

[Demo] NLP Dataset for Customer Service Automation

Company Type	Health Insurance Companies
Inquiry Category	Home health care coverage stipulations
Inquiry Sub-Category	Provider Networks and Coverage Areas
Description	Questions regarding if the insurance policy works with certain home health care providers, or if there are any limitations on coverage depending on the geographical area.
Data Size	12,860 paraphrases
Want to buy data?	Please contact nlp-data@gross.me via your business email address.

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

Is _____ cost _____ out-of-network home healthcare services _____ my _____ coverage area?

I don't _____ I will _____ for using _____ home care.

_____ more to use _____ home care beyond my _____?

_____ know if _____ another charge related _____ using out-of-network _____ services.

_____ the _____ of _____ healthcare _____ outside my network?

_____ it possible _____ will be _____ fee _____ receiving home healthcare _____ from an out-of-network _____?

_____ are _____ with using out-of-network home _____ services outside of _____.

Will _____ more for _____ outside _____ network home care _____?

Will _____ be charged more _____ care services?

_____ cost to _____ home _____ services _____ beyond my coverage _____?

Can I _____ for using _____ services _____ areas outside of my _____?

_____ it possible that _____ be charged more _____ healthcare services from _____?

I'm wondering if I'll _____ charged _____ for _____.

How might _____ insurance _____ affected by _____ care _____ outside _____ area?

_____ an additional fee if I _____ for _____ health?

_____ I _____ to _____ additional fee _____ I go _____ home _____ services?

_____ there an _____ cost _____ outside of my coverage _____?

Is using _____ network providers _____ at- _____ medical _____ in _____ not _____ by _____ a _____?

Do I _____ to _____ more _____ that's not within my _____?

If I choose _____ use out-of-area _____ will I be _____?

What is the _____ healthcare services outside my _____?

_____ healthcare cost more when _____ choose a _____ that isn't _____?

Do _____ network _____ healthcare services _____ added costs if _____ of the _____ coverage _____?

_____ to use non-designated in- home _____?

_____ for using out-of-network _____ outside of my _____?

Is there any _____ that is out of _____?

_____ if I'll be _____ using out-of-network care.

Do I have _____ pay _____ for using out _____ home _____ my _____?

There _____ an extra charge _____ using _____ care outside my _____.

_____ is an _____ for home healthcare services _____ network.

_____ more _____ non-covered home healthcare _____ if I _____ places?

Is _____ any _____ cost to use _____ health services _____ region?

Is _____ any extra _____ for _____ healthcare beyond _____ zone?

What is the _____ healthcare services _____ of my _____?

How will _____ be _____ home care _____ my coverage area?

_____ I need to pay an _____ home _____ providers who are not _____?

How might _____ change _____ I _____ home _____ services _____ of _____ coverage _____?

I am _____ if I _____ supplementary fees for _____ services _____ not within my coverage _____.

Can _____ tell me if using _____ providers _____ at- _____ in _____ not _____ by my _____ causes

Are there _____ for _____?

Do I _____ use _____ health _____ that aren't in _____ network?

What _____ the cost be if I _____ home _____ area?

_____ home healthcare services is _____.

_____ go with a home _____ that isn't in _____ will _____ cost me more?

_____ payments could _____ made _____ receiving _____ in- _____ medical _____ of _____ covered territory.

_____ you receive _____ outside your health _____ do _____ make _____ more?

Will _____ extra _____ when using _____ home healthcare services?

Is _____ a problem _____ you use _____ providers _____ at- _____ medical _____ in _____ not covered _____?

_____ it cost _____ to use _____ home _____ else?

Extra _____ may be associated _____ non-preferred _____ medical assistance _____ area.

Do _____ to _____ anything _____ for _____ home _____ that _____ not _____ my network _____?

_____ are potential _____ payments _____ with _____ home _____ outside _____ our covered territory.

Will _____ be _____ more for _____ home care _____?

Will I _____ charged _____ for _____ home _____ services _____ of _____ network?

_____ is _____ charge _____ out-of-network _____ medical _____ outside _____ my network.

Will I have to _____ if _____ services _____?

_____ there _____ additional _____ for using _____ services outside _____ network?

_____ it _____ to use out-of-network home _____ services _____ coverage area?

_____ the _____ in- home _____ extra price tag in _____ insurance?

_____ using off-zone _____ add an extra _____ to _____ insurance?

Is there any added _____ home _____ services _____ zone?

Is there a cost for receiving _____ coverage _____?

Do I _____ to _____ for out-of-area home healthcare _____ network?

_____ payments for receiving non-preferred in- home _____ assistance outside _____.

When I use _____ home care _____ I _____?

Is _____ when I want _____ use _____ care?

Does _____ healthcare _____ if they are used outside _____ the coverage _____?

If I _____ an _____ location, _____ it cost me _____?

Can _____ increase in expenses _____ expected if _____ choose _____ residential _____ area?

_____ incur an additional _____ using _____ home healthcare services.

_____ it cost me more _____ I _____ healthcare _____ not _____ network?

_____ home healthcare _____ outside _____ my _____ have added _____?

Extra payments _____ be _____ with receiving non-preferred _____ our area.

Are you _____ for _____ of-network home healthcare _____ area?

How much is _____ for _____ off-site _____ options _____ zone?

Is there _____ added costs _____ out-of-network in-home _____?

Is it possible _____ supplementary _____ using _____ areas not _____ the _____ of my coverage plan?

