

[Demo] NLP Dataset for Customer Service Automation

Company Type	Health Insurance Companies
Inquiry Category	Mental health/substance abuse treatment provisions
Inquiry Sub-Category	Out-of-network mental health care
Description	Customers may need information about coverage for mental health treatment received outside the insurance company's network. They may inquire about reimbursement rates, deductibles, and copayments, as well as any additional steps required, such as obtaining prior authorization.
Data Size	5,070 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.)

____ portion is ____ by insurance ____ how much do we pay ____ deductibles ____ treatments ____ ____ ?
 What percentage is ____ nonparticipating clinics and ____ much ____ due in deductibles?
 ____ insurance coverage percentage and ____ paid ____ outpatient ____ ?
 ____ clarification of ____ by ____ insurance ____ and the ____ amount connected to ____ of ____ services.
 ____ proportion is ____ insurance ____ for outpatient procedures ____ hospitals?
 ____ don't know ____ is ____ by insurance and how much ____ deductible ____ .
 ____ clarify the percentage covered ____ my insurance ____ as ____ amounts for ____ ?
 The ____ and ____ coverage of facilities ____ treatments ____ been ____ .
 ____ specify what parts of ____ procedures are ____ as our deductible ____ non-partnered medical ____ .
 Can ____ me the coverage percentage ____ clinics' treatments?
 ____ clarify the ____ by my insurance ____ related ____ outside of ____ hospital visits.
 I would like ____ know ____ percentage ____ by my ____ plan and any ____ treatments.
 ____ and ____ coverage percentage ____ outpatient ____ ?
 When we receive ____ appointed ____ share ____ by ____ or ____ fees?
 ____ coverage and deductibles associated ____ treatments at nonparticipating facilities?
 ____ much of ____ is covered ____ and how much ____ the ____ is Non ____ Treatment.
 Give ____ of ____ covered ____ my insurance ____ and ____ amount connected ____ of ____ services
 Are ____ and ____ outpatient treatments at nonparticipating facilities?
 ____ to clarify ____ percentage ____ by ____ insurance ____ and deductible amounts ____ to ____ hospital visits.
 When ____ outside ____ settings, ____ we know ____ share covered by ____ ?
 Can ____ me ____ much insurance ____ how ____ we pay ____ of ____ treatment?
 Amount insured ____ deductions ____ discussion in ____ treatments ____ network hospitals.
 ____ is the deductible for ____ at ____ ?
 How ____ insurance cover is ____ and ____ deductible ____ ?
 Please let me ____ the percentage covered ____ my ____ well ____ deductible amounts ____ treatments.
 ____ the ____ by my ____ plan and the deductible amount connected ____ out ____ network ____
 ____ you know ____ coverage is ____ participating ____ and their associated Deductible ____ ?

I don't know _____ is _____ by _____ and _____ is deductible for _____ of _____ procedures.
 I'd _____ what part of _____ is _____ what I have _____ pay _____ outside treatment.
 I want _____ know _____ is for out of _____ network _____ of my _____ covered.
 Can you _____ covered _____ insurance _____ as well _____ any deductible amounts _____ treatments?
 _____ much _____ paid in deductibles _____ nonparticipating facilities?
 _____ is a _____ as _____ the _____ for out door treatments at _____.
 What is insurance coverage _____ cost _____ share _____ clinics?
 _____ amount _____ insurance coverage _____ facilities _____ outpatient treatments can be _____.
 The deductible _____ coverage _____ nonparticipating facilities for _____ treatments _____.
 I would _____ to _____ the _____ covered _____ my _____ and _____ connected _____ out of network _____.
 It is _____ ask _____ amount _____ coverage of nonparticipating facilities for _____.
 _____ you know the _____ percentage _____ for _____ treatments?
 _____ and _____ coverage _____ nonparticipating facilities _____ treatments _____ been recently inquired _____
 _____ want _____ what part _____ my _____ is covered _____ what _____ have to pay _____ healthcare.
 The deductible amount and _____ nonparticipating facilities _____ is an _____.
 Some questioned the _____ amount _____ nonparticipating facilities for _____.
 When _____ care outside appointed _____ share covered _____ and deductible fees?
 _____ insurance _____ and _____ for nonparticipating outpatients?
 What _____ the deductible _____ outpatient treatments, and _____ the bill is _____.
 _____ don't _____ how much _____ by _____ and _____ for out of network procedures.
 Can _____ tell me the percentage _____ by my insurance _____ and _____ treatments?
 What are _____ insurance coverage amounts for deductibles _____ at _____?
 _____ want to know what part _____ and _____ much I _____ to pay for outpatient _____.
 _____ responsible to pay in _____ go to nonparticipating clinics?
 Questions _____ been _____ about _____ amount of deductible for _____ non participating _____.
 The _____ and _____ nonparticipating facilities for _____ have been questions.
 There _____ a question _____ for deductible _____ door _____ at non _____ facilities.
 _____ much of the bill is covered _____ insurance _____ what _____ is _____.
 What is _____ deductible for treatments _____ nonparticipating _____?
 _____ much insurance _____ and the _____ nonparticipating _____.
 _____ a _____ about deductible _____ treatment _____ a nonparticipating facility.
 The _____ for _____ on _____ door _____ at _____ participating facilities _____ been _____.
 Is there _____ deductible paid _____ outpatient care?
 _____ for out door treatments _____ nonparticipating _____ the _____ levels
 _____ the _____ and what is the deductible _____ out _____ treatments?
 Can _____ tell _____ insurance covers and what _____ should _____ for _____?
 _____ need _____ clarify _____ covered _____ my insurance plan _____ well as _____ deductible amounts _____ network
 hospital _____.
 How _____ bill _____ covered by _____ what _____ is _____ nonparticipating outpatient treatments.
 _____ outpatient procedures _____ hospitals, what _____ the percentage _____ and our _____ paid in _____?
 Covered _____ from insurance and _____ participant _____?
 _____ do we know the share covered by insurance and _____?
 _____ there insurance _____ for treatment at nonparticipating _____ associated _____?
 _____ and _____ coverage _____ nonparticipating _____ for outpatient _____ are questioned.
 _____ covered by my _____ plan _____ well as the _____ amounts attached to outside _____ visits.
 _____ know what my insurance covers _____ what I have _____ for _____.
 _____ would _____ covered by _____ insurance plan as well _____ deductible amounts for out-of-network _____.
 _____ much is covered _____ for _____ for outpatients?
 _____ the deductible _____ and insurance coverage of nonparticipating _____ is _____
 _____ of _____ for out door _____ at nonparticipating _____ what are _____ coverage _____
 _____ is paid _____ deductibles _____ nonparticipating _____?

What _____ deductibles for _____ facility _____?

What _____ non participatory treatments _____ included in coverage?

How much is _____ how much is _____ outpatient _____.

_____ tell us what parts _____ are covered _____ my _____ and our deductible at _____.

_____ am _____ if I know the portion covered _____ amount payable _____ deductibles _____ out-of-network outpatient _____ or _____

_____ not sure about _____ covered by _____ and the _____ for out-of-network procedures.

Is there any information _____ coverage _____ treatments at _____ facilities?

How _____ insurance pay _____ and how _____ do _____ have _____ pay in _____?

_____ want to _____ what _____ is _____ for _____ what I have _____ pay for outpatient _____.

What percentage is _____ by _____ healthcare received _____ clinics and how much _____ pay _____?

The _____ amount _____ of nonparticipating facilities for _____ recently been _____ about _____ amount and insurance coverage _____ the nonparticipating facilities for _____ treatments _____.

_____ need _____ know the _____ coverage for treatments _____ and Deductible _____.

_____ the insurance coverage for treatments _____ don't take _____ in _____ participating _____?

Coverage percentage _____ status of _____ our facilities?

What is deductible for nonparticipating _____ Treatments _____ much of _____ covered _____.

Please _____ me about the insurance _____ outpatient treatments _____ nonparticipating _____ costs.

What is deductible for nonparticipating _____ treatments, and _____ the _____ insurance

I would _____ to _____ percentage covered _____ my _____ plan _____ deductible amounts related to _____ network _____ visits.

Can you tell _____ treatment at nonparticipating facilities _____?

What's _____ facility, _____ how much is deductible?

_____ know what my insurance _____ for _____ the _____ for _____ of network services.

Deductible _____ and _____ in off net clinics, _____ much _____?

The _____ amount and _____ coverage _____ nonparticipating _____ outpatient _____ an _____ question

The _____ amount and insurance _____ facilities for _____ treatments were _____.

What _____ is _____ our _____ paid in _____ outpatient procedures in nonparticipating _____?

Are _____ amounts related _____ outpatient _____ covered by _____ plan?

_____ need to _____ costs when seeking treatment _____ nonparticipating _____.

The deductible _____ and insurance _____ facilities for _____ treatment _____ been _____ about.

_____ the insurance _____ and deductibles _____ outsourced outpatient _____?

What _____ can _____ for treatments at _____ facilities, _____ are their _____ costs?

_____ percentage _____ costs _____ non participative treatments _____ in _____ coverage?

_____ deductible amount and _____ nonparticipating facilities _____ are important _____.

What are _____ deductible _____ insurance _____ for outpatient _____?

Clarification _____ covered _____ my _____ plan _____ deductible amount _____ out _____ network services _____ needed.

deductibles _____ for non-participating outpatient _____?

_____ I _____ portion _____ and _____ amount payable _____ deductibles for out-of-network procedures?

I _____ to know what my _____ and _____ for _____ of _____.

When _____ care _____ do _____ know _____ share _____ by insurance or deductible _____?

_____ the _____ outpatient and how much _____ covered by _____.

_____ not _____ I know the _____ by insurance and _____ in _____ for out-of-network procedures.

Regarding _____ at _____ what is the _____ attributed to _____ share paid in _____?

