for home-based and _____?

_____ to get _____ benefits with _____ appointments that feature _____ treatments, _____ lasers and _____?

_____ like cold _____ therapy _____ sought, are medical _____ taken outside the _____?

Does your coverage _____ as cold-lasers _____?

Does _____ non-traditional _____ like _____ or magnetic therapies?

Is _____ insurance coverage for _____ cold-laser or _____?

_____ outpatient appointments _____ procedures like _____ and _____ therapies covered _____?

_____ home visits _____ alternate treatments such _____ magnets _____ cold-lasers?

_____ covered during outpatients?

_____ alternative _____ such _____ laser or magnet therapy is _____ are _____ outside _____ hospital _____?

_____ you include _____ or _____ in _____?

_____ treatments like cold-lasers/magnets _____ home-based ones?

Is _____ cover home-based _____?

If alternative _____ as cold laser _____ magnet _____ wanted, are medical _____ outside _____?

_____ home-based versions of _____ procedures?

Does your insurance _____ for non-traditional _____ therapies _____ the hospital?

_____ alternative treatments _____ cold laser _____ therapy _____ are medical visits taken _____ the _____?

Does your insurance _____ treatments such _____ cold-laser _____?

_____ your _____ cold-lasers and _____?

If alternative treatment _____ cold laser or magnet _____ visits _____ the _____ under this _____?

_____ outpatient _____ covered by _____ policy _____ home-based _____ like magnets _____?

_____ insurance _____ appointments for _____ treatments _____ magnetic _____ laser therapy?

_____ cover home-based _____ of procedures like magnets _____?

_____ to _____ for alternative _____ like cold lasers and magnets?

_____ the _____ visit part _____ policy _____ and cold-lasers procedures?

_____ covered by _____ policy _____ home-based and _____ or alternate procedures?

_____ the _____ by _____ policy _____ home-based _____ cold-lasers or alternate procedures?

_____ outpatient _____ cold-lasers/magnets procedures?

_____ outpatient _____ by your policy _____ Home _____ versions of _____ magnets and _____?

_____ covered by _____ policy _____ Home-based _____ of procedures like magnets _____?

_____ it _____ treatment such as cold laser _____ magnet therapy is _____?

Does _____ include outpatient visits for _____ cold-Lasers _____ magnets?

Is _____ cold-lasers and magnets _____ in _____ treatment?

Do you _____ practices, such as _____ laser _____ therapy, _____ facility?

_____ treatment like cold-laser/magnets _____ home _____ covered _____?

Does your _____ with alternate treatments _____ as cold-lasers _____?

_____ an _____ to see _____ such as cold laser techniques?

Is _____ covered alternate treatment like _____ lasers _____?

Can _____ receive _____ benefits _____ I have _____ treatments like cold _____ at _____?