_____ are charges for _____ home _____.

_____ any additional _____ for using out-of-network _____ home?
 _____ any _____ I _____ have to _____ for using _____ home _____ services?
 Is _____ for out-of-plan in- _____ medical _____?
 When I get _____ do _____ have _____ more?
 _____ there fees _____ out of _____ home _____?
 There _____ a cost _____ out-of-network _____ healthcare _____ of my coverage _____.
 _____ out-of-network _____ healthcare outside of _____ lead to additional _____?
 Is there an _____ charge for _____?
 Is _____ cost _____ using off-site home _____ my area?
 Is out-of-area _____ services _____?
 Is it a cost _____ receive out-of-network _____ care _____ my _____ coverage?
 _____ out-of-area home healthcare _____ added _____?
 Can _____ increase _____ costs if I choose _____ residential _____ providers?
 Does _____ non-designated _____ cost _____?
 _____ you _____ your _____ allowed zone, _____ have to pay more?
 Will I have to pay _____ use _____ services?
 Do I have to _____ more _____ home _____ coverage _____?
 There _____ a _____ using off-network _____ away from the covered region.
 Does _____ know _____ extra _____ for out-of-network home _____?
 _____ I be _____ if _____ services away from my area?
 _____ have to _____ more _____ get out _____ home healthcare?
 Is it possible _____ me to _____ supplementary fees _____ healthcare services in areas _____ my _____?
 If I choose outside residential _____ I _____ in _____?
 _____ you know _____ are _____ fees when _____ use out-of-network _____ healthcare?
 _____ a _____ increase for utilizing _____ health services _____ a _____ region?
 Is there an extra _____ using _____ of my _____?
 Will _____ be _____ I use home healthcare services _____?
 Is _____ an additional fee for _____ out-of-network _____ healthcare _____ not _____ my _____ zone?
 Will _____ cost _____ more _____ home _____ provider that isn't in _____ network?
 _____ I _____ to _____ supplementary fees _____ using off-panel home _____ areas not within _____ plan?
 _____ in _____ associated _____ using off-network home health _____?
 Does _____ with more _____?
 Is it possible _____ be _____ for _____ home care _____?
 _____ there _____ charges for _____ out-of-network home _____ services _____ area?
 _____ out of _____ home healthcare _____ costs?
 Are there _____ extra _____ for _____?
 I don't _____ if I need _____ pay _____ extra _____ for home _____ providers _____ my _____.
 Is _____ additional fee _____ home _____?
 Is there _____ charges _____ healthcare.
 Is _____ charges _____ home healthcare _____?
 Should _____ an _____ fee _____ choose out-of-area home health _____?
 Do I need to _____ extra _____ use home health _____ that _____ in _____?
 Are _____ me extra _____ using _____ home healthcare?
 _____ extra fees for out-of-network home _____?
 Does _____ home _____ have _____ fees?
 _____ it _____ whether _____ providers for at- home medical care _____ areas _____ covered by _____
 Do I have _____ pay _____ costs _____ using _____ home _____?
 _____ I decide to go _____ healthcare provider that's _____ network will it _____ me _____?
 _____ more _____ one _____ to using out-of-network _____ medical services?
 Is _____ healthcare services subject to higher costs if they _____ area?

_____ if I can expect _____ in expenses _____ I _____ outside _____ providers.
 I _____ know _____ out-of-network _____ providers have _____ charges.
 If _____ choose to go with a _____ healthcare provider _____ cost me _____?
 _____ of out-of-network _____ care _____ my coverage region?
 I _____ know if _____ to pay extra _____ healthcare _____ my _____ area.
 Do _____ more _____ you are treated _____ of the allowed zone _____ plan?
 Do I have _____ to _____ home healthcare that _____ my _____ benefits?
 Does _____ care come with _____?
 Is _____ a fee _____ using out-of-network _____ care _____ area?
 _____ extra _____ for out-of-network home _____?
 There _____ to _____ home care beyond the _____ area.
 Do _____ to _____ more _____ using _____ health _____ that aren't _____ network and _____ of my area?
 _____ using out-of-network _____ health services outside of _____ area.
 What is _____ added _____ home healthcare services _____ network?
 _____ that _____ will be charged extra for receiving _____ from out _____?
 Can _____ be _____ using out-of-network home healthcare _____ area?
 Does _____ healthcare _____ if I _____ outside of my _____ area?
 Is it true _____ out-of-network _____ for _____ care in areas not covered by _____ can _____ anyone _____ there is an extra _____ for _____ of network _____?
 Do _____ have _____ more for _____ that _____ not _____ my network?
 Extra _____ are _____ when receiving _____ home _____ outside _____ our _____ territory.
 _____ know _____ using _____ for at- home medical _____ incurs _____ charges?
 _____ I _____ charged _____ for use of out _____ care _____?
 There _____ for using _____ care _____ my eligible zone.
 Is _____ home _____ services more _____ the covered region?
 Are there any _____ to _____ out-of-network _____ services _____ area?
 Is _____ extra _____ associated _____ using out-of-network _____ services _____ of my coverage _____?
 Will _____ to pay _____ services away from _____ area?
 Is it necessary for _____ for home healthcare _____ coverage _____?
 Should I _____ if _____ choose out-of-area _____ health services.
 Is _____ extra fee _____ using _____ home _____ services _____ my _____ area?
 Do you _____ extra _____ medical _____ outside _____ coverage _____?
 Will _____ to pay more _____ non-designated _____ care?
 How will _____ be affected _____ use home care _____ my _____?
 I _____ if _____ would _____ receiving home healthcare services _____ out-of-network provider.
 Is there _____ costs associated with using _____ outside _____ my region?
 _____ wondering _____ I'll be charged more _____ home _____ from _____ provider.
 _____ there _____ extra charge for _____ home _____ outside _____ area?
 _____ there _____ charge _____ using _____ home _____ from where I'm insured?
 _____ I have to pay an _____ for _____ health _____?
 Will _____ to _____ more _____ use non-covered services outside _____?
 _____ I _____ more for _____ home health _____ that are _____ part _____ my _____?
 Is out-of-network _____ services _____ expensive?
 _____ there any _____ costs if I use _____?
 Is _____ to _____ out-of-network _____ services away _____ where I'm _____?
 _____ there be _____ additional costs _____ I _____ out-of-network _____?
 _____ used outside _____ the approved _____ area, _____ out-of-network home healthcare services _____ added _____?
 _____ a non-participating _____ healthcare _____ cost _____?
 Are _____ charges _____ home healthcare?
 _____ I expect _____ in _____ use outside _____ care _____ my coverage area?

_____ it cost _____ non-designated _____ care?

Is it _____ that _____ home _____ providers _____ beyond my _____?

Can you _____ using out-of-network providers in _____ not _____ plan will incur _____?

_____ fee _____ I _____ home healthcare services outside _____ area.

Extra _____ out-of- _____ home _____ beyond my coverage _____?

_____ could be _____ fee if _____ home healthcare _____ outside my _____.

Is _____ a _____ for out-of-network home _____ beyond _____?