_____ the _____ and _____ is _____ at an _____ facility?

How much _____ insurance _____ and _____ the deductible _____ for _____?

How _____ covered by _____ and how _____ deductible for _____.

The _____ amount _____ coverage of nonparticipating _____ for outpatient _____ two _____ questions _____.

Please _____ percentage _____ by _____ insurance plan as _____ deductible _____ related to outside of _____ hospital _____.

_____ would _____ know _____ of my insurance plan covered _____ the _____ connected to _____ network services.

_____ much _____ bill _____ insurance _____ of the deductible is a _____ participatory outpatient treatment

What insurance coverage _____ out door _____ at nonparticipating _____?

How _____ are we _____ pay _____ deductibles _____ nonparticipating _____?

When _____ outside _____ settings, _____ know the _____ covered _____ insurance _____ deductible fees?

I would like _____ the _____ covered _____ my _____ any _____ amounts associated _____ out-of-network outpatient _____.

_____ wondering _____ percentage _____ my _____ plan and deductible _____ connected _____ out of _____ services.

_____ percentage _____ by my _____ plan _____ the deductible amount related to _____ network _____ visits.

How much _____ an outpatient facility _____ is _____?

When receiving care outside appointed _____ are _____ covered _____ or _____ fees?

_____ deductible amount _____ insurance coverage _____ outpatient treatments are _____ inquired _____

_____ is _____ deductible _____ outpatient treatment?

What is the _____ to _____ as our share _____ in deductions for procedures _____?

_____ much insurance _____ when _____ outpatient _____ are _____?

_____ is our _____ on _____ for nonparticipating _____?

I _____ know _____ covered by my _____ as _____ as any _____ amounts _____ to _____ treatments.

_____ of _____ is covered _____ and _____ much _____ the deductible is _____ outpatient treatment.

_____ is the deductible for nonparticipating _____ how _____ of the _____ by _____

I need _____ know _____ percentage covered _____ my _____ plan as well as the _____.

Can you give us _____ coverage for _____ participating _____ their _____ costs?

About outpatient procedures at nonparticipating hospitals what _____ our share _____?

Please clarify _____ by my insurance plan and _____ deductible _____ to outside _____ visits.

What percentage does _____ pay _____ at _____ clinics, _____ do we owe in _____?

Information about the _____ at non-partnered _____ parts of _____ are covered under my _____.

_____ amount _____ in deductibles _____ treatments?

What _____ to insurance and _____ share paid _____ outpatient procedures _____ nonparticipating _____?

_____ there _____ covered _____ insurance and _____ amount payable _____ deductibles for _____ procedures?

_____ is the insurance _____ for _____ treatments?

_____ on what parts of outpatient _____ under my plan, as _____ as _____ medical centers, _____

_____ there an _____ coverage _____ deductible for _____ care?

_____ covered _____ insurance _____ and _____ deductible amounts related _____ outside of network hospital visits.

I _____ like to know _____ percentage covered _____ insurance _____ and the _____ amount _____ out of _____.

_____ amount _____ coverage and _____ non-participating outpatient care?

Can _____ tell us _____ the _____ that take _____ outside of a _____?

Can _____ tell _____ coverage for non participating _____ and _____ costs?

_____ of _____ bill _____ covered by _____ and _____ for nonparticipatory outpatient _____.

_____ much _____ the _____ is _____ by _____ what _____ deductible for _____ outpatient treatments

_____ you _____ me _____ insurance coverage and _____ with outpatient _____ nonparticipating facilities?

I need _____ I _____ for _____ and what part of my _____ is _____.

Can _____ tell _____ about _____ coverage _____ that _____ in participating _____?

The deductible amount _____ of _____ for outpatients _____ an important question _____.

How _____ insurance covers and _____ deductible _____ for non-participating _____.

_____ tell _____ deductible for outpatient _____ network is _____ by insurance?

What _____ deductible for nonparticipating _____ treatments _____ by insurance.

_____ outpatient, and _____ much of bill is _____ by insurance.

What _____ pay in the deductibles _____?

Please clarify _____ insurance _____ the deductible amount _____ to _____ of network _____.

_____ insured and _____ much is _____ an _____ facility.

What is the _____ nonparticipating _____ treatments _____ how _____ the bill _____ insurance.

I _____ the percentage covered _____ my _____ plan and the _____ amount connected _____ out _____.

The deductible _____ and insurance _____ of non participating facilities _____ have _____.

The deductible _____ and insurance _____ of _____ facilities for _____ about.

What's _____ much _____ deductible at an _____ facility?
 _____ you _____ what part of my _____ covered, _____ I _____ pay for _____ outpatient _____ that isn't?
 _____ coverage _____ and _____ non-participating _____ care
 _____ deductible & insurance share _____ outpatient care?
 _____ important _____ is _____ amount and _____ coverage of _____ facilities for _____ treatments.
 Can _____ what my insurance _____ the deductible _____ out _____ network services?
 _____ much of _____ bill is covered _____ insurance and _____ deductible is non- participatory _____ .
 Is there _____ insurance coverage _____ or _____ paid _____ outpatient _____ ?
 Regarding outpatient procedures at nonparticipating hospitals, _____ much _____ much is paid _____ ?
 Does insurance cover _____ or _____ for _____ outpatient _____ ?
 _____ are _____ share and deductibles _____ outpatient _____ ?
 Deductibles _____ insurance coverage _____ non-participating _____ ?
 Deductible amount _____ insurance _____ nonparticipating _____ treatment have _____ questioned.
 _____ deductible and _____ coverage _____ facilities for _____ is _____ question to ask.
 Can _____ tell _____ and how much _____ have to _____ for _____ doors treatments?
 The _____ and _____ coverage for _____ facilities _____ outpatient treatments have _____ .
 _____ the _____ and _____ coverage of nonparticipating _____ outpatient treatment is _____ important _____.
 How much of _____ bill _____ covered _____ and _____ of the deductible _____ non _____ Outpatient _____
 May _____ how much _____ covers and how much _____ out of _____ ?
 Can _____ how much _____ covers and what _____ is _____ outpatients?
 The deductible amount and insurance _____ facilities _____ outpatient _____ have _____ about _____.
 _____ and _____ coverage of nonparticipating _____ for _____ are important questions.
 _____ amount _____ insurance coverage _____ the _____ facilities _____ treatments _____ been questioned.
 _____ deductible _____ insurance _____ of nonparticipating _____ for _____ has _____ questioned.
 I _____ of _____ covered and what I have to pay for _____ outside.
 Deductible _____ of nonparticipating facilities _____ treatment have _____ inquired about.
 How much _____ the _____ is _____ by _____ and how _____ deductible for _____
 I _____ my _____ covered and _____ have to pay for out door treatment.
 _____ the _____ is covered by insurance, and _____ the deductible is _____
 _____ would like to _____ the percentage covered _____ plan _____ amount _____ deductible _____ to out _____ network _____.
 What _____ deductible _____ non-participating _____ how _____ of a bill _____ insurance.
 I want to _____ the _____ by _____ insurance _____ well as deductible _____ out-of-network treatments.
 What percentage _____ are _____ in coverage of non _____ ?
 I _____ portion _____ insurance that _____ and deductible _____ outside the network.
 _____ deductible costs for _____ treatment?
 Coverage _____ deductible for _____ facilities?
 Please _____ the percentage covered _____ plan _____ well as _____ amounts related _____ outside of _____ visits.
 How _____ coverage _____ are _____ for _____ outpatients _____ other places?
 _____ need _____ know the percentage covered _____ plan, as well as any _____ amounts _____ to _____ outpatient _____ .
 _____ percentage _____ by _____ plan _____ deductible amounts related _____ outside _____ network hospital visits
 _____ much is _____ for _____ treatment at _____ facilities?
 Can _____ tell _____ that covers our deductible for out _____ network _____ ?
 There _____ question _____ the _____ door treatments at non participating _____.
 _____ of _____ coverage _____ paid for non-participating outpatient _____ ?
 _____ you _____ me _____ my _____ and what I _____ pay for outpatient _____ ?
 _____ are the _____ insurance _____ and deductible for _____ elsewhere?
 _____ know _____ my deductible is _____ out of _____ services and what _____ of _____ insurance _____.
 _____ how high the deductible is _____ nonparticipating outpatients.
 What _____ is attributed to _____ well _____ our _____ paid in deductions _____ ?
 _____ much _____ is covered _____ insurance, and _____ deductible _____ non-participating outpatients.

How much of _____ covered _____ and what _____ the _____ outpatient treatments.

Can you _____ me _____ deductibles related to out-of-network _____?

_____ deductible _____ it for _____ outpatient _____?

_____ you tell _____ what my _____ and what _____ out of _____ services?

_____ specify the _____ for outpatient _____ at _____ and _____ the _____ deductible costs.

Please clarify the _____ amounts _____ to _____ of network _____ the _____ by my insurance _____.

What _____ nonparticipatory _____ and _____ much of the bill is covered _____.

_____ amount _____ insurance coverage _____ facilities for outpatient _____ are _____ questions

It _____ important to ask _____ deductible amount _____ of _____ outpatient treatments.

_____ of _____ is _____ and what is deductible for non-participating _____.

When receiving _____ of appointed _____ we know the _____ covered _____ insurance _____.

I _____ to _____ what _____ my insurance _____ covered and _____ I should pay for _____.

_____ of my _____ covered and what my deductible _____ out _____ network _____?

_____ and _____ is there _____ treatments?

When getting _____ from a _____ facility, how do _____ out the _____ from insurance _____ my _____

_____ the deductible _____ insurance _____ for out _____ treatments at _____?

The _____ insurance _____ facilities for _____ treatments were _____ asked about.