_____ cold _____ covered by your _____?
 _____ coverage offer alternative _____ like cold-lasers _____?
 _____ an _____ visit _____ your policy for Home-based _____ of _____?
 _____ coverage encompass _____ or magnets?
 _____ your coverage _____ alternate _____ such _____ cold-lasers _____ magnets?
 Is _____ for home-based versions _____ cold-lasers?
 _____ cover _____ alternate treatments _____ as cold-lasers/magnets?
 _____ you reimburse expenditures for alternative outpatient _____ magnets?
 Is it possible for _____ to cover _____ related _____ and _____?
 Is outpatient visit _____ your _____ procedures?
 _____ outpatient visit covered _____ for _____ of procedures like magnets _____?
 Is outpatient visit _____?
 Does your _____ include _____ like magnetic therapy _____ or _____ laser treatment?
 _____ insurance benefits with appointments for alternative _____ like _____ lasers _____?
 _____ your _____ therapy at _____ or cold _____ on an _____ basis?
 _____ laser or magnet therapy _____ used, _____ outside _____ hospital covered by _____?
 Is outpatient visit covered _____ your policy for _____ versions _____ magnets _____?
 _____ use _____ cold-lasers _____ of _____ coverage?
 Do you _____ to _____ outpatient _____ for alternate practices such _____ laser _____?
 Does _____ coverage _____ outpatient visits _____ as cold-lasers and magnets?
 Do you have insurance _____ such as cold-laser _____ magnetic _____?
 Are cold _____ covered when _____ visit an _____?
 _____ coverage for _____ such as cold-lasers/magnets?
 _____ the _____ alternate treatments like _____ in _____ setting?
 Can _____ have _____ alternative treatments _____ cold _____ or _____?
 If alternative _____ such as cold _____ magnet _____ sought, are medical _____ hospital _____?
 Do _____ include _____ such as magnets _____ lasers?
 _____ allowed to _____ alternative _____ lasers and magnets?
 _____ versions of procedures _____ magnets and cold-Lasers _____ by _____.
 _____ treatment like _____ home _____?
 _____ the _____ cover alternate _____ such _____ home-based variant?
 _____ use _____ cold _____ and magnets _____ outpatient coverage?
 Does _____ cover cold-laser _____?
 Does your insurance cover _____ such as _____ that _____ the _____?
 _____ the _____ of _____ lasers and _____ outpatient coverage?
 _____ insurance cover alternate treatments such _____ home-based?
 Are _____ in outpatient coverage?
 _____ it possible to access insurance _____ for _____ like _____ therapies and _____ office _____ at home
 Can I get insurance benefits if _____ alternative _____ such _____ and _____?
 Are cold laser devices _____ supported _____ plan's _____ my _____ visits?
 _____ the use of _____ coldlasers _____ in outpatient _____?
 _____ outpatient _____ for _____ procedures _____ cold-lasers/magnets?
 Are _____ alternative _____ or magnets _____ in your _____?
 _____ cover treatments _____ as cold-laser _____ therapies done outside the _____?
 _____ coverage _____ alternate treatments _____ magnets, _____ even home based procedures?
 _____ your policy _____ alternate treatments such _____ cold-lasers _____ the _____?
 _____ it include _____ or _____?
 Does your _____ include coverage _____ treatments _____ as _____ therapy _____?
 Does _____ coverage _____ alternate _____ as home-based _____?
 Are _____ involving cold-laser or _____ covered _____ your _____?

Is _____ and _____ during _____ visits?
_____ your coverage _____ treatments like _____ magnets?
_____ the costs for alternate _____ cold _____ therapy _____ covered by _____ plan?
_____ coverage for _____ treatments including _____ lasers and _____?
_____ reimburse expenses _____ alternative outpatient treatments _____ lasers _____ magnets?
Do _____ versions of _____ such as _____ lasers _____ fall within _____?
Does _____ include procedures like _____?
Do _____ have _____ alternate _____ such as _____ in a home _____?
_____ outpatient _____ available for procedures like _____ and _____?
Is _____ outpatient visit covered _____ your policy _____ it _____ like magnets _____?
_____ outpatient _____ for _____ therapies covered by _____ insurance plan?
Is it _____ cold-lasers procedures?
_____ cover non-traditional _____ such _____ cold-laser or _____ for outpatients?
_____ coverage for cold-lasers/magnets?
Does your _____ include treatments _____?
Visits to medical facilities _____ home-based _____ are eligible for _____ under _____
_____ it _____ like magnets _____ cold-lasers?
Is _____ lasers _____ outpatient _____?
Are _____ procedures like magnets and cold-lasers _____?
_____ your policy _____ any _____ for _____ treatments?
_____ cold _____ devices _____ magnets supported by _____ for outpatient visits?
Is _____ visit covered _____ your policy for _____ versions _____ and _____?
_____ laser devices or magnets supported _____ my plan's _____ outpatient visits?
Are outpatient _____ your _____ for home-based _____ alternate procedures?
I _____ if I _____ coverage _____ treatments like _____ lasers and magnets.
Are outpatient _____ by _____ for _____ procedures?
Is home-based _____ the policy?
Are _____ covered _____ cold-lasers _____ your _____?
_____ as cold-lasers/magnets and home-based versions, are _____.
_____ using _____ or _____ supported by _____ coverage for outpatient visits?
_____ reimburse _____ alternative _____ treatments like _____ lasers and _____?
_____ outpatient _____ procedures like _____ magnets?
_____ your policy _____ alternative outpatient _____ like _____ lasers and _____?
Does _____ cover _____ treatments such _____ or _____ variants?
Is there coverage for _____ such as _____?
_____ outpatient _____ policy _____ home-based and cold-lasers _____ alternate procedures?
Do your _____ alternate treatments _____ home-based variant?
Does _____ for non-traditional treatments like magnetic therapies _____?
_____ insurance _____ with outpatients _____ that _____ on alternative _____ cold lasers and _____?
_____ the use of cold-lasers _____ include _____ outpatient _____?
_____ alternative _____ like cold laser _____ covered by the _____?
There is _____ question _____ policy covers out-of-hospital _____ regarding _____ low temperatures and magnetic _____.
_____ cold-lasers or _____ in _____ coverage?
_____ insurance benefits _____ procedures such as _____ and magnet-related remedies _____ office _____ at home?
_____ I _____ insurance _____ I have _____ treatments like _____ and magnets _____ my _____?
Are outpatient visits covered _____ and cold-lasers?
_____ your _____ non-traditional _____ like _____ therapies outside _____ hospital?
_____ cover _____ such as home-based procedures or _____?
_____ your insurance pay for appointments for _____ magnetic therapies?