Is _____ possible _____ of _____ to lead to additional _____?

Is it _____ to pay _____ for _____ of _____ coverage _____?

Is _____ for out-of-coverage services?

_____ charges _____ outside-area, out-of- _____ healthcare.

_____ there additional _____ for using _____ home healthcare _____ beyond _____?

_____ it necessary _____ extra for home _____ my coverage _____?

_____ I _____ for receiving home healthcare from an _____?

_____ are supplementary charges _____ home healthcare _____.

Is there an _____ care outside my network?

If _____ home _____ services _____ of the _____ area, there could _____ costs.

Is _____ associated _____ using out-of-network home healthcare _____ coverage area?

_____ I _____ services beyond my _____ zone, will _____ charged _____ fees?

_____ I use _____ healthcare, do I _____ pay more?

Is there a charge _____ using _____ services away _____ covered?

Does _____ of receiving out-of-network _____ extend _____ coverage region?

My _____ might _____ affected if I _____ care services _____ area.

_____ there any new _____ out _____ network _____ healthcare?

I don't know _____ I _____ for receiving _____ healthcare services outside _____.

Any _____ out-of-network home _____?

If I _____ a _____ healthcare provider _____ network, _____ cost me _____?

Extra cost _____ home _____ my coverage _____?

_____ I get home _____ services _____ will I be charged _____?

_____ there any added costs for using _____?

_____ services cost any more?

Will _____ pay _____ fee _____ I _____ outside of my _____ area?

_____ is an _____ charge _____ using _____ home _____ outside the _____.

_____ charged more when _____ out-of-network home care _____?

Is _____ fee _____ choosing _____ are not _____ in my coverage limits?

I wonder if _____ me more than _____ allows.

_____ availing oneself _____ remote _____ facilities _____ beyond the _____ network boundary is _____ in cost?

_____ you _____ are _____ with using out-of-network home healthcare services?

Do I need _____ pay _____ using _____ that aren't _____ and are outside of _____ area?

Should _____ more if I _____ care services?

Is _____ cost _____ when availing _____ of _____ medical facilities located _____ assigned network boundary?

If _____ would there be any additional charges?

_____ don't _____ I need to _____ an _____ for _____ home health providers _____ outside of my _____.

Will I have _____ pay extra for _____ out _____?

Can you tell me whether _____ for at- home _____ covered by my _____ incurs _____

Are _____ going to _____ to pay _____ for _____ services?

Are there _____ outside-area, out-of-network _____?

Can _____ for _____ home _____ outside _____ coverage zone?

Will there _____ services that are outside my coverage _____?

_____ an _____ in _____ when _____ oneself _____ remote residential _____ facilities _____?

_____ a cost to _____ off-site home _____ options _____ my _____ area?

If _____ of network _____ healthcare _____ are _____ outside _____ the _____ do they _____ additional costs?

Will I have to pay _____ care _____ coverage _____?

Does _____ use home _____ from a place _____ than _____ coverage _____?

_____ an increase in _____ when availing _____ of _____ located beyond the _____ network boundary?

_____ out-of-area _____ come with _____?

_____ the cost _____ care increase?

_____ I be charged extra _____ using _____?

Is _____ healthcare _____?

_____ much _____ I _____ for _____ services outside _____ my network?

_____ to _____ more for _____ non-covered home _____ services?

_____ there an _____ I _____ out-of-network home healthcare?

Is it _____ to incur additional _____ out-of- _____ healthcare _____.

Will _____ be charged extra for _____?

_____ costs may _____ incurred _____ healthcare services.

Is there _____ for out-of-coverage _____?

Do _____ have _____ pay more for getting _____ outside _____ coverage _____?

_____ I _____ pay more for out-of- area home _____ that _____ my _____ benefits?

_____ I _____ using out-of-network home healthcare _____ my area?

_____ I _____ to pay _____ out-of-area home _____ that is not _____ of _____?

_____ there _____ cost associated _____ home healthcare services outside my _____?

_____ there an _____ charge for _____?

Does it _____ more _____ home _____ from a _____ not _____ area?

Is there _____ for choosing out-of-network home _____ included _____ my coverage _____?

Is it cost _____ off-site home _____ of _____ coverage _____?

There's _____ extra charge _____ healthcare services _____ my _____.

If I _____ out-of-network _____ care _____ charged more?

Are _____ extra _____ using out-of-network healthcare outside _____ my _____?

If I decide to go _____ home _____ in _____ it cost _____ more?

_____ you _____ me _____ for _____ home _____?

_____ there an _____ in _____ when there _____ availing oneself _____ residential _____?

Can you tell _____ fees are for _____ healthcare _____?

_____ it _____ it _____ use out-of-network home _____ services _____ my _____?

_____ there a cost _____ care _____ goes _____ my region?

Should I _____ using off-panel _____ services in _____ are outside of _____ coverage plan?

There is an extra _____ out-of-network home _____ my eligible _____.

Can _____ expect expenses to _____ up _____ outside _____ care providers _____ coverage area?

_____ you get treatment _____ of your _____ zone, do you _____ more?

Do I need to _____ to _____ home _____ that are not _____?

Can _____ be _____ more for _____ of _____ care?

_____ there a _____ for choosing _____ healthcare _____ that _____ not _____ my coverage _____?

If _____ health services _____ have _____ pay an additional fee?

_____ additional charges _____ out-of-network home _____.

Can _____ expenses to go up _____ use _____ residential _____?

Is it _____ home healthcare _____ fees?

Is there _____ charge for _____ outside my _____?

_____ is an additional _____ home _____ that are not _____ within my coverage _____ limits.

Is there _____ additional charges for _____ coverage _____?

Do _____ pay an _____ amount if _____ a _____ health provider _____ isn't in my _____?

_____ I have to pay _____ home care?

Do out-of- ____ home ____ services ____ costs?

Is ____ a cost ____ receive ____ home ____ services ____ coverage ____?

____ don't know ____ of network ____ providers ____ additional charges.

____ to pay ____ fee ____ I ____ home ____ services outside ____ area?

Is ____ that I ____ to pay more for ____ home ____?

____ it ____ more ____ use non-covered home healthcare ____?

____ out-of-network ____ extra?

I am ____ if I will be ____ more ____ care ____.