How much _____ bill _____ insurance, _____ of the deductible is non _____ outpatient treatment.

What _____ of deductible for out door treatments at _____?

Can _____ tell _____ about the _____ clinics and their associated _____?

_____ to _____ percentage covered by _____ well as _____ deductible amounts related _____ out of _____ hospital visits.

The deductible for _____ at nonparticipating _____ are _____ insurance coverage _____

I _____ clarification _____ percentage covered _____ my _____ plan _____ amount _____ to out _____ network _____.

_____ would like clarification _____ percentage _____ by _____ insurance _____ deductible amount connected _____ of network _____.

What _____ and _____ costs are _____ for non _____ treatments?

_____ know _____ my deductible _____ for _____ network _____ and _____ of my insurance is covered.

_____ covered by insurance _____ how much _____ in _____ for out-of-network _____?

_____ by insurance or deductible fees when we _____ care _____ appointed _____?

_____ amount of _____ deductible _____ door treatments at _____ participating facilities _____.

How much _____ my _____ pays _____ much _____ for out _____ services?

_____ you _____ about insurance coverage _____ the _____ that _____ place _____ non participating _____?

_____ know what part _____ my _____ is for _____ of _____ treatment and _____ my deductible _____.

When receiving _____ outside _____ appointed _____ is the _____ deductible fees?

I _____ to _____ covered _____ my _____ plan and any _____ amounts related to _____.

When getting treatment _____ facility, how _____ I determine _____ coverage ratio from _____ find _____?

_____ you tell us the insurance coverage _____ non _____ their _____?

_____ the extent _____ insurance coverage and _____ for _____ outpatients?

_____ coverage _____ the _____ for out door treatments at _____.

_____ insurance _____ and deductible _____ outside _____?

How much _____ does the insurance provide _____?

_____ what my insurance _____ and what _____ should _____ for _____ treatment.

I _____ know _____ for Treatments _____ Nonparticipating Facilities and Deductible _____.

Deductible _____ share _____ off net _____ what _____ insurance _____?

Please clarify percentage covered by _____ plan as _____ as _____ amounts _____ outside of _____.

Please tell _____ the percentage covered _____ my _____ as well _____ deductible _____ related _____ outside _____ hospital _____.

_____ is the _____ for _____ treatments and how _____ by insurance.

Is there _____ insurance coverage for _____ nonparticipating facilities _____?

How much _____ is covered by _____ is the _____ nonparticipating outpatient _____

_____ there _____ information _____ coverage and _____ associated _____ outpatient _____ at _____ facilities?
 Please clarify _____ deductible _____ to outside _____ network hospital _____ the _____ by my insurance plan.
 _____ want to know _____ part of _____ insurance _____ and what _____ pay for _____ outpatient _____.
 _____ amount and insurance _____ of nonparticipating facilities _____ questioned.
 _____ would _____ to know the percentage _____ by my insurance _____ the deductible _____ network services.
 _____ know how _____ covers and _____ much _____ out of network procedures.
 _____ much _____ the _____ is covered _____ insurance, and what _____ outpatient?
 Can you tell _____ what my _____ covers _____ I have _____ a doctor _____?
 _____ to know _____ procedures _____ covered _____ my plan, _____ well as _____ at _____ medical centers.
 _____ insurance coverage and _____ with outpatient _____ at nonparticipating facilities?
 _____ are _____ deductible and _____ for outsourcing _____ services?
 How much _____ by insurance _____ much of _____ deductible is non consensual _____ treatment.
 _____ much _____ the bill is _____ by insurance _____ how _____ of _____ deductible _____ treatment
 What's _____ outpatient treatment?
 Can _____ tell _____ about _____ coverage _____ treatments that are _____ clinics?
 _____ much of the bill _____ covered _____ insurance _____ deductible for _____.
 Does insurance cover _____ take _____ at non _____ clinics _____ costs?
 _____ clarify the percentage _____ by my _____ plan _____ well _____ deductible _____ that _____ related _____ of network _____ visits
 _____ like to know the _____ covered by my insurance _____ and the _____ out-of-network _____.
 The deductible _____ and insurance _____ nonparticipating _____ for _____ have been _____.
 What _____ of insurance pays _____ received _____ and how _____ pay _____ deductibles?
 _____ is the _____ for non-participating _____ much _____ covered _____ insurance?
 _____ to _____ what deductible _____ are _____ seeking treatment _____ nonparticipating facility.
 _____ much do _____ cost us?
 _____ know what _____ my insurance is _____ what _____ have to pay for _____ treatment outside.
 _____ is the _____ for treatments done _____?
 Asking about deductible _____ insurance coverage of _____ outpatient treatments _____.
 _____ we pay _____ deductibles _____ outpatient treatments _____ nonparticipating facilities?
 Is there _____ coverage _____ take place in _____ clinics _____ associated Deductible costs?
 The _____ for deductible _____ treatments at _____ facilities is _____.
 Is _____ coverage for treatments taken place at _____ and _____?
 Deductible _____ and _____ of _____ outpatient _____ been inquired about recently.
 _____ is _____ for _____ treatments at nonparticipating _____?
 Is _____ percentage _____ by my insurance _____ well _____ amounts related _____ out-of-network _____?
 How much _____ deductible _____ they _____ treating outpatients _____?
 What _____ paid _____ healthcare received _____ nonparticipating _____ and how _____ is _____ in deductibles?
 _____ you _____ the percentage _____ by my _____ amounts _____ to out-of-network treatments?
 _____ deductible for nonparticipating _____ treatments and how _____ bill _____ covered.
 The deductible amount _____ of _____ facilities for _____ have _____ been _____ about.
 I _____ what _____ of my _____ is covered _____ what _____ should _____ for _____ treatments.
 _____ does insurance _____ for Deductible cost and _____ net clinics
 I _____ to know what _____ insurance _____ and _____ I _____ for _____
 _____ I know _____ much is _____ deductible for out-of-network procedures or services?
 _____ much insurance covers and _____ is the _____ outpatients?
 Do _____ know _____ part of _____ is paid _____ and what _____ have _____ outpatient care?
 _____ know _____ much is _____ and how much is paid _____ deductibles _____ out _____ network _____?
 _____ policies _____ in off-net clinics?
 _____ cost _____ clinics, _____ does _____ cover?
 The amount of _____ for out _____ treatments _____ facilities, what _____ the _____.
 What's _____ deductible _____ nonparticipating _____?

_____ of the bill is covered by _____ and how _____ is _____.

I _____ to _____ the _____ that insurance _____ deductible for _____ treatments _____ the _____.
_____ there _____ coverage and deductibles _____ out of _____?

I _____ to know _____ my insurance _____ as well _____ any deductible amounts _____ treatments.

Please clarify percentage covered _____ plan as _____ deductible amount connected _____ of _____ services.

Is there _____ and _____ for _____ at nonparticipating _____?

_____ deductible _____ insurance _____ for nonparticipating _____ for outpatient treatments is _____.

Is _____ insurance _____ percentage and _____ non-participating _____ care?

_____ of nonparticipating facilities for _____ treatments have been _____.

I need to _____ what part of my _____ covered and _____ I _____ outside.

Please _____ percentage covered by _____ insurance plan _____ as _____ to _____ network hospital trips.

The _____ for _____ facilities for outpatient procedures have _____ inquired about.

_____ much do _____ have _____ pay in deductible _____ nonparticipating facilities?

Is _____ amount _____ in _____ for _____ outpatient procedures?

_____ by _____ and cost in deductible _____ clinics?

The _____ amount _____ insurance coverage of nonparticipating _____ for outpatient _____ recently _____.

_____ need _____ clarification _____ covered _____ my _____ plan _____ the deductible amount _____ to _____ of network services.

What _____ the extent of _____ and _____ treatment of _____?

I _____ what part of my insurance _____ and what part _____ deductible _____ services.

_____ am wondering about _____ coverage _____ take place at non participating _____ their _____ costs.

_____ do we pay in deductibles _____ outpatient _____ at _____?

I would _____ to _____ the insurance coverage _____ outpatient treatments _____ associated deductible _____.

Please clarify percentage _____ by _____ plan _____ for _____ of network _____.

_____ proportion is _____ to _____ our share paid _____ deductions in _____ to _____ nonparticipating hospitals?

I want _____ know what part _____ pays _____ out of _____ services _____ what _____.

_____ the share covered _____ insurance _____ when _____ care _____ of appointed settings?

What _____ deductible and insurance coverage _____ in other _____?

_____ the bill _____ covered _____ and _____ the deductible for non-participating outpatient?

How much does insurance _____ at nonparticipating _____ how much _____ we _____ to _____ deductibles?

_____ amount _____ insurance coverage of _____ facilities _____ outpatients were _____.

_____ receiving _____ outside _____ appointed _____ do _____ know _____ insurance or deductible fees?

When receiving care outside _____ know _____ share that is covered _____ deductible _____?

Deductible _____ of nonparticipating facilities for outpatients _____ questioned.

_____ are _____ Deductible _____ coverage _____ treating outpatients elsewhere?

What are _____ and Insurance _____ outpatient _____?

What do _____ pay _____ nonparticipating facility treatments?

_____ care outside _____ appointed settings, do we know how much _____ by _____ or _____?

How _____ and what is _____ for nonparticipating outpatient _____?

I _____ to know _____ of _____ insurance is _____ and _____ my _____ for outside _____ network.

_____ much does insurance _____ healthcare _____ nonparticipating _____ much _____ we have to pay in _____?

The _____ and insurance coverage of _____ treatments are relevant _____ to _____.

What percentage _____ is _____ non-participating _____ healthcare?

I _____ know the _____ of _____ that covers _____ deductible for _____ the _____.
The _____ coverage _____ facilities for _____ treatment _____ an important question.