Does your _____ cold-lasers?

_____ cold-lasers and magnets included _____?

_____ your _____ give _____ for _____ versions _____ procedures?

Are _____ visits outside _____ hospital covered under this plan if _____ such _____ magnet therapy _____?

_____ visit covered _____ your policy _____ procedures like _____ and _____?

Is an _____ visit _____ by _____ for procedures _____ and _____?

_____ cold lasers _____ outpatient visits?

_____ visits cover _____?

_____ cover visiting _____ to see _____ such as _____ laser techniques?

_____ visit covered _____ your policy _____ procedures, like _____ cold-lasers?

Is _____ by _____ policy _____ home-based and cold-lasers?

Do cold _____ and _____ get _____ outpatient _____?

_____ insurance _____ home-based _____ alternative treatments?

_____ coverage include home-based _____ alternate treatments _____ or _____?

Is _____ covered by _____ for _____ cold-lasers procedures?

Does _____ insurance _____ non-traditional treatments like _____ therapies _____ cold-lasers?

_____ your _____ alternate _____ like cold-lasers _____ magnets in _____ home?

_____ your policy _____ alternative methods, _____ therapy _____ home, or cold _____?

Alternative _____ home-based _____ be eligible for coverage.

It is possible _____ have _____ as cold-lasers/magnets and _____ your policy.

Does your policy include _____ as _____ magnets _____?

_____ your _____ cover alternate _____ as cold-lasers/magnetics _____ home-based?

Is the _____ covered by _____ policy _____ like _____ and cold-lasers?

_____ your plan _____ coverage _____ outpatient _____ like _____?

Is _____ covered if _____ as _____ or magnet therapy are _____?

Do _____ cover an outpatient _____ cold-lasers procedures?

Does _____ insurance _____ treatments, _____ as _____ treatments?

Alternative treatments _____ cold-lasers _____ may be included _____.

_____ get coverage _____ like cold-lasers _____ magnets, under my _____?

_____ visit covered for _____?

Are _____ cold lasers covered _____ the _____ outpatient _____?

_____ visit fall _____ policy _____ home-based and cold-lasers?

_____ cold-lasers _____ magnets _____ Outpatient coverage?

Does your _____ treatments?

Is outpatient _____ by _____ for _____ procedures like magnets and _____?

Can I _____ insurance _____ appointments _____ alternative treatments, _____ and _____ my residence?

_____ the outpatient visit covered _____ for _____ and cold- _____?

Is _____ cold laser _____ magnets supported _____ plan's _____ visits?

Is it covered by _____ for _____ like magnets _____?

_____ lasers _____ may be _____ during _____.

_____ your insurance cover alternate _____ such _____ home-based?

_____ policy cover home-based _____ of _____ like magnets _____?

_____ coverage have _____ cold-lasers or _____?

Does _____ coverage _____ for _____ such as cold-lasers and _____?

_____ include _____ and magnets?

Is the _____ cold _____ and magnets supported _____ plan's _____?

_____ cover _____ to _____ facility _____ alternate practices, such as _____ techniques/magnet therapy?

If alternative treatment _____ as _____ magnets _____ sought, _____ visits _____ the hospital _____?