____ go ____ a home healthcare provider ____ isn't ____ my ____ will ____ cost ____?

Is there ____ charges ____ healthcare services outside my ____?

Is ____ an ____ for using out of ____ outside my ____?

Does ____ off-zone in- ____ affect my insurance?

Do I have to pay ____ home ____ of ____ coverage ____?

____ for out-of- ____ beyond my coverage ____?

____ fee associated ____ unauthorized in- home health ____.

I'm wondering ____ out-of-network ____ providers have ____ my coverage.

When ____ the ____ of your health ____ they make you pay ____?

Is ____ fee for using ____ services ____ of my ____.

Is there a ____ for using ____ home ____?

____ off-zone ____ add ____ extra cost to my ____?

____ it ____ use ____ home healthcare services outside of ____?

Is it possible ____ will ____ extra ____ using ____ care.

____ I be charged ____ for ____ services outside ____ network?

____ that out-of-area ____ healthcare services ____ added expenses?

____ it cost ____ home healthcare services in ____ locations?

Is there ____ out-of-network home ____ services that ____ not in ____?

____ more ____ get ____ healthcare ____ a place other ____ my area?

Should ____ pay supplementary fees for ____ off-panel ____ healthcare services in ____ coverage plan?

How much ____ pay to ____ home care beyond ____ area?

Will it cost ____ more to ____ outside my ____?

Is ____ any added costs for ____ my ____?

____ out-of-network ____ healthcare ____ my coverage ____ costing me ____?

____ I ____ be charged ____ for out-of-network ____ care services?

Will I have to ____ more ____ outside ____ area?

Can ____ for non-covered ____ healthcare services ____?

Will ____ more expensive if ____ with ____ healthcare provider not in ____?

Will ____ to pay ____ range ____ for patient in ____ service?

Is ____ possible ____ pay ____ for ____ healthcare services ____ of ____ area?

Do ____ have ____ getting ____ healthcare outside my ____ area?

Do I ____ to ____ an ____ for using ____ providers that ____ in ____?

Should I pay ____ I ____ for ____ area ____ health services?

Is the ____ off-network ____ health ____ up?

____ I ____ to pay ____ extra ____ out-of-network home healthcare ____?

____ I ____ extra ____ for out-of-network home ____?

I need ____ if there are ____ fees ____ out-of-network ____ healthcare ____.

____ I have to pay an ____ health providers that are ____ network?

Will ____ be ____ a ____ I ____ home ____ my coverage area?

Is there ____ cost associated ____ using ____ home ____?

Can I ____ fees for ____?

Is ____ for out-of-network ____ beyond my area?

_____ pay _____ if _____ opt for out-of- area home health services?

Can _____ home _____ lead to _____?

Is _____ any extra _____ for _____ network healthcare _____ zone?

Is it _____ cost _____ more _____ get _____ out-of-range location?

Is there _____ I choose out-of-network _____ healthcare _____ are not included _____ zone?

Is it _____ to _____ home _____ services _____ go _____ my coverage _____?

_____ additional charges _____ out-of-network _____ healthcare services.

_____ of _____ care have an additional price _____ my insurance?

_____ charges _____ for _____ home _____ services?

_____ it linked to using _____ away from _____ covered?

_____ for _____ network _____ medical _____ away from where I am covered.

_____ additional fee for _____ out-of- network _____ healthcare _____ not included _____ coverage zone _____?

Do I _____ to pay for home _____ services _____?

Is _____ off-zone in- home _____ an _____ cost _____ insurance?

_____ I use _____ my area, will _____ cost _____?

Does it _____ for me _____ get _____ my _____ area?

Home _____ that _____ outside of _____ approved _____ area can _____ costs.

_____ have to pay _____ extra amount if I _____ home _____ provider _____ in _____ network?

_____ an increase in cost _____ remote residential _____ facilities located _____ the _____?

_____ they _____ pay _____ when _____ treatment outside _____ health plan's _____ zone?

_____ any additional _____ I _____ out-of-network healthcare _____ the coverage _____?

Will I _____ pay _____ for getting _____ an out-of- _____?

_____ I _____ out-of-area _____ services, _____ I have an _____ fee?

Does it _____ use non-participating _____ healthcare _____ out of _____?

_____ you _____ extra _____ home healthcare outside my area?

Is there an _____ to _____ health services _____ of _____ area?

_____ I have _____ an additional fee if I go _____ health _____?

_____ I _____ more if _____ get _____ services _____ an out-of-network provider?

_____ be affected if _____ use home _____ services outside _____ a _____ area?

_____ the _____ out-of-network _____ medical _____ tied to _____ charge?

_____ using out-of-network home _____ services cost _____ region?

_____ there a fee for _____ out-of-network _____ beyond the _____.

_____ use _____ off-zone in- home _____ add an _____ to _____ insurance?

_____ choose _____ health services, am I going _____ additional fee?

Is there _____ fee _____ I choose _____ home healthcare options _____ included _____ my coverage _____?

_____ me _____ I choose to _____ a _____ healthcare _____ that isn't in _____ network?

There _____ extra _____ for utilizing _____ services outside _____ network.

_____ different _____ using _____ home healthcare?

There _____ an _____ fee _____ choose _____ home healthcare options _____ included _____ my _____.

Will _____ pay an _____ fee for using _____ home _____?

Extra _____ out-of-network _____ beyond _____ coverage _____?

_____ are _____ getting non-preferred in- home medical assistance _____ covered _____.

Does utilizing _____ home _____ more?

If _____ go with _____ home healthcare _____ not _____ will _____ be more _____?

_____ there _____ cost _____ with using _____ outside of my coverage _____?

_____ costs are attached _____ outside of my region.

Are I _____ to _____ to _____ for using _____ home _____?

Are out-of-area _____ services _____?

Will I _____ a fee if _____ care?

Is _____ prices associated with using off-network _____?

_____ is an extra charge for home _____ outside _____ my _____.

Is _____ costs _____ receive out-of-network _____ services beyond my _____?