What is _____ non-participating _____ how _____ of _____ bill is covered by _____ things.

Do you _____ the proportion _____ and our share _____ outpatient procedures _____ nonparticipating hospitals?

What insurance _____ there _____ out door _____ at nonparticipating _____?

_____ need to _____ what part _____ covered _____ deductible is for out-of network treatment.

_____ tell _____ parts _____ insurance are _____ for and what _____ have to _____ for outpatient _____?

_____ associated with _____ treatments _____ nonparticipating facilities can be provided.

_____ and _____ treatments not within participating facilities?

Can _____ tell _____ the _____ for non _____ and their associated _____?

What parts _____ outpatient _____ my plan, as well as _____ medical centers, please be _____.

_____ want to _____ insurance is covered _____ what _____ should pay _____ an _____ treatment that isn't _____ the _____ by my insurance plan, _____ well _____ the deductible _____ related _____ of network hospital visits.

_____ the _____ covered by _____ deductible fees _____ we receive _____ outside _____?

How _____ deductible _____ pay for nonparticipating treatment?

What is _____ outpatient and how much _____ covered _____ two _____.

What is _____ coverage _____ treatments _____ nonparticipating facilities?

Can you _____ me the insurance _____ for _____ facilities _____ deductible _____?

I need _____ and what I need _____ pay for _____ treatments.

What _____ insurance _____ and deductible _____?

What is the _____ out _____ at _____ places?

Can _____ tell _____ about coverage for _____ and _____ deductible _____?

_____ the deductible _____ insurance _____ for _____ care?

What _____ and extent _____ insurance coverage _____ outpatients?

How _____ of _____ bill _____ by insurance, and how _____ deductible _____ treatments.

_____ insured vs _____ is a topic _____ treatments away from _____.

_____ much is the _____ outpatient _____ at nonparticipating _____?

What _____ cover _____ it _____ to Deductible cost _____ off net _____?

Is _____ coverage for treatments at _____ facilities _____?

_____ want to know what _____ of my _____ I should pay _____ an _____ procedure that _____.

I want _____ what _____ my insurance _____ covered _____ I _____ to pay for _____ outside.

Please clarify _____ percentage _____ well as the deductible amounts related to _____ of _____.

_____ are _____ and insurance _____ for _____ treatment _____ outpatients elsewhere?

_____ want _____ what _____ of my _____ is covered, and _____ much _____ to _____ treatment outside.

_____ are _____ insurance coverage for treating _____ than here?

_____ receiving _____ outside appointed settings _____ know _____ share _____ insurance or _____ fees?

_____ much _____ is covered by insurance _____ what is _____ non-participating outpatient?

How much does _____ cover and what _____ deductible _____?

How much _____ bill _____ covered _____ insurance and _____ the deductible _____ for _____

I wish _____ the percentage covered _____ insurance plan and deductible _____ connected _____ network _____.

When receiving care _____ of _____ are _____ share covered _____ deductible _____?

_____ the percentage covered by my _____ and the deductible _____ that _____ to _____ of _____ visits

What are _____ insurance _____ and deductible for _____?

_____ insurance coverage of _____ facilities for _____ treatments _____ been inquired upon.

_____ are _____ at nonparticipating, and what _____ of _____ treatment _____ insurance _____ cover.

I _____ like _____ know _____ covered _____ my _____ plan and _____ deductible amounts _____ to out-of-network _____.

_____ much of _____ bill _____ and how much _____ deductible _____ non-Participatory outpatient treatment

_____ percentage _____ deductible _____ of outpatient treatments not _____?

Deductible _____ insurance coverage _____ nonparticipating _____ outpatient treatments _____ questioned.

What _____ for _____ procedures?

I _____ like clarification of the _____ my insurance plan and _____ connected _____ network _____.

_____ non-participating outpatient and how _____ of _____ is covered.

Deductible _____ coverage of nonparticipating facilities for _____ have _____.

_____ are the _____ deductible of _____ for outpatient _____?

Can _____ for the treatments _____ nonparticipating facilities _____ costs?

What percentage and deductible _____ in _____ for non _____?

What _____ the _____ and insurance coverage _____ treating _____ areas?

How much of the bill _____ covered _____ how _____ of _____ is _____ participatory _____ treatment.

How _____ we have to _____ deductible _____ to healthcare _____ nonparticipating clinics?

_____ receiving care outside _____ are _____ aware of _____ covered _____ insurance or deductible _____?

I need to know what _____ insurance _____ what _____ have _____ outpatients _____.

May I _____ the portion covered by _____ amount _____ for out of _____ outpatient _____?

How _____ for _____ door treatments at _____ facilities?

_____ much is paid _____ insurance for healthcare received at _____ much _____ in _____?

The _____ and _____ of nonparticipating facilities for _____ recently inquired _____.

_____ an _____ out door treatments at nonparticipating facilities?

How _____ the bill is covered by _____ and _____ much _____ deductible _____ outpatient therapy.

What's the amount _____ deductible _____ treatments _____ facilities?

_____ deductible amount _____ insurance _____ of _____ facilities for _____ important question.

_____ want to know _____ and what I _____ to _____ offsite treatments.

_____ percentage _____ pay _____ received at nonparticipating clinics _____ how much _____ have _____ in deductibles?

Is _____ outpatient _____ at _____ facilities covered by the _____?

On the subject of outpatient _____ at nonparticipating _____ is _____ proportion attributed to _____ deductions?

I _____ know _____ part _____ my _____ covered _____ what I _____ pay for _____ treatments _____ getting treatment _____ a _____ do I _____ coverage ratio from _____ and find out about _____.

What are _____ deductible and extent of _____ outpatients _____?

_____ of the bill _____ by _____ and what is _____ nonparticipating outpatient _____.

What _____ deductibles for _____ treatments _____ facilities?

_____ of outpatient procedures are _____ plan, as well as our _____ centers, _____ be provided

What _____ the _____ coverage and _____ amounts _____ out _____?

_____ we responsible to pay in deductibles _____ healthcare we _____ and what _____ does _____ for _____ wanted to know what part _____ my insurance _____ what I _____ pay _____.

_____ is _____ for out door treatments _____ facilities?

I _____ to know the percentage covered by _____ plan _____ deductible amounts _____ out-of-network _____.

Please clarify _____ by _____ plan _____ well as the _____ related to non- _____ visits.

_____ you tell _____ for treatments _____ nonparticipating facilities _____ costs?

When receiving _____ outside appointed settings, _____ the _____ is covered _____ or deductible _____?

_____ of the _____ is _____ by _____ deductible is for nonparticipating outpatient _____.

_____ cost _____ off-net clinics _____ by insurance?

_____ much of _____ bill _____ covered _____ insurance and _____ for nonparticipating outpatient _____.

_____ is the deductible for _____ outpatient treatments and how _____?

_____ amount and _____ of _____ for _____ treatments _____ an _____ question to be asked.

_____ tell me _____ much _____ covers and how _____ we have to pay for _____?

What is the _____ for _____ outside the _____ that _____?

Can _____ tell me _____ is _____ insurance and how much _____ should _____ treatments?

_____ you tell _____ about _____ and _____ details _____ out-of-network _____ services?

I want to know _____ of insurance _____ and _____.

I _____ to know _____ part _____ my insurance _____ have to pay for outpatient _____.

Does _____ know _____ part _____ my _____ is covered _____ what _____ to _____ for _____ care?

I _____ to _____ percentage covered by _____ plan _____ the deductible _____ with out _____ network _____.

How much _____ the _____ insurance, and what is _____ outpatients

How _____ pay in deductibles when _____ go _____ for outpatient _____?

_____ much _____ how much is paid _____ for _____ procedures or services?

For outpatient procedures at _____ hospitals, what _____ the _____ our share paid _____?

What _____ the deductible for _____?

I _____ to know _____ percentage covered _____ well _____ deductible _____ associated with out-of-network treatments.

____ need to ____ and ____ I should ____ for offsite treatments.
 ____ share covered ____ or deductible fees when ____ outside of ____?
 I need to ____ what ____ my insurance is ____ what I ____ for outpatient ____.
 ____ is covered ____ insurance, ____ what is deductible for ____.
 Can ____ tell ____ how ____ pays ____ the deductible for ____ of network ____?
 Can ____ what ____ insurance ____ and what I ____ out door care?
 ____ is insured ____ much ____ at ____ outpatient facility.
 ____ to know the ____ covered ____ my ____ plan as ____ as ____ amounts ____ to out-of- network ____.
 Please clarify ____ by my ____ as ____ as ____ related to ____ of ____ hospital visits.
 Can ____ tell ____ insurance ____ for ____ taking ____ at non ____ clinics?
 How much do ____ pay in ____ facilities for outpatient ____?
 ____ to ____ what my ____ is for out of ____.
 ____ and deductible expenses for ____ Participative treatments are ____?
 I would like ____ percentage covered by ____ plan ____ well as ____ related to ____ outpatients.
 ____ much ____ pay ____ deductibles if we ____ nonparticipating facilities?
 ____ is ____ for outpatient treatments ____ nonparticipating facilities?
 What coverage and ____ outpatient ____?
 How much ____ cover ____ is the deductible ____ outpatients?
 ____ amount ____ insurance coverage of ____ for ____ treatment is important ____.
 What are ____ insurance ____ levels for ____ door treatments ____?
 How much ____ and the deductible ____?
 ____ part of my ____ and ____ my ____ is for ____ network treatments?
 Please clarify ____ covered by ____ insurance ____ and ____ deductible ____ connected ____ services.
 What ____ attributed to ____ as ____ as our ____ in deductions in ____ to ____ procedures at ____?
 ____ is question ____ amount ____ deductible for ____ door ____ at ____ participating ____.
 ____ need ____ percentage covered ____ my plan as well ____ deductible amounts ____ to ____ network hospital ____.
 How much ____ coverage ____ included in ____?
 What are the ____ extent ____ coverage for ____ outpatients?
 I ____ clarification ____ percentage ____ insurance plan ____ amount ____ to ____ of network services.
 ____ of ____ covered by ____ and deductible ____ nonparticipating ____
 ____ at ____ hospitals, ____ is the ____ attributed to ____ and ____ share in ____?
 ____ for ____ outside ____ tell me the portion that insurance covers?
 ____ treatment ____ a non-participating facility, ____ do I know ____ insurance and ____ my deductible ____?
 How much ____ cover ____ the deductible is ____ nonparticipating outpatients?
 ____ want ____ the ____ coverage and deductible ____ treatments.
 ____ the coverage ____ deductible details ____ out-of-network outpatient ____?
 How ____ do we pay ____ deductibles when ____ go ____ for ____?
 ____ cost in off-net ____ covered by ____?
 How ____ insurance ____ and how ____ the deductible ____ for ____?
 How much do insurance ____ for healthcare ____ at nonparticipating ____ much ____ we ____ to ____ in ____?
 ____ is the ____ non-participating outpatient and ____ the ____ covered by ____
 ____ share covered ____ insurance or ____ when we ____ care ____ an ____ setting?
 ____ in nonparticipating hospitals, what is ____ proportion attributed ____ share paid ____ deductions?
 What ____ proportion attributed to ____ our share ____ deductions ____ procedures ____ hospitals?
 ____ there any coverage ____ for out-of-network outpatient ____?
 Is there ____ treatments that ____ place ____ and ____ associatedDeductible costs?
 I want to know what part of ____ covered and what ____ out-of ____.
 How much ____ the bill ____ insurance, ____ the deductible ____ for ____ outpatient?
 How much ____ cover for ____ outpatient ____?
 How ____ the ____ is ____ insurance ____ is ____ for nonparticipating outpatient treatment.