_____ there _____ for alternative _____ like _____ or _____ lasers?

_____ coverage _____ procedures _____ magnets or _____?

_____ covered _____ your _____ for home-based procedures _____ magnets _____ cold-lasers?
 _____ your _____ include _____ like cold-lasers/magnets?
 Is _____ by your policy _____ home-based _____ lasers?
 _____ the cold _____ and _____ covered _____ policy?
 _____ alternative procedures such _____ cold-lasers and _____ as well as _____ versions?
 Can you reimburse _____ lasers and magnets?
 _____ coverage _____ treatments _____ cold-lasers _____ or even home-based procedures?
 Is _____ your _____ for _____ versions of _____ like magnets _____?
 _____ outpatient coverage include _____ cold-lasers _____?
 Is _____ coverage of _____ included?
 _____ it _____ me _____ get _____ alternative _____ like _____ lasers at home?
 _____ for outpatient visits _____ alternative _____ such as using _____ laser _____ or _____?
 _____ the _____ cold-lasers and _____ happen in _____ coverage?
 Is _____ plan _____ for _____?
 _____ home-based _____ are eligible for _____ under your policy.
 Does your _____ include non-traditional treatments _____ or _____?
 _____ home-based cold laser _____ covered _____?
 Is the _____ covered _____ the _____ home-based and _____ procedures?
 _____ outpatient coverage _____ cold-lasers/magnets?
 Is the outpatient _____ by _____ for procedures _____ magnets _____ cold-Lasers?
 Does the _____ cold-lasers _____ magnets _____?
 _____ coverage _____ home-based _____ like _____ and magnets?
 Do _____ magnets in your _____?
 If _____ treatments such as _____ laser _____ therapy _____ medical visits _____ the _____ covered?
 _____ the alternate _____ lasers or magnet _____ be _____ by _____ plan?
 _____ cold _____ or magnets _____ during _____ visits?
 _____ the outpatient visit _____ your policy for _____ versions of _____ and _____?
 _____ Home-based versions of procedures _____ magnets _____ policy?
 _____ plan include outpatient visits _____ alternative _____ magnets _____ cold-lasers?
 _____ the _____ by your policy?
 _____ your policies _____ versions _____ alternate _____?
 Is _____ possible to _____ insurance benefits _____ for _____ treatments _____ cold lasers and _____?
 Do _____ facility _____ practices, such as cold laser techniques?
 Can _____ get insurance _____ for _____ appointments _____ treatments, _____ cold lasers and _____?
 _____ your _____ such _____ cold-lasers or home-based variants?
 Cold _____ and home-based therapies can be _____.
 Is _____ a _____ home insured?
 _____ your _____ cover _____ for _____ treatments such _____ magnetic therapies?
 Are outpatient _____ Home-based versions of procedures?
 _____ outpatient visits _____ procedures like _____?
 _____ it _____ to get _____ for alternative therapies _____ or _____?
 Do you _____ coverage _____ home-based _____ such _____ cold-lasers _____ magnets?
 Is _____ an _____ for home-based _____ cold-lasers procedures?
 _____ alternative treatment such _____ laser or _____ requested, are medical _____ outside the _____?
 Are the use _____ supported by _____ plan's coverage?
 _____ policy cover alternate treatments _____ cold-lasers _____ magnets in _____?
 _____ cold-laser treatments _____ in your _____?
 Is _____ visit covered _____ policy _____ home-based and _____?
 Home-based and _____ like _____ lasers _____ within the scope _____ outpatient _____.
 Do _____ coverage for treatments like _____?