_____ a _____ home care services _____ go beyond my region?

_____ might be associated with receiving _____ assistance outside _____ territory.

_____ healthcare _____ are used outside of the _____ coverage _____ added costs.

_____ out-of-network home _____ added charges?

_____ the cost more _____ use _____ services elsewhere?

Can _____ me if there _____ any _____ home healthcare services?

_____ it _____ home _____ providers to charge more?

Extra payments can _____ associated _____ receiving non-preferred in- _____ our _____.

Is an _____ in _____ involved when _____ oneself of remote _____ the assigned network _____?

Do I have _____ pay more for out of _____ home _____?

Is there _____ charges _____ of _____ home _____?

_____ fees for _____ home healthcare?

Will I _____ to pay more for _____ healthcare _____ my _____?

Are you _____ charge _____ more for using _____?

Does it _____ to access _____ care _____ area?

_____ tell _____ there is _____ fee when I use _____ home _____?

_____ I pay more _____ get _____ an _____ location?

_____ to _____ more _____ my care at an out-of-range _____?

Is _____ okay _____ pay _____ for non-covered _____ healthcare services?

Should _____ expect to pay supplementary fees for _____ home healthcare _____ that _____ within _____ coverage _____?

If _____ for _____ of _____ services, will _____ have to pay _____ additional _____?

Is _____ possible that _____ be _____ more _____ home care services?

_____ an additional fee _____ home healthcare _____ aren't _____ my coverage zone limits?

_____ is an _____ using out-of-network _____ healthcare services _____ of _____ coverage _____.

_____ I have to pay _____ for _____ range _____?

If I _____ healthcare services _____ but not _____ listings _____ indicated, _____ will it cost?

Are _____ fees _____ use out-of-network home healthcare?

Am I going to have _____ fee _____ I _____ to use _____ health _____?

Is there an _____ cost _____ using _____ services?

Does _____ off-zone _____ care _____ to _____ cost _____ my insurance?

_____ I decide _____ use _____ home _____ provider that _____ in my approved _____ cost me _____?

Is _____ for me to pay _____ home _____ services _____?

_____ there _____ cost associated _____ using off-site _____ options?

If I use _____ outside of _____ coverage _____ what _____ be?

When I want to _____ home care, _____ fee?

_____ non-participating home healthcare _____?

How would my _____ be affected if _____ services _____ my _____?

Is there _____ in _____ of _____ medical _____ located beyond the _____ boundary?

If _____ out-of-network _____ home medical _____ in _____ not covered _____ my _____ incurs supplementary charges, _____

Do _____ force you to _____ when _____ receive _____ outside _____ health plan's _____?

What _____ the charge _____ using home healthcare _____ network?

Does _____ with _____ extra expenses?

Do _____ for _____ services received outside of _____ coverage zone?

_____ going to _____ charged extra for using _____?

I am _____ sure _____ I will _____ for receiving _____ healthcare services _____ an _____.

_____ if _____ need _____ an additional amount for _____ home health _____ aren't _____ my network.

Is it _____ for me to pay _____ for _____ healthcare _____ is not _____?

_____ you tell me if there are additional _____ out-of-network _____?

____ it cost ____ to use ____ healthcare services ____?
 ____ is ____ increase for ____ off-network ____ health ____ away ____ covered region.
 Can ____ expect expenses ____ up ____ outside ____ care providers?
 ____ there an ____ out-of- network ____ healthcare ____ my coverage ____?
 What ____ the ____ home ____ if I use them outside ____ coverage ____?
 ____ it ____ more ____ I go ____ a ____ healthcare provider who ____ in my ____?
 ____ there ____ for ____ of network ____?
 ____ don't ____ if there ____ additional fees ____ I use out-of-network _____.
 ____ connected to ____ out-of-network home ____ services ____ where I'm ____?
 Is ____ fee to ____ home healthcare services outside ____?
 ____ treatment outside ____ allowed ____ health plan, do they make you pay ____?
 Will I ____ fee ____ I use ____ healthcare ____ of my ____?
 ____ more to ____ home healthcare ____ place ____ in my coverage ____?
 Is there a ____ to utilize ____ options ____ coverage ____?
 If out-of-network ____ healthcare services are ____ outside of ____ they ____ added ____.
 ____ you charging me ____ for ____?
 ____ an ____ charge ____ out-of-network home ____ outside ____ eligible zone?
 Shall I expect ____ using off-panel home healthcare ____ areas not ____ my ____?
 Will ____ be ____ fee if I ____ home healthcare ____?
 Will I be responsible ____ for ____ in- ____ care?
 ____ there an additional ____ choosing ____ of network home ____?
 ____ a ____ using off-network ____ health services away from ____ network?
 Do ____ I get ____ healthcare ____ is not in my network?
 ____ any charge for use ____ out-of-network ____ care ____ coverage ____?
 ____ wonder ____ I'll ____ more ____ using out-of-network home ____ services.
 ____ there a ____ I ____ use out-of-network ____ care ____ of the ____ area?
 I wonder if out-of-network ____ providers ____ additional ____ my ____.
 ____ charge if I ____ out-of-network home healthcare ____?
 ____ an extra charge ____ using out-of-network home care _____.
 Do they ____ more when ____ treated outside of ____ health ____ allowed ____?
 Is the extra ____ utilizing ____ outside ____ network?
 Will ____ be ____ for ____ at ____ out of range ____?
 ____ out-of-network ____ with an extra ____?
 Is ____ a cost for ____ care services ____ network?
 Are ____ charges for outside-area, ____?
 Does ____ non-designated ____ an ____ cost?
 Is ____ an ____ fee for ____ home healthcare ____ my coverage zone ____?
 ____ there any additional ____ for ____ beyond ____ zone?
 Do out-of-network home healthcare ____ my coverage zone ____?
 ____ there ____ increase ____ cost when availing of ____ facilities?
 Is ____ necessary ____ me ____ pay ____ using providers ____ are not in my ____?
 Will ____ for using ____ are not in ____ network?
 Is there a ____ home ____ are not ____ within my coverage ____?
 Is ____ fee for ____ of network ____ that aren't included ____ my coverage ____?
 There ____ out-of-network home care outside my area.
 ____ outside my region ____ more?
 ____ I pay ____ for ____ services?
 Do ____ need to ____ an extra ____ home ____ providers that ____ my network?
 Will ____ pay ____ for ____ an ____ facility?
 Extra cost for ____ of ____ home ____ of ____ coverage ____?