How _____ coverage _____ involved in nonparticipating treatment?

I would like _____ of _____ covered _____ my _____ the _____ to out of _____ services.

_____ it _____ information on _____ deductible for outpatient _____ at nonparticipating facilities?

_____ much _____ is _____ by insurance, _____ how _____ of _____ deductible is nonParticipatory outpatient _____.

_____ much is covered _____ and _____ deductible for _____ outpatient.

_____ much do we have to pay in deductibles _____?

If _____ can clarify the _____ by _____ plan as well as any _____ amounts related _____

_____ insurance coverage is _____ for _____ outpatient treatments?

Which _____ for out _____ treatments _____ nonparticipating facilities?

What _____ the _____ coverage _____ for the _____ door _____ nonparticipating facilities.

_____ is _____ deductible _____ outpatient treatments at nonparticipating _____?

_____ to _____ as _____ as our _____ deductions _____ regards to outpatient procedures at nonparticipating hospitals?

_____ attributed to _____ in deductions _____ outpatient procedures at nonparticipating hospitals?

I need _____ the _____ of _____ that covers _____ for _____ of network _____.

What are _____ insurance _____ for out _____ procedures _____ nonparticipating _____?

_____ inquired about the _____ amount _____ insurance coverage _____ facilities _____ treatments.

Is it covered _____ in deductibles _____ non participant _____?

_____ care outside appointed settings, _____ know _____ much is _____ by _____ deductible _____?

Please state the insurance _____ at _____ facilities and _____ associated _____.

I _____ seeking clarification _____ covered by _____ insurance plan and _____ connected to _____ services.

_____ it _____ that _____ know the _____ by insurance _____ the amount _____ in _____ out of _____ procedures?

_____ deductible amount for _____ door _____ facilities have been _____.

What _____ the _____ for deductible _____ door _____ nonparticipating facilities?

I'd _____ know _____ deductible costs when _____ a nonparticipating _____.

You might be _____ percentage _____ my insurance plan as well _____ to out-of-network outpatient treatments

_____ outpatient procedures at _____ is _____ attributed _____ insurance _____ our share paid in deductions?

What _____ cover in _____ and share _____ off net clinics?

Please clarify _____ percentage covered _____ my _____ plan as _____ as _____ deductible amounts related _____ out _____

_____ would like _____ know _____ my _____ is _____ what _____ should pay for an _____ treatment

What is the amount _____ for _____ nonparticipating _____?

_____ much of _____ bill is _____ and what is deductible _____.

_____ cost and share _____ net clinics, what _____?

I want _____ the percentage covered by _____ insurance plan _____ out-of-network _____.

What does the _____ nonparticipating _____?

_____ amount _____ coverage of nonparticipating _____ for _____ treatments have _____.

_____ me the percentage covered by _____ the deductible _____ related _____ out of _____ visits.

_____ deductible _____ insurance _____ nonparticipating _____ for _____ treatment are _____ to ask.

_____ my insurance pays for _____ of _____ services and _____ the _____?

_____ deductible _____ and _____ nonparticipating facilities _____ treatments _____ important questions that _____ be asked.

_____ much is covered by insurance _____ for _____ outpatient _____

The deductible amount _____ insurance _____ of _____ facilities _____ treatments _____ been recently _____.

_____ insurance coverage _____ deductible for out _____ treatments?

How _____ is _____ how _____ is deductible _____ nonparticipating outpatients?

_____ want _____ know what is covered by _____ and _____ pay _____ outpatient care.

_____ need to know the _____ coverage for _____ at _____ facilities _____ deductible _____.

Please clarify percentage _____ my insurance plan _____ amount of _____ out _____ services.

_____ is _____ insurance coverage and _____?

_____ clarify _____ percentage covered _____ my _____ as the _____ amounts that occur _____ of network _____ visits.

I need _____ the deductible _____ out of network services and _____ insurance plan.

Please clarify percentage _____ insurance plan _____ well _____ amounts related _____ of network _____ visits

How _____ we _____ in deductibles for _____ for _____ treatment?

The deductible and insurance _____ for _____ treatments _____ inquired about.

The deductible _____ and _____ for outpatient treatments _____ been questioned.

_____ to _____ the percentage covered _____ my _____ plan _____ the deductible amounts related _____ out-of-network _____.

_____ is your _____ for out _____ at nonparticipating _____?

Can you _____ how much _____ covers and _____ deductible _____?

I _____ to know _____ I should _____ for _____ what _____ my insurance _____ covered.

_____ to pay _____ deductibles for outside treatment?

Can you _____ percentage covered by _____ insurance plan and deductible _____?

What is _____ extent _____ and deductible _____ outpatients?

_____ want _____ know _____ portion _____ insurance covers _____ the deductible _____ out _____ treatments.

_____ want to know _____ Insurance coverage _____ at _____ facilities _____.

_____ is the _____ for treatments done _____ nonparticipating _____?

I am wondering _____ deductible is _____ out _____ and what _____ of _____ insurance _____ covered.

I want _____ know _____ my insurance is covered, _____ how _____ I _____ pay _____ outside _____.

The deductible _____ insurance coverage for _____ outpatient _____ been questions.

Is the _____ insurance or _____ fees _____ receiving _____ outside of _____?

I _____ to know _____ percentage covered _____ my insurance plan as well _____ out-of-network _____.

coverage _____ and deductible paid _____

How much _____ by insurance, _____ for non-participating outpatients.

_____ do we pay in Deductibles _____ Treatments _____ Nonparticipating _____?

Insurance _____ and deductible _____ for outpatient _____?

How _____ covers and how _____ the _____ nonparticipating outpatient _____?

I want to _____ my _____ covers _____ what _____ to pay for _____.

Can you _____ the _____ covered _____ insurance plan as _____ deductible amounts associated _____ out-of-network _____?

A _____ to _____ amount _____ insurance _____ of nonparticipating facilities _____ outpatient treatments.

Please _____ me _____ covered and what _____ pay for an _____ treatment that isn't.

_____ the _____ for nonparticipating _____ Treatments?

Can you tell me _____ covers and _____ deductible _____ outside _____ network?

The deductible amount and _____ coverage _____ for outpatient _____ recent inquired _____.

_____ much insurance _____ for out door _____ at _____ facilities?

How much _____ covers and how high _____ is _____ questions.

Can _____ tell _____ about insurance _____ treatments that take _____ participating _____?

The deductible _____ insurance coverage of nonparticipating _____ for _____ treatments _____.

I _____ to _____ insurance _____ and what I _____ an outpatient treatment that _____ covered.

_____ deductible _____ insurance _____ facilities for outpatient treatments, have _____ been inquired _____.

Can _____ tell me about _____ Coverage _____ Treatments _____ Costs?

_____ deductible for _____ outpatient treatments?

Please _____ what procedures _____ under my _____ as _____ our deductible _____ non-partnered medical centers.

Please _____ by my _____ plan _____ deductible _____ for outside _____ hospital visits.

I want to know what _____ my insurance is _____ and _____ my outpatient _____.

_____ are _____ nonparticipating outpatient _____?

_____ much of _____ covered by _____ and how _____ the _____ is nonParticipatory _____ Treatment.

_____ much coverage _____ for _____ outpatient treatments?

The _____ insurance coverage of _____ for outpatient treatments have recently _____ by _____.

_____ want _____ deductible is for out _____ treatment and what _____ covers.

I need _____ my insurance plan as _____ any deductible _____ to out-of-network outpatient treatments.

_____ much _____ covered by _____ and how _____ in _____ for out-of-network _____ procedures?

What are the insurance _____ levels _____ the _____ door treatments?

What _____ non-participating outpatient _____?

_____ the deductible for _____ doors _____ nonparticipating facilities?

Please clarify the _____ to _____ visits as _____ the percentage covered by _____ insurance plan.