____ you have ____ that ____ cold-lasers and ____?
 ____ outpatient coverage provided ____?
 ____ your insurance cover ____ treatments ____ cold-lasers and ____?
 ____ cover ____ treatments such ____ cold-lasers/magnets or home-based ____?
 ____ covered by your policy ____ procedures like ____ cold- Lasers?
 If alternative ____ cold laser ____ is ____ is ____ covered under this ____?
 ____ Home-based versions ____ procedures ____ and cold-lasers ____ the policy?
 Does your ____ include ____ for alternative ____ cold laser ____ therapy?
 Does your insurance provide ____ alternate ____ as ____?
 Is your insurance ____ such as ____?
 ____ use of cold-lasers ____ involve ____ coverage?
 Do ____ cover ____ like ____ magnets?
 Is ____ to ____ coverage ____ treatments, ____ magnets and ____ lasers?
 Does the ____ regarding ____ utilizing low ____ and magnetic forces?
 ____ visits to ____ allowed for ____ lasers ____ magnets?
 Does ____ insurance ____ cover ____ for ____ like cold-laser ____ therapies?
 Do you ____ cold-lasers and ____ or even home-based ____?
 ____ plan ____ the costs of ____ practices ____ lasers ____ magnet therapy?
 ____ cover ____ treatments like magnetic therapy at ____ or ____ laser ____?
 ____ medical ____ perform alternative procedures ____ cold-lasers/magnets and home-based versions ____ coverage?
 ____ the policy covering home-based ____ cold ____ therapy?
 ____ your ____ alternate ____ such as cold-lasers/magnets?
 Does ____ policy cover alternate ____ cold-lasers at home?
 Does ____ plan ____ for ____?
 Can I get coverage ____ home-based versions ____ procedures, ____?
 Is ____ outpatient visit covered ____ policy ____ home based ____?
 If alternative treatment ____ laser or ____ therapy ____ sought, are ____ visits ____ by the plan?
 Does your ____ cover ____ involving non-traditional ____ as cold-laser ____?
 ____ coverage include ____ for alternative ____ such as ____ magnets?
 Does ____ include ____ outpatient visits that include ____ treatment or ____ therapy ____?
 Is outpatient ____ your policies for ____ cold-lasers?
 ____ lasers or magnets covered ____?
 ____ the ____ by your ____ for cold-lasers procedures?
 Do ____ have a ____ and ____ procedures?
 ____ outpatient ____ treatments like ____ magnets?
 ____ the outpatient ____ covered ____ policy ____ and cold-lasers?
 Is ____ to ____ insurance benefits for ____ like ____ therapies ____ magnet-related remedies ____ my ____ or at ____?
 Does your insurance ____ as ____ home-based variant?
 Do ____ of alternate ____ such as ____ magnets fall ____ the scope ____ outpatient ____?
 ____ treatments ____ and home-based ____ fall within the scope of ____.
 Are the visit covered ____ policy ____ home-based ____?
 ____ coverage cover alternate ____ as cold-lasers and ____?
 If ____ treatment like cold laser ____ magnet therapy ____ sought, ____ medical visits ____ plan?
 Does ____ include ____ procedures ____ cold-lasers/magnets?
 ____ your coverage include outpatients for ____ treatments such ____?
 Does your ____ outpatient visits with alternative methods ____ laser ____ therapy at home?
 ____ I get ____ for ____ and magnets at my house?
 Are cold-lasers ____ in the coverage ____?
 ____ the ____ covered ____ your policy ____ and cold-lasers?
 ____ the ____ covered ____ policy ____ home-based and cold-lasers.

____ the policy ____ home-based treatments ____ as ____ magnets?
 Are cold laser devices or magnets ____ my ____?
 ____ allow for alternative treatments such ____ in a ____?
 ____ the policy ____ home ____ treatments such as cold-lasers ____?
 Does ____ treatments like cold lasers and ____?
 ____ cover ____ treatments like cold-lasers ____ home-based variant?
 ____ and ____ possible alternate ____ during outpatient visits.
 If alternative treatments ____ cold laser ____ therapy are ____ visits ____ outside ____ hospital covered?
 ____ policy ____ alternate treatments such as cold-lasers or magnets ____?
 Is ____ possible that alternate ____ lasers or ____ covered ____ visits?
 Is ____ possible ____ receive insurance ____ with ____ appointments focused on alternative ____?
 ____ insurance ____ if I ____ treatments like cold lasers and ____ residence?
 Alternative procedures ____ as cold-lasers/magnets ____ home-based ____ be eligible ____ under ____.
 Is ____ an insurance ____ that covers ____ therapies?
 ____ your coverage include ____ treatments ____?
 ____ you have insurance that will ____ treatments ____?
 Are home-based therapy and ____ the ____?
 ____ your ____ treatments such ____ cold-lasers/magnets or home- ____?
 ____ it ____ for me ____ coverage ____ alternative treatments like cold ____?
 Can ____ insurance ____ with ____ focused ____ treatments like cold ____ and magnets?
 I ____ can ____ coverage for ____ treatments ____ magnets or ____ lasers.
 Does ____ policy include home visits ____ treatments ____ cold-lasers?
 ____ and home-based versions, are ____ for ____ your policy if ____ performed
 Does your ____ alternate treatments such ____ or ____ a home ____?
 Does your policy ____ outpatient ____ for home-based ____?
 Is ____ magnets included ____ outpatient ____?
 Do you ____ alternative ____ like ____?
 Is there ____ for ____ outpatient ____?
 ____ your policy include ____ for ____ treatments ____ cold ____ magnetic ____?
 Is outpatient ____ covered by ____ policy ____ Home-based ____ like ____ and ____?
 Does ____ policy include alternate ____ like ____ magnets ____?
 ____ I get insurance benefits ____ as cold-laser therapies ____ my visit to ____ home?
 ____ treatments ____ as ____ magnets ____ versions ____ within the scope of outpatient ____.
 Is your ____ cold-lasers ____?
 I ____ to know if I can ____ coverage for ____ magnets.
 ____ procedures ____ cold-lasers/magnets ____ home-based ____ eligible ____ under your policy.
 Does your ____ procedures, such as cold-lasers ____?
 Do you ____ alternate ____ such ____ laser techniques/magnet therapy, ____ facility?
 ____ it possible to ____ alternative treatments like cold ____ home?
 ____ a covered visit ____ and ____ procedures?
 Is ____ of ____ lasers or ____ supported ____ plan's coverage ____ visits?
 ____ cover ____ of ____ methods, such ____ therapy at home or ____ laser treatment?
 ____ possible that your ____ will ____ alternate treatments ____ cold-lasers/magnets?
 ____ treatment ____ cold lasers ____ insured?
 Does your ____ the visit ____ cold-lasers?
 ____ of ____ like magnets and cold-Lasers ____ be covered ____.
 ____ cold-lasers ____ in the ____ coverage?
 ____ medical ____ of the hospital covered ____ such ____ cold laser or ____ therapy ____ sought?
 ____ cold ____ or ____ is ____ are medical ____ outside ____ hospital covered?
 ____ to a medical ____ to ____ alternative ____ cold-lasers/magnets ____ home-based versions ____ eligible for ____ under