_____ using _____ health _____ outside _____ my region _____ more?

There's _____ I use out-of-network home medical _____ away _____ covered.

_____ there an _____ charge _____ using _____ home _____ services _____ from _____ insured?

_____ have _____ pay _____ for out-of-area home _____?

_____ home _____ services _____ of _____ zone cost more?

_____ have _____ pay more for out _____ that _____ not _____ my network?

Is it _____ to _____ a home healthcare provider _____ network?

I _____ know _____ I need to _____ an _____ amount _____ home _____ outside my network.

_____ wonder if there is _____ off-network home health services.

Is there a further _____ for _____ medical _____?

_____ I _____ an increase in _____ outside _____ care providers beyond my _____ of coverage?

How might _____ insurance be affected _____ use _____ home _____?

Do _____ if out-of-network providers for at- _____ medical care _____ not _____ my _____ incur _____?

Is there _____ added cost _____ using out-of-network _____ my region?

Is _____ using out-of-network providers for _____ medical _____ not covered by _____ incurs supplementary

Should _____ more _____ non- _____ home _____ services?

_____ I use out-of-network _____ away _____ coverage _____ will I _____ more?

_____ out-of-network care _____ added _____?

_____ home _____ outside of _____ coverage _____ more expensive?

Is there _____ additional costs if _____ healthcare _____ of my _____?

Will I _____ extra for _____ out-of-network home _____?

There is _____ fee for _____ out-of-network home _____ my _____ zone.

_____ out-of-network home _____ costing _____?

Do _____ have _____ pay _____ for out-of-area _____ that is _____ a part _____?

If _____ choose _____ healthcare provider that _____ my network, _____ it _____ more?

If I _____ out-of-area home _____ I pay _____ fee?

_____ wondering if there was an _____ using out-of-network _____.

Out-of-network home healthcare services _____ have _____ if _____ are used outside _____.

Is _____ increase _____ with availing oneself of remote _____ facilities located outside _____ the _____?

_____ pay more for _____ get it outside _____ your health plan?

Does it cost _____ non-participating home _____ in _____ locale?

_____ wonder _____ I _____ be _____ using out-of-network home care.

Are I _____ to _____ extra for getting _____ zone?

_____ there any _____ fee when _____ home healthcare _____?

I _____ be _____ more _____ out-of-network home care.

Are _____ extra _____ use _____ healthcare outside my _____ area?

_____ there _____ charges for _____ home healthcare?

Is it expensive _____ off-site _____ options _____ coverage area?

_____ there a _____ for out _____ healthcare?

Is it possible _____ off-network _____ health _____ a price _____?

Will I be charged more _____ services?

I don't _____ if _____ have to _____ more _____ I _____ home _____ services _____.

_____ I be _____ to _____ for _____ non-designated _____ home care?

Will _____ charged _____ for using outside-of-network _____ services?

Do out-of-area _____ services _____ additional _____?

_____ a fee for _____ healthcare _____ area?

Extra _____ be associated with _____ non-preferred in-home _____ assistance _____ our _____.

Is _____ a _____ for _____ including out-of-network _____ healthcare _____ coverage zone?

Do _____ need _____ pay more for using _____ that _____ not in my network _____ outside _____ coverage _____?

Are there any additional costs _____ with _____ health services _____ area?

Do out _____ area _____ services _____ extra _____?
 Will _____ pay more _____ use _____ home healthcare _____?
 _____ if _____ are any _____ fees _____ use out-of-network _____ healthcare services.
 Will the cost _____ home _____ increase?
 _____ you _____ if there are _____ extra _____ I use _____ healthcare _____?
 Will _____ to _____ more _____ non-designated in- home _____ in _____?
 How may my _____ be _____ if _____ use home _____ area?
 Is it possible that out _____ providers _____ charges _____ my _____?
 Will _____ pay _____ for using _____ home care.
 I don't _____ I _____ extra for out _____ network _____ care.
 _____ for using _____ home healthcare?
 Does _____ use of _____ care _____ in my insurance?
 _____ there _____ for _____ unauthorized _____ health services?
 _____ it _____ more _____ home _____ from a place _____ is not _____ area?
 _____ I _____ more if _____ go with _____ healthcare provider _____ network?
 _____ much will I _____ for using out-of-network _____?
 _____ there are any _____ when I _____ of network home _____ services.
 _____ non-designated in- _____ care have an _____?
 _____ there _____ charge _____ I _____ to _____ of network home _____?
 If I _____ non-covered home healthcare _____ to pay _____?
 There _____ be _____ charges for _____ home _____.
 _____ you _____ me if _____ fees for _____ of network home _____?
 _____ it _____ the price _____ home health services?
 _____ will _____ cost _____ use _____ healthcare services outside _____ area of _____?
 _____ additional fee if _____ decide to _____ out-of-area _____ services.
 _____ associated with receiving _____ in-home medical assistance _____ our covered territory.
 _____ they force _____ more for _____ outside _____ your health _____ allowed _____?
 What is _____ cost _____ home _____ my network?
 Are _____ extra fees _____ out _____ network _____ services?
 _____ access to _____ care _____ expenses?
 Do out-of-network _____ providers _____ added _____ beyond my _____?
 I wonder _____ an extra charge for _____ out-of-network _____ outside my _____.
 _____ don't know _____ need _____ extra amount _____ using providers _____ of _____ network.
 _____ it possible _____ out-of-network home _____ to incur _____?
 _____ you _____ more for using _____ home healthcare _____ network?
 _____ it possible _____ confirm if using out-of-network _____ for _____ medical _____ in areas not _____ my _____
 _____ care come _____ more costs?
 If out-of-network home _____ services _____ outside _____ approved _____ area, _____ have added _____.
 _____ increase _____ be _____ if I _____ use outside residential care _____?
 _____ there a _____ for choosing _____ options that _____ not in _____ coverage _____?
 Is _____ a _____ home care?
 Is _____ possible _____ home healthcare _____ more?
 _____ charge about _____ out-of-network _____ services away _____ where I'm covered.
 _____ the use _____ off-zone _____ home care added _____ my _____?
 _____ there _____ associated with _____ in- _____ health services?
 I'm _____ home healthcare providers come _____ added charges _____ my _____.
 Is there _____ using home healthcare services _____?
 _____ there _____ increase _____ cost _____ remote _____ facilities _____ beyond _____ network boundary?
 Can _____ be _____ more _____ I use _____ care _____?
 Do out-of-area home _____ with _____?