_____ the _____ for _____ Outpatient Treatments?

_____ there _____ deductible paid for non-participating _____ care?

_____ deductible for nonparticipating outpatient _____ how much _____ bill is _____ by _____?

_____ tell _____ coverage for non participating clinics and _____ associated Deductible _____?

How much _____ the _____ is _____ and Deductible for non-participating _____

_____ are _____ coverage details for out-of-network _____ services?

I would _____ it _____ could clarify the percentage _____ amount connected to out of network _____.

What _____ for _____ outpatient and _____ much _____ is covered _____ are questions.

_____ a _____ paid for non-participating outpatient care?

_____ and _____ expenses _____ included in the _____ of _____ participative _____?

I want to _____ if the _____ connected _____ out of network _____ is _____ the _____.

Please clarify _____ covered _____ well as the deductible _____ outside of network hospital _____.

_____ deductible amount _____ insurance _____ nonparticipating _____ for outpatient treatments.

How _____ is covered _____ insurance for _____ outpatient treatments?

_____ you tell us about _____ treatments _____ take place _____ of _____?

_____ is deductible for non-participating outpatient, _____ how _____ covered by _____

_____ of _____ bill is covered _____ of the deductible is _____ nonParticipatory outpatient treatment.

How _____ do _____ to _____ in _____ nonparticipating facilities for outpatient _____?

Can _____ tell us _____ coverage _____ that takes place outside _____ a _____?

Can you tell me _____ insurance works and _____ deductible _____ treatment?

What _____ and _____ costs for _____ treatments _____ in _____?

_____ you tell _____ what _____ covered and what _____ deductible _____ out _____?

I need to _____ what _____ should pay _____ treatments, _____ what _____ of _____ covered.

_____ would _____ to know _____ insurance coverage _____ Nonparticipating Facilities _____ Costs.

_____ have _____ the _____ and _____ coverage of nonparticipating facilities _____ outpatient _____.

_____ coverage _____ deductible for outpatient treatments _____ facilities?

_____ receive care outside of appointed _____ do we _____ the _____ covered _____ fees?

_____ about _____ coverage for treatments that take _____ not at _____ but _____ a nonparti

_____ there insurance coverage _____ treatment _____ and _____ costs?

Can you _____ me _____ percentage _____ by _____ insurance _____ well as _____ deductible amounts _____ treatments?

How much of _____ is covered by _____ and _____ much of _____ deductible _____.

_____ is _____ for deductible _____ and share _____ off _____ clinics?

Can _____ tell _____ the insurance _____ Treatments _____ Facilities _____ Costs?

_____ percentage _____ is included _____ for _____ participative treatments?

I would like _____ deductible _____ connected to _____ network services and _____ covered _____ plan.

The _____ and insurance coverage of _____ outpatient treatments _____ been _____.

I would appreciate clarification _____ covered _____ my insurance _____ to out of network _____.

_____ much is we _____ to _____ in _____ received at _____ clinics?

Is _____ insurance coverage for _____ take place outside _____ participating _____ deductible _____?

_____ clarify the _____ covered by my insurance _____ and any deductible _____ treatments.

_____ you tell _____ insurance coverage _____ clinics that have _____ costs?

_____ it _____ information _____ insurance _____ and deductibles _____ outpatient treatments at nonparticipating _____?

_____ the coverage _____ and _____ for _____ care?

_____ insurance _____ healthcare _____ nonparticipating _____ and _____ much we _____ pay in deductibles?

Can you _____ Insurance coverage _____ treatments _____ and deductible costs?

Can you _____ coverage for treatments that _____ of a _____?

____ we ____ outside ____ settings, ____ we ____ the share covered ____ or deductible ____?
 ____ percentage and deductible ____ outpatient ____ not ____ facility?
 How ____ insurance cover and the ____ for ____?
 ____ deductible amount and ____ coverage of nonparticipating ____ for outpatient ____ have ____
 ____ you tell ____ my insurance pays for, ____ what ____ offsite treatments?
 ____ tell us ____ insurance ____ for treatments ____ take ____ in ____ clinics?
 ____ deductible ____ coverage of ____ for outpatient patients ____ been questioned.
 Is ____ insurance ____ percentage and deductible ____ outpatient ____?
 ____ clarify ____ associated ____ costs ____ outpatient treatments ____ nonparticipating facilities?
 ____ deductible amount ____ insurance ____ of nonparticipating facilities ____ outpatient ____ an ____ question to ____.
 ____ to ____ part of my insurance ____ covered ____ what I should pay for an ____.
 What proportion ____ outpatient procedures ____ is attributed to ____ or our ____?
 How much ____ covers ____ what ____ is for nonparticipating ____?
 What ____ the insurance coverage levels, ____ deductible for ____ facilities?
 Can ____ tell ____ what part ____ my insurance ____ for out ____ services ____ part is ____?
 What parts ____ insurance is ____ and what ____ for out ____ network ____?
 ____ much ____ the bill ____ insurance and how much ____ nonparticipating outpatient ____.
 I want to ____ the ____ covered ____ my insurance ____ as ____ any deductible ____ related ____.
 Is it ____ to ____ information on ____ coverage ____ treatments at ____ facilities?
 What is the ____ for ____ treatment ____ outpatient ____?
 It is ____ to ____ the ____ and ____ coverage of ____ facilities ____ outpatient ____.
 ____ is ____ deductible for ____ outpatients, ____ much insurance covers?
 ____ you tell me what ____ covered and ____ I have ____ pay ____ treatment outside?
 ____ of outpatient procedures ____ under ____ plan, as well as our ____ centers, please be ____.
 Regarding procedures at nonparticipating hospitals, what ____ proportion ____ to ____ as our share ____?
 ____ are the deductible and ____ of ____ treating ____ elsewhere?
 ____ clarify the ____ covered by ____ insurance ____ amounts related to out of network ____.
 The ____ deductible and ____ for nonparticipating ____ outpatients have ____ questioned.
 Please ____ percentage ____ my ____ plan, as well ____ deductible ____ related ____ non network ____ visits.
 ____ need ____ know ____ percentage covered ____ my ____ plan as ____ as ____ deductible ____ associated with ____.
 ____ is deductible for non-participating outpatient ____ how ____ by ____.
 ____ you ____ me ____ my insurance is ____ and ____ much ____ to ____ for outside treatment?
 I ____ covered ____ insurance ____ and ____ amount for out of network ____.
 ____ want ____ know ____ of my insurance ____ and ____ my ____ is for ____ network treatment.
 ____ much ____ bill ____ covered by ____ how ____ of the deductible is non-Participatory ____
 ____ tell us about insurance coverage ____ take place ____ of ____ clinic?
 What ____ of ____ procedures ____ covered under ____ plan, ____ deductibles at ____ medical centers, ____ given.
 ____ insurance ____ of nonparticipating ____ for outpatients have ____ questioned.
 Is there ____ related to ____ treatments?
 I need to ____ what ____ of my ____ is ____ what I ____ to ____ care
 What ____ in relation ____ cost ____ share ____ net clinics?
 What do ____ for ____ for nonparticipating ____?
 ____ questioned ____ amount ____ coverage of nonparticipating ____ for outpatient ____.
 What ____ deductible ____ nonparticipating ____ treatments, and how ____ bill ____ covered by ____.
 ____ the deductible for non ____?
 The ____ and ____ coverage ____ facilities ____ treatment are questioned.
 Can ____ me about ____ coverage ____ associated with outpatient ____?
 ____ give me ____ of percentage covered ____ my ____ amount connected to ____ network services
 An ____ for deductible for ____ treatments ____ non ____ facilities ____ been ____.
 ____ you tell ____ coverage ____ deductible ____ for nonparticipating ____?

Can you _____ of my _____ is covered and _____ should pay _____ an outpatient _____?

The _____ amount and _____ coverage _____ facilities _____ outpatient _____ questioned.

_____ amount _____ of nonparticipating _____ for outpatient treatments _____ being _____ about.

Can _____ tell me _____ coverage _____ for out-of-network treatments?

About outpatient procedures at _____ proportion _____ attributed _____ insurance _____ well as our _____ deductions?

What part _____ paid for _____ insurance _____ deductible _____ nonparticipating _____?

I _____ know _____ coverage _____ treatments at _____ and _____ associated deductible costs.

_____ are the insurance _____ deductible _____ outsourced _____?

_____ deductibles are _____ nonparticipating, what _____ of outpatient _____ plans cover, and

What _____ the _____ coverage for _____ treatments _____ nonparticipating facilities?

What's _____ how much are _____ at an _____?

_____ much do we _____ for _____ nonparticipating facilities?

_____ tell _____ the insurance _____ for treatments at _____ the associated _____.

What _____ their insurance coverage for out _____ participating _____?

I want to _____ my deductible _____ and what part of my insurance _____.

I _____ to know what part of _____ and _____ I _____ for offsite _____.

_____ the deductibles _____ insurance coverage _____ treating outpatients in _____?

_____ much of _____ is covered _____ deductible _____ nonparticipating outpatient treatments

_____ much _____ a _____ covered by insurance, _____ how _____ deductible for _____ outpatient.

When seeking treatment at a _____ about _____?

I need to know _____ Treatments at _____ and Deductible _____.

_____ the deductible _____ coverage _____ facilities for outpatient _____ an _____ question.

_____ much _____ and how _____ the _____ for nonparticipating outpatients.

_____ tell me _____ insurance coverage _____ out _____ network treatments?

_____ and _____ of insurance coverage for _____ outpatients elsewhere?

The _____ amount and _____ coverage _____ facilities _____ is a _____ to ask.

When receiving _____ appointed settings, do we _____ the share is _____ fees?

Regarding _____ procedures at nonparticipating hospitals, _____ proportion _____ attributed _____ insurance and _____?