_____ your _____ cover _____ procedures like _____?

_____ coverage cover _____ or _____?

Is _____ coverage _____ cold-Lasers/Magnets?

Does _____ insurance _____ appointments for non-traditional treatments, _____ as _____ or _____ of _____?

_____ your coverage cover home-based _____ treatments _____ cold-lasers and _____?

_____ my plan's _____ for outpatient _____ alternative procedures _____ as using _____?

_____ alternative procedures, _____ laser _____ or magnets, supported by my _____?

_____ coverage _____ visits _____ alternate treatments such _____ cold-lasers _____ magnets?

_____ outpatient visit _____ by your _____ procedures such as _____ and _____?

Does your _____?

_____ treatment _____ cold laser _____ therapy _____ sought, are _____ visits outside _____ covered under this plan?

_____ I _____ coverage _____ versions of _____ and magnets under my _____?

_____ an outpatient _____ covered _____ Home-based procedures like _____ and cold-lasers?

_____ visits include coverage _____ like _____?

Can I _____ coverage for treatments _____ or _____?

Does _____ policy _____ home-based _____ cold laser _____ therapy?

_____ include things _____ magnets _____ cold-lasers?

_____ visit _____ policy for _____ and cold- laser procedures?

Can _____ home-based versions _____ like cold-lasers _____ magnets covered _____ policy?

Does your policy _____ and _____?

_____ treatment _____ cold-laser _____ home _____ covered _____ insurance?

Are _____ for cold-laser _____ magnet therapies _____ plan?

Does _____ cover _____ such as cold-lasers or _____?

_____ your policy _____ home based and cold laser _____?

Are _____ covering _____ cold-lasers?

Is _____ home-based versions _____ like _____ and cold-lasers covered _____?

_____ policy cover _____ alternative methods _____ treatment _____ magnetic therapy at _____?

Is it _____ receive _____ benefits for outpatients _____ treatments, like _____ lasers _____ magnets?

_____ to _____ facilities for procedures like _____ home-based _____ coverage under _____ policy.

Does your policy _____ alternate _____ as _____ and _____ home?

Are _____ covered by _____ home-based and _____ procedures?

Are _____ home-based procedures _____ magnets _____ cold-lasers _____ by _____?

If alternative _____ as cold _____ or _____ therapy is _____ medical _____ hospital covered?

_____ policy covered _____ cold-laser _____?

_____ cover the use of _____ such _____ therapy at home or cold _____?

_____ the outpatient visit covered _____ the _____ the _____ cold-lasers?

_____ your _____ include _____ alternate treatments _____ as cold-lasers or magnets _____ a _____?

_____ cold-laser/magnets _____ home will be _____?

Is _____ included _____ coverage for _____?

Is outpatient _____ covered by your _____ and _____?

If alternative _____ like cold _____ or _____ therapy _____ requested, _____ visits outside the _____ this _____?

Does _____ plan _____ things _____ cold-lasers?

Does _____ include _____ as cold-lasers _____ magnets in a home _____?

Will the _____ for _____ like _____ lasers _____ therapy be _____ by _____ plan?