Is _____ an _____ cost for using out _____ of _____ coverage area?
 _____ charge for using _____ home _____ away from where _____ have _____.

Does the _____ off-zone _____ care _____ added cost to _____ insurance?

Are there other charges _____ out-of-network home _____ from _____ covered?
 _____ extra charge for utilizing _____ healthcare services _____ my _____.

_____ I have _____ pay _____ home _____ that is not _____ network benefits?
 _____ have _____ pay _____ to _____ non-covered services?

_____ I _____ with _____ that's not in my _____ will it _____ more?

Do _____ to _____ for out-of-area _____ healthcare that _____ within _____ network?
 _____ of _____ healthcare services _____ have _____ expenses.
 _____ home healthcare to lead to _____ fees?

_____ a home _____ service is _____ outside of the _____ coverage area, _____ come _____?

_____ I _____ an _____ fee _____ I get home healthcare _____ an out-of-network _____?
 _____ you _____ outside of _____ allowed zone of _____ plan, do _____ make _____ more?

Is there any additional _____ I _____ outside _____ coverage _____?

Does _____ to use home healthcare services _____?

Does getting out-of-network _____ additional _____?
 _____ out-of-network home _____ services _____ used _____ of the _____ coverage _____ they will _____.
 _____ choose to _____ out-of-area home health services, _____ I be _____?

Is there _____ cost when _____ to use _____?
 _____ be _____ pay more for _____ at _____ of range location?

Is there a _____ when I _____ medical _____?

Do out-of-network _____ cost _____?

_____ I be charged an _____ for using out _____ network _____?

Is it _____ cost _____ get out-of-network _____ care _____ go beyond _____?
 _____ fees _____ using off-panel _____ in areas not _____ the range of _____ plan?
 _____ is _____ charge if I _____ home care.
 _____ it cost _____ if I _____ a home _____ provider outside _____?
 _____ pay more _____ out-of-range location for _____ care?

Is it _____ me _____ get home _____ outside _____ zone?

If _____ opt _____ home _____ I _____ to pay more?
 _____ be additional _____ for using out-of-network home _____?

Is _____ increase in _____ availing yourself _____ remote residential _____?

Do I _____ pay _____ home _____ outside of my _____?

Are _____ extra for using out-of-network _____ healthcare _____?

Is _____ possible for _____ healthcare _____ lead _____ additional _____?

Does it _____ more to have home _____ a place that _____?

Does _____ care _____ with an _____?
 _____ an additional _____ opting for _____ homehealth services?
 _____ out-of-network _____ healthcare services more _____ they _____ used _____ of approved _____?
 _____ I have _____ pay _____ for out-of-area home _____ that _____ network?
 _____ worth _____ to pay more for _____ services?

There are _____ home _____ are _____ of coverage.

Do I _____ to pay _____ providers that _____ in my network _____ outside _____ my area?

Will _____ need to _____ more for _____?

There will be a _____ if I _____ home _____ service _____.

_____ get _____ more _____ using out-of-network home _____?

Is there an _____ to using out-of-network _____ health _____ outside _____?

Shall _____ expect _____ off-panel home _____ services in _____ not _____ my _____ plan?

Is _____ an _____ for _____ of network home _____?

Is it _____ cost _____ home healthcare _____ of my _____ area?

Is _____ a _____ to _____ out-of-network home _____ my _____ area?

Does _____ insurance _____ the _____ of off-zone _____ care?

_____ you _____ cost _____ be _____ I use _____ healthcare _____ outside my coverage _____?

_____ I _____ to _____ more _____ healthcare that isn't in _____ network?

Will I _____ to pay _____ I use non-covered _____?

_____ could be a _____ use _____ healthcare outside _____ area.

Is there _____ additional fee _____ out-of-network home healthcare?

Do _____ have to _____ for _____ of _____ that is not within _____ network benefits?

Is _____ possible that I _____ out-of-network care?

Can _____ if using out-of-network providers _____ home _____ additional charges?

Will I have to _____ use non-covered _____ area?

_____ charge for utilizing home _____ services outside _____ network _____.

Is _____ an additional _____ to _____ services _____ of my _____ area?

Can _____ tell me _____ extra fees for _____ out-of-network _____?

I want _____ know if I _____ be charged _____ fees for _____ off-panel _____ services _____ coverage plan.

_____ I will _____ charged more for _____ home healthcare _____ from _____ out-of-network provider.

Will _____ be responsible for paying _____ non-covered _____ healthcare _____?

Do home healthcare services _____ coverage _____ have _____?

Can you tell me _____ there _____ out-of-network _____ healthcare?

_____ healthcare _____ cost me more?

Do I _____ to pay _____ for out-of-area _____ within my _____?

There are extra _____ with using _____ health services _____ my area.

Do out-of-network _____ healthcare _____ end _____?

Will it cost _____ if _____ use a home healthcare _____ in _____?

_____ don't know _____ to pay more _____ home _____ outside of _____ coverage _____.

Will I _____ extra _____ out-of-network _____ services _____ of my area?

_____ have to _____ any _____ for out-of-area home healthcare that _____ within _____?

_____ a _____ if I _____ home _____ of my area?

_____ out-of-area, out-of-plan in- _____ assistance?

Does _____ cost of out-of-network _____?

Can out-of-network _____ healthcare leads _____?

Out-of-network home _____ costs _____ are _____ of the approved coverage area.

_____ be _____ healthcare services from an out-of-network provider?

Is _____ a fee _____ opting _____ of _____ options?

_____ an _____ cost _____ when you avail _____ of _____ facilities located beyond _____ assigned _____ boundary?

Do _____ charge me _____ using out-of-network _____ my coverage _____?

_____ expect supplementary _____ for using off-panel _____ within my coverage plan?

Is it possible _____ out-of-network _____ healthcare _____ charges?

Is _____ costs to receive out-of-network _____ that extend beyond _____?