To clarify _____ by my insurance _____ and _____ to out _____ network _____

_____ know the _____ coverage _____ treatments at _____ facilities and the associated _____.

_____ to clarify _____ percentage _____ by my insurance plan _____ deductible _____ related _____ out-of-network _____?

_____ are the deductible _____ for _____ treatment?

I need _____ know what _____ of my _____ and what _____ should _____ an outpatient _____ isn't.

Is the _____ covered _____ fees when we receive care _____ appointment _____?

Do you know _____ of _____ insurance is _____ and _____ the deductible is _____ network?

The _____ and _____ coverage _____ non _____ for _____ are important questions _____ ask.

How _____ have _____ pay in _____ we go to nonparticipating _____?

_____ would _____ you _____ the percentage covered by my insurance _____ and the deductible amount _____ of _____.

How much do _____ pay _____ deductibles _____ we go to _____?

I _____ to know _____ insurance _____ what _____ should pay for offsite _____.

Is _____ portion _____ insurance _____ at nonparticipant _____ covered?

_____ of the _____ covered _____ and _____ of the deductible _____ non-Participatory Outpatient Treatment.

_____ I know how much _____ insurance _____ much is deductible _____ of _____ procedures or _____?

_____ much of a _____ covered by _____ what is _____ for _____.

_____ percentage _____ expenses _____ non participative therapies are _____ in _____?

_____ you _____ me _____ of Treatments _____ Nonparticipating Facilities and Deductible _____?

What amount _____ by _____ and what _____ for nonparticipating outpatient treatments?

How much of _____ is _____ insurance, and what _____ nonparticipatory outpatient _____.

What _____ extent of insurance _____ and _____ treatment _____ other _____?

The _____ amount _____ insurance coverage _____ facilities for _____ procedures _____ been _____.
_____ of _____ bill is _____ by insurance _____ deductible for _____ outpatient
_____ for _____ treatments at non participating _____ has been _____.

How much of _____ bill is covered _____ insurance _____ how _____ nonParticipatory _____ Treatment

I need _____ what part of _____ covered and what I _____ for an _____.

Deductible _____ does insurance cover?

_____ there _____ coverage _____ treatments _____ nonparticipating _____ and deductible _____?

What are _____ share for outsourced outpatient _____?

Please clarify _____ by _____ and deductible amount _____ to out _____ services.

I want to _____ of my insurance _____ covered and how _____ pay for _____.

_____ of the _____ by insurance, _____ how much _____ for _____ outpatient treatment

_____ know _____ much _____ covered by _____ and _____ much is _____ for _____ services?

_____ of the _____ covered _____ insurance, and what _____ deductible for _____.

Can you _____ me _____ of my insurance is _____ have _____ pay for _____ treatment?

I want to _____ what my insurance covers _____ what _____ outside.

What _____ the _____ and _____ of _____ for _____?

_____ and _____ for outpatient treatment?

_____ there _____ and deductible for treatments at _____?

_____ me the _____ covered by _____ well as any deductible _____ related to _____ outpatient _____.

_____ need to know what _____ covers and _____ much _____ pay _____ offsite _____.

How much of _____ and how much is _____ for _____ treatments

What coverage _____ there _____ treatments?

What _____ of insurance pays _____ healthcare received _____ clinics _____ how much we _____ in _____?

About outpatient procedures at _____ proportion is _____ to _____ share in _____?

_____ of deductible and _____ facilities for _____ treatments have _____ questioned.

_____ would like _____ know _____ Treatments at Nonparticipating Facilities and Deductible _____.

How _____ do we pay _____ deductibles _____ nonparticipating facilities _____ we have _____?

_____ much _____ deductible for nonparticipating _____?

What _____ for _____ treatments?

_____ are the coverage and _____ for out-of-network _____?

_____ much _____ have _____ in deductibles for _____ received _____ nonparticipating clinics?

_____ about what _____ of _____ covered _____ what I should pay for _____ treatments.

How much is _____ and _____ much _____ payable _____ deductibles _____ out-of-network _____ services?

What is the _____ amount _____ for _____ facilities _____ treatments?

What _____ the _____ coverage _____ for treating outpatients elsewhere?

The _____ percentage and deductible _____ treatments not _____ participating _____?

_____ are the insurance _____ amounts _____ for _____ door treatments _____ facilities.

_____ treatment _____ our insurance _____ cover, _____ what are _____ out-of-pocket deductible costs?

_____ are the insurance _____ for outsourcing outpatient _____?

Is _____ to _____ much _____ and _____ much _____ deductible for out-of-network procedures?

The _____ and _____ coverage _____ nonparticipating facilities for outpatient _____ recently _____ about.

_____ deductible status _____ outpatient treatments _____ in our _____?

Is _____ coverage _____ deductible _____ treatment at nonparticipating _____?

_____ me _____ coverage for treatments _____ nonparticipating facilities and Deductible _____?

What _____ insurance coverage and deductible _____ treatment _____ outpatients?

_____ procedures at _____ hospitals, _____ is _____ attributed to insurance as well as _____ paid _____?

_____ to clarify _____ percentage covered by my insurance _____ well _____ any _____ to _____ outpatient treatments

_____ part of _____ do _____ and share in off _____?

_____ deductible for non-participating _____ how _____ of it is _____ by _____.

Is there _____ deductible for _____ treatments _____ nonparticipating _____?

____ is the coverage ____ and deductible for ____ ____?

____ ____ me how ____ insurance covers ____ the ____ for outside ____?

____ ____ to ____ the ____ amount and insurance coverage ____ facilities ____ treatments

____ ____ questions regarding ____ amount of ____ for ____ treatments at ____ participating _____.

What ____ deductible ____ nonparticipating ____ ____ much of the bill is ____ ____ insurance.

How much of the bill ____ ____ and ____ the ____ for non-participating _____.

When it comes ____ procedures ____ nonparticipating ____ proportion is ____ ____ and our ____ paid in ____?

Can ____ us about insurance coverage for ____ ____ and their ____ ____?

____ you tell me ____ insurance ____ and how much ____ ____ treatment outside ____ ____ network?

Is ____ a share ____ ____ or ____ when we ____ care ____ appointed settings?

I ____ clarify the ____ covered ____ plan, ____ as ____ deductible amounts related ____ outside of network ____ visits.

____ ____ what part of my insurance is covered and ____ my ____ is ____ ____ of ____ treatment.

How much of ____ bill is ____ the deductible ____ outpatient treatments.

____ ____ of percentage covered ____ insurance plan and deductible ____ to out ____ network _____.

I ____ know what part ____ my ____ is covered as well ____ should ____ outpatient treatment.

____ you tell me ____ and deductible ____ with outpatient ____ facilities?

Please clarify the ____ as well ____ the ____ amounts for outside of ____ hospital _____.

____ need ____ know the percentage covered ____ my ____ and ____ for out of _____.

____ much does ____ healthcare received ____ nonparticipating clinics ____ how ____ do ____ to ____ in deductible?

It is ____ ask the ____ amount and ____ coverage ____ facilities ____ outpatient _____.

____ much is paid in ____ for ____ facilities?

I ____ the percentage covered by ____ insurance ____ deductible ____ of ____ services.

I want ____ know ____ part of ____ covered ____ what I should pay ____ an ____ covered.

Is ____ amount payable ____ out-of-network ____ covered by insurance?

Can you tell ____ insurance ____ the deductible ____ treatment ____ the ____?

____ ____ procedures are covered by ____ plan, as well ____ our ____ at ____ medical ____?

____ much coverage and deductible ____ for ____ treatment?

Please clarify ____ percentage covered ____ my ____ well ____ deductible amounts ____ with ____ of network hospital _____.

Can you tell me how ____ insurance ____ non-network ____?

What's ____ how ____ for outpatient treatment?

Is it ____ for you ____ insurance ____ and ____ with outpatient treatments at nonparticipating ____?

Can you please ____ the ____ covered ____ my insurance plan as well ____ amounts related ____ treatments?

As ____ as ____ at non-partnered ____ centers, please give us ____ of outpatient ____ covered under ____ plan

What is the ____ non-participating ____ and ____ much of ____ covered by ____?

____ covers, and ____ much the deductible ____ outpatient treatments?

____ much insurance ____ and ____ high the ____ non-participating outpatients?

____ you tell me how much ____ covers ____ is ____ outpatients?

What is ____ deductible ____ out ____ treatments ____ facilities?

How ____ do we ____ deductibles for ____ received at ____?

____ confused ____ the percentage ____ my insurance ____ the deductible ____ connected to out of _____.

Can ____ tell us ____ insurance ____ take place in ____ participating clinics and ____ deductible ____?

____ coverage and ____ are ____ for non-participating outpatient ____?

____ is deductible ____ outpatient, ____ how much ____ a ____ covered ____ insurance.

What ____ the insurance for ____ how much ____?

What ____ insurance cover ____ comes ____ cost ____ in off net ____?

____ you ____ me ____ covers and how much ____ is for ____?

There was ____ amount ____ deductible ____ door ____ at non participating facilities.

How _____ by insurance _____ how _____ is _____ deductible _____ out-of-network procedures?

How much do _____ cover _____ treatments are _____?

_____ want to know _____ is for _____ of _____ and what _____ of _____ insurance is _____.

How _____ do you _____ for non-participating outpatient _____?

What _____ for _____ and how _____ the _____ is covered by _____

When receiving _____ outside of appointed settings, do _____ know _____ or _____?

How _____ the _____ is covered by _____ what _____ the _____ for _____ outpatient.

_____ much coverage does the _____ give _____ non-participating _____?

What is _____ for non-participating _____ of the _____ is covered _____?

What is the _____ for _____ and how _____ by insurance?

I need to know _____ plan and _____ deductible amount connected to _____ of _____.

The deductible amount _____ coverage _____ outpatient _____ recently been inquired about.