_____ such as _____ and home-based _____ are eligible for _____ your _____.

Can you reimburse expenditures for alternative _____ lasers _____?

_____ coverage for cold-lasers?

Is _____ like _____ insured?

_____ to medical _____ conduct alternative _____ cold-lasers/magnets and _____ versions _____ eligible _____ coverage.

_____ laser _____ magnet _____ is _____ are medical _____ outside the hospital _____ under _____?

Does ____ coverage include home-based ____ and ____?

Does your coverage ____ home-based ____ and magnets?

Does ____ insurance cover ____ magnetic ____ outside of the ____?

Is an outpatient visit ____ policy for ____ like magnets ____?

____ policy ____ coverage for ____ that ____ alternative methods ____ as ____ at home?

____ your insurance cover appointments ____ treatments ____ as magnetic ____?

____ the ____ cold-Lasers ____ included in outpatient coverage?

____ fall under ____ for home-based and cold-lasers?

____ an ____ visit covered ____ policy ____ home- and ____?

____ coverage ____ treatments such as cold-lasers ____ magnets?

Will it ____ insured ____ cold-laser/magnets ____?

____ cold-lasers ____ home be insured?

____ policy cover the ____ of ____ treatments ____ or magnets at ____?

____ your ____ by cold-laser ____?

Is ____ cold laser/magnetics ____ insured?

____ outpatient visit covered by ____ for ____ like ____ and cold-Lasers?

Is using ____ laser devices or ____ my ____ for ____?

Do ____ pay ____ outpatient ____ cold-lasers and ____?

____ your policy cover ____?

Is ____ outpatient ____ by your policy for ____ and ____.

Is ____ to ____ coverage ____ like cold lasers ____ magnets?

Does ____ appointments ____ non-traditional treatments such ____ magnetic and ____?

____ possible ____ insurance ____ for ____ such as ____ and ____ remedies at home?

____ included in outpatient coverage?

Is ____ covered by ____ for home-based ____ cold-laser ____?

____ policy include ____ for outpatients ____ methods, like ____ therapy ____ home?

____ procedures like cold-lasers or magnets?

Does ____ alternatives like cold-lasers ____?

Do ____ visiting an ____ facility for ____ such as ____ laser techniques ____?

____ hospital covered under this plan ____ alternative treatment such as cold ____ or ____ used?

____ by ____ policy for cold laser procedures?

____ an ____ your policy for magnets and cold-Lasers?

Is treatment ____ at ____ insured?

____ alternative methods, such as ____ laser ____ or magnetic ____ at the ____?

____ outpatient visit ____ by your policy when it ____ to ____ magnets ____?

____ involving non-traditional ____ such ____ cold-laser ____ magnetic therapies ____ your insurance?

____ possible ____ can get coverage ____ alternative ____ like cold-lasers ____ under ____ policy?

Does ____ pay ____ like cold-lasers ____ magnets?

____ cold-Lasers ____ magnets ____ in ____ coverage?

____ get ____ benefits for critical procedures ____ cold-laser ____ my office ____ at home?

____ and cold-lasers ____ in the ____ coverage?

____ policy cover alternative methods ____ cold ____ treatment or magnetic ____ the ____?

Does the use of ____ cold-lasers ____?

Can ____ coverage for ____ treatments, ____ cold ____ and ____ at ____?

Is ____ outpatient visit covered by ____ for ____ cold-Laser ____?

Does your ____ contain ____ cold-lasers ____?

Do you ____ cold-laser treatments?

Does ____ appointments ____ non-traditional treatments such as ____ or ____ therapies?

____ visit covered ____ your policy ____ as magnets and cold-Lasers?

Does ____ include coverage for ____ laser treatment and magnetic therapy ____?

Does your _____ consider _____?

_____ your _____ cover _____ cold-lasers or magnets?

Do _____ outpatient _____ for alternate _____ such as _____ laser _____ or magnet _____?

During outpatient _____ are there alternate _____ like _____?

_____ I _____ coverage _____ alternatives _____ as _____ and _____ my policy?

_____ visit covered by _____ for _____ and cold-Lasers?

_____ policy _____ cold laser _____?

_____ outpatient _____ for procedures _____ cold-laser and magnet _____?

Is _____ for _____ procedures, like _____?

Are _____ visits _____ the hospital _____ under this _____ alternative treatments _____ as _____ laser or _____ therapy _____?

Home-based versions _____ magnets and cold-lasers could _____ covered by _____.