_____ the _____ covered by my insurance plan _____ as any deductible _____ related _____ treatment.

_____ much _____ is covered _____ insurance and _____ much of _____ deductible _____ non _____ outpatient treatment.

_____ is _____ topic related _____ outpatient _____ away from network hospitals.

_____ anything _____ can _____ me about insurance _____ deductibles _____ outpatient treatments _____ facilities?

_____ much _____ insurance _____ and what _____ out of network services?

Is _____ insurance coverage for outpatient _____ and _____ costs?

_____ parts _____ my _____ our deductible at non-partnered medical centers, should be provided.

Can you tell us about _____ services?

_____ need _____ the _____ by my _____ plan as well _____ amounts related to out-of-network _____.

_____ is the _____ for treating out door _____?

_____ much _____ for _____ clinics' treatments?

What _____ does _____ healthcare _____ at nonparticipating clinics, _____ much we have _____ pay _____ deductibles?

How _____ covers _____ how _____ deductible is _____ nonparticipating treatments?

_____ percentage covered by _____ and deductible _____ related _____ outside _____ network _____ visits.

_____ percentage covered _____ insurance _____ and deductible _____ for _____ of network hospital _____.

May I _____ in _____ for out-of-network outpatient _____?

The _____ and insurance _____ of _____ facilities _____ treatments have been _____.

I am _____ need of _____ of _____ covered by _____ plan _____ deductible amount connected _____ network _____.

_____ there _____ my _____ plan _____ as well _____ amounts _____ to out-of-network treatments?

_____ coverage _____ that happen _____ non participating _____ and _____ associated deductible costs?

I need _____ of _____ covered _____ my _____ and deductible _____ to outside of _____.

The deductible _____ facilities _____ treatments have been _____.

What amount of the _____ is covered _____ and what _____ for _____?

_____ deductible amount _____ insurance coverage _____ outpatient treatments are important _____.

Can you tell _____ coverage for outpatient treatment at _____ facilities _____?

Can you _____ the _____ coverage _____ and clarify _____ deductible costs?

I _____ to know what _____ insurance _____ covered, _____ what I _____ pay for an _____ that _____.

How _____ do we _____ deductibles when _____ go to _____?

You _____ percentage covered _____ my _____ plan as _____ as _____ deductible _____ related _____ out-of-network outpatient _____.

I _____ to _____ much insurance _____ how much _____ is for outside _____.

_____ of _____ bill _____ insurance, and what is deductible _____ nonparticipating _____ treatments.

_____ you can _____ the _____ by my insurance plan as _____ amounts related _____ out-of-network _____ treatments,

What percentage _____ deductible costs of _____ treatments _____ included _____?

_____ is insurance cover, and _____ for nonparticipating outpatients?

_____ on what parts of outpatient procedures _____ plan, _____ well as our _____ non-partnered _____ should _____

_____ the bill is _____ insurance and how _____ of the deductible _____ non-Participatory _____.

I want ____ know what ____ deductible ____ outside the ____ what ____ of ____ insurance is ____.
 What amount is ____ for out ____ treatments ____?
 Coverage percentage ____ deductible status ____ treatments ____ in ____?
 ____ deductible ____ and insurance coverage of ____ outpatient treatment ____.
 Ask the deductible ____ of nonparticipating ____ for outpatient ____.
 What ____ insurance pay for ____ at ____ how much ____ we pay in ____?
 Please ____ the percentage ____ plan ____ well as the ____ related to outside of ____ hospital ____
 Do you know ____ and ____ are for ____?
 ____ a percentage ____ by ____ well as any ____ amounts ____ to out-of-network treatments?
 ____ questions ____ ask are the ____ and insurance ____ nonparticipating ____ for ____ treatments.
 ____ tell ____ part ____ my insurance ____ deductible ____ what ____ have to pay ____ treatment outside?
 Can you ____ me ____ much ____ how ____ we ____ services outside the ____?
 I ____ to ____ what my ____ is ____ out ____ network services ____ what ____ of ____ insurance ____.
 ____ would ____ to ____ the portion covered ____ insurance and the amount ____ deductibles ____ procedures.
 The ____ amount and insurance coverage ____ has been ____.
 Can you tell ____ how much ____ covers ____ much ____ pay ____ outpatients ____?
 ____ the deductible amount for outpatient treatments ____ insurance?
 ____ much do ____ have to ____ nonparticipating facilities ____ outpatient treatments?
 What ____ coverage ____ for out of network outpatient ____?
 What ____ deductible for non-participating ____ how much is ____?
 How much ____ and ____ is ____ at an ____?
 ____ insurance covers, and how ____ deductible ____ for nonparticipating ____?
 What does ____ when it ____ to ____ share in ____ net ____?
 ____ would like ____ know ____ percentage ____ by my ____ plan ____ as deductible ____ to out-of-network ____.
 Amount of coverage ____ deductible ____?
 ____ would ____ to ____ insurance ____ for ____ place ____ non participating clinics and ____ associated deductible costs.
 ____ curious about the percentage covered ____ plan and ____ to ____ treatments.
 What ____ out door treatments ____ nonparticipatingFacilities?
 How much insurancecovers ____ how ____ the ____ nonparticipating ____.
 ____ want to know ____ insurance plan and ____ related ____ out-of-network treatments.
 ____ are ____ amount of ____ out door ____ at non participating ____.
 ____ coverage ____ deductible associated ____ outpatient treatments at nonparticipating facilities?
 I want ____ know what ____ my insurance pays ____ portion ____ out of network ____.
 ____ would ____ if ____ clarify percentage covered by my ____ plan and deductible ____ to ____ network ____.
 I ____ know ____ part of ____ insurance is ____ what I have to pay ____.
 How ____ of ____ covered by insurance and ____ much of ____ is non- ____ outpatient ____
 How much ____ we ____ in ____ in regards ____ clinics?
 ____ deductible ____ insurance ____ nonparticipating ____ outpatients have been questioned
 Can you please ____ the deductible ____ at ____ facilities?
 ____ deductible amount ____ insurance ____ of ____ for outpatient ____ have ____ inquired on.
 Please ____ deductible ____ for outside ____ network ____ visits and the ____ by ____ plan.
 What ____ coverage can ____ provide for ____ nonparticipating ____ what ____ their associated ____?
 Can ____ tell ____ what ____ insurance covers and ____ I ____ pay for ____?
 ____ is ____ deductible amount ____ for outpatient treatments?
 I ____ know what part of ____ pays ____ out ____ network ____ and ____ deductible is.
 What ____ for ____ at nonparticipating ____ and what are their associated ____?
 ____ percentage covered ____ my insurance plan ____ as the deductible ____ related ____ of network hospital ____.
 ____ you ____ coverage ____ for treatments ____ take ____ at non participating clinics?
 What amount of ____ covered by ____ what ____ deductible ____ nonparticipating outpatient ____.

_____ the _____ at non-partnered _____ and what _____ procedures are covered under my plan.
 How _____ the _____ is _____ at nonparticipating facilities?
 _____ much _____ the bill is _____ by insurance and _____ deductible _____ outpatient _____.
 What does _____ when _____ comes _____ and _____ off net _____?
 _____ to know the _____ insurance plan, _____ well _____ any _____ amounts related to out-of-network _____.
 How _____ we pay _____ deductible _____ treatment at _____ facilities?
 Can _____ me what parts _____ insurance are _____ pay for offsite treatments?
 _____ tell me _____ covered by my insurance _____ as _____ deductible _____ related _____ non network _____ visits.
 _____ covered _____ insurance when it _____ to Deductible _____ and share _____ off _____?
 _____ deductible _____ and insurance coverage _____ nonparticipating _____ outpatients _____ questions to _____.
 _____ percentage _____ expenses _____ non _____ treatments are _____ in the _____?
 _____ much _____ covers, and _____ for _____ outpatient treatments.
 _____ is _____ deductible _____ out _____ at nonparticipators?
 _____ the _____ by insurance, and how much _____ for nonparticipating outpatient _____.
 _____ much coverage and _____ nonparticipating treatment?
 _____ insurance are covered and _____ my _____ is _____ out of _____ treatment?
 How _____ does insurance cover, _____ high for _____ outpatients?
 What proportion _____ to _____ and our share in _____ when we _____ at _____?
 What is _____ deductible amount for _____ at _____?
 _____ need _____ what part of my _____ covered, and _____ pay for treatment outside.
 When getting _____ from a non-participating facility, how do I _____ insurance and _____ deductible
 I want _____ know the _____ my insurance _____ connected to outside of _____ services.
 _____ there insurance _____ treatments that _____ in _____ participating _____ their associated deductible _____?
 _____ do _____ healthcare received at nonparticipating _____ and _____ do _____ pay in deductibles?
 How much do we _____ in _____ facilities _____ outpatient _____?
 Are _____ percentage and deductible _____ non-participating _____ care?
 I'd like _____ insurance _____ for outpatient _____ at _____ facilities and _____ costs.
 What _____ deductible _____ out door treatments _____ nonparticipating facilities?
 _____ want _____ what _____ of _____ is covered _____ much I should _____ for offsite treatments.
 One _____ question to ask _____ deductible _____ insurance coverage _____ outpatient treatments.
 _____ clarify of _____ covered by my insurance plan _____ amount _____ to _____
 _____ want to know what part _____ my insurance _____ I _____ for _____ doors treatment.
 _____ want _____ know _____ my _____ is _____ out of network treatment and _____ my _____ is _____.
 How much _____ cover _____ how much _____ deductible _____ outpatients?
 _____ explain the _____ covered _____ insurance plan _____ as _____ deductible _____ related to out of _____ visits.
 How _____ is _____ for out _____ nonparticipating facilities
 Asking _____ deductible amount and insurance coverage for _____ treatments is _____.