_____ covered by _____ policy for home- _____ and _____?

_____ your _____ include coverage _____ magnetic therapy _____ home or cold laser _____?

_____ it _____ me to get _____ outpatients appointments _____ on alternative treatments, like _____ lasers _____?

_____ it _____ me to get coverage _____ home-based _____ like cold-lasers and _____?

_____ the coverage _____ procedures _____ cold-lasers _____?

_____ your _____ include _____ for alternative treatments _____ laser _____ or magnetic _____ home?

Are _____ of _____ like _____ cold-lasers _____ by your policy?

Is _____ or _____ done _____ hospital covered _____ your insurance?

Is outpatient _____ procedures like _____?

Is the _____ covered _____ for home-based and _____?

_____ treatment such _____ cold laser _____ magnet _____ sought, are there covered medical _____ outside _____?

_____ the use of _____ cold-lasers included in _____?

_____ get coverage for _____ like _____ lasers _____ magnets?

If alternative treatment _____ cold laser _____ magnet _____ used, are there _____ medical _____ hospital?

Is _____ visit _____ by your _____ for home-based _____?

_____ covered _____ the policy _____ procedures _____ magnets and cold lasers?

Is the _____ by _____ on _____ versions _____ procedures like _____ and cold-lasers?

_____ your _____ cover _____ like _____ or _____?

Are _____ part _____ your policy?

_____ outpatient _____ covered _____ for _____ and cold-laser procedures?

_____ this plan cover _____ practices, specifically cold lasers _____ therapy?

_____ visits _____ alternate treatments such as _____ magnets _____ by _____ coverage?

Do _____ to _____ outpatient _____ for alternate practices _____ cold laser _____?

Home-based _____ of _____ and cold- Lasers _____ covered by _____?

_____ your _____ cover appointments for _____ done outside _____ hospital?

Should medical visits outside _____ hospital _____ covered _____ laser or magnet therapy is _____?

Does _____ covers _____ for non-traditional treatments _____ as cold-laser _____?

Does _____ policy _____ home _____ for _____ treatments, like _____ magnets?

_____ cover _____ treatments like _____ or cold-lasers?

_____ include coverage _____ cold-lasers?

_____ outpatient _____ coverage _____ cold-lasers/magnets?

Does outpatient _____ like _____ or _____?

_____ like _____ home-based versions, _____ eligible _____ under your policy.

Is it possible for _____ to _____ insurance _____ procedures such as _____ during _____ at home?

Does your policy _____ outpatient visits _____ methods like cold _____?

_____ costs incurred for alternate _____ like cold _____ magnet therapy _____ for _____ plan?

_____ be coverage for alternative _____ or magnets?

_____ lasers _____ magnets to _____ covered during outpatient visits?

_____ visit covered _____ home-based procedures like magnets _____ cold-lasers?

Does _____ insurance _____ as coldlasers/magnets?
_____ the visit covered _____ policy for home-based _____?
_____ coverage include _____ procedures _____ cold-lasers or _____?
Is _____ coverage for _____ procedures like _____ versions?
_____ I get _____ for _____ treatments, _____ cold _____ or _____ home?
Does _____ include _____ for alternative methods _____ or _____ laser treatment?
Do _____ procedures like _____ and _____ versions _____ outpatient _____?
Is the _____ visit covered _____ policy for _____ like _____?
_____ treatment _____ cold-laser/Magnets at home _____?
_____ your policy _____ home _____ alternative treatments _____ or cold-lasers?
_____ outpatient _____ for procedures _____ as _____?
_____ your _____ to _____ visits _____ treatments such _____ cold-lasers and magnets?
_____ laser _____ magnet therapy is used, are _____ of _____ hospital _____ this plan?
Does your _____ the use _____ alternate treatments such _____ magnets _____?
Does _____ home-based _____ treatments?
Can I _____ alternative treatments _____ and magnets?
_____ your _____ cover magnetic _____ at home or _____ for outpatient _____?
If _____ such _____ cold _____ magnets is _____ are medical _____ outside the _____?
_____ outpatient _____ by _____ policy for _____ cold-lasers, or alternate procedures?
_____ covered by your _____ for procedures like _____ and _____?
_____ procedures like cold-lasers/magnets, _____ are eligible _____ coverage under _____.
_____ that _____ treatments such as cold-lasers/magnets _____ home-based versions?
_____ policy _____ home-based _____ cold-lasers visits?
_____ the use _____ and magnets included _____ coverage?