_____ there an _____ if I _____ out-of-network services _____ zone?

_____ home healthcare _____ a _____ outside _____ coverage area cost _____?

_____ I use _____ healthcare services _____ of _____ area, what _____ pay?

Can I expect _____ supplementary _____ off-panel home healthcare services _____ not in my _____?

Are _____ home _____ services _____ elsewhere?

_____ there any _____ charges _____ I _____ home healthcare?

Should _____ using off-panel _____ in areas outside of _____ coverage plan?

_____ be charged extra _____ healthcare services from _____ out-of-network provider.

Do I have _____ use non-covered _____ healthcare elsewhere?

Is it possible _____ me to _____ supplementary _____ home _____ services _____ areas not _____ of my coverage _____

Can I expect _____ choose to _____ outside care providers?

Are _____ any price increases associated _____ using off-network _____ services _____ region?

Is there _____ costs _____ use out-of-network healthcare _____?

_____ will _____ me more _____ I _____ home healthcare _____ not in my _____.

When I _____ out-of-network home _____ have to _____ more?

Does _____ other non-participating home _____?

_____ it _____ to pay an _____ amount _____ providers that aren't in my network?

Is there a fee _____ healthcare _____ my coverage zone?

Is there _____ charge _____ of _____ home care _____ my _____?

If I _____ use _____ residential care _____ beyond my coverage _____ can _____ increase _____ expenses?

_____ I _____ pay an _____ I _____ use out-of-network home healthcare options?

_____ is _____ cost _____ receiving _____ care services _____ my coverage _____.

Should _____ using _____ home healthcare in areas that are not _____ my _____?

_____ an extra fee for _____ home health _____.

Do _____ have _____ more for _____ home health _____ aren't in _____ but are operating _____ my _____?

_____ additional charges _____ home _____ services?

Do _____ make _____ pay _____ when you get treatment _____ allowed zone?

Do I need _____ pay more _____ home health _____ that are _____ in _____ to use _____?

Is out _____ costing more?

_____ there additional _____ out of _____ home _____ services?

Is there _____ increase _____ cost _____ availing _____ remote medical facilities _____ network _____?

Is it _____ to _____ additional _____ for _____ out-of-area _____?

_____ is _____ extra charge _____ services outside of my _____?

_____ I have to _____ for _____ non-designated in-home _____?

There is _____ cost associated with _____ out-of-network _____ of _____ region.

Do _____ have _____ I _____ non-covered services elsewhere?

Is _____ charge _____ I _____ to _____ out-of-network _____ care.

Do _____ if I _____ healthcare services _____ my coverage area?

_____ an _____ cost _____ home healthcare _____ my coverage zone?

Should _____ have _____ home healthcare outside _____ coverage zone?

_____ payments _____ associated with _____ non-preferred in-home _____ our covered territory.

Will _____ asked to _____ out-of-network home healthcare services?

Is _____ for out-of-area home _____?

_____ availing _____ of _____ residential medical facilities _____ cost?

I don't _____ if _____ extra _____ those _____ home health _____.

_____ a charge _____ I want _____ use out-of-network _____ beyond _____ area.

Does _____ off-zone _____ an extra price tag _____ my insurance?

Is _____ an _____ in _____ you _____ yourself of remote _____ medical _____?

Will I _____ more _____ out-of-range services for _____?

Are _____ fees associated _____ unauthorized in-home _____?

_____ expenses _____ arise _____ I _____ out-of-network care outside _____.

I don't _____ if I _____ be _____ more _____ receiving _____ services _____ an out _____ network _____.

Does _____ cost _____ get _____ an out of _____ location?

_____ there an extra _____ out-of-network _____ beyond _____ coverage area?

When receiving treatment _____ of your _____ do _____ charge you extra?

_____ non-designated in- home _____ the _____?

Is there _____ additional _____ for using home _____ my _____?

_____ it possible _____ charged extra _____ using _____ of _____ care.

Does _____ more to use _____ services _____ the area?

I am wondering _____ I _____ for _____ home _____ services.

Does out-of-network _____ me _____?

_____ out-of-network home healthcare services _____ outside _____ the approved _____ they subject to _____?

Does out-of-network _____ healthcare services _____?

_____ a fee _____ using _____ healthcare services outside _____ area?

_____ if I'll _____ for receiving _____ from an out-of-network provider.

_____ be charged more _____ services?

_____ to _____ more _____ at an out-of-range location?

_____ there any _____ fees for _____ outside _____ healthcare?

Is _____ expensive to go _____ home _____ who isn't in _____ approved _____?

_____ extra _____ for _____ healthcare _____ outside my _____ a question.

What is _____ charged for _____ outside of my _____?

_____ me _____ if I _____ a home _____ than my approved network?

_____ use _____ out-of-network _____ for at- home medical _____ in areas _____ covered by _____ plan incur

Do I _____ to _____ more _____ home _____ that isn't _____?

Is _____ fee for _____ options _____ are not _____ within my coverage _____?

Is it cost me _____ healthcare outside _____ coverage _____?

There _____ to _____ medical services _____ from where I'm covered.

_____ extra _____ to use out-of-network _____ health _____ of my region?

_____ have to pay _____ non-designated in-house care?

_____ need _____ there are _____ additional fees when I _____ home _____ services.

_____ there a fee _____ I _____ services outside _____ area?

_____ you charge _____ use _____ home _____ outside my _____ area?

Is _____ a fee _____ home _____ outside my _____?

Are there any _____ out of _____ home _____?

Does anyone _____ additional fees _____ using _____ home _____ services?

_____ using off-site home _____ options _____ coverage _____ expensive?

_____ there _____ fee _____ out-of-area home _____?

Are _____ charging for _____ healthcare outside _____ coverage area?

_____ healthcare services _____ more _____ are used _____ of _____ approved area.

Do _____ home _____ affect _____ costs?

_____ use non-covered _____ healthcare _____ I have _____ pay more?

Is it _____ for me _____ expect _____ fees for using _____ home _____ in _____ my coverage _____?

_____ I _____ pay _____ to get home healthcare _____ my _____?

Is it a _____ I _____ services _____ my area?

_____ home _____ outside _____ zone have costs.

_____ there _____ fee _____ I choose out-of-network _____ options _____ included _____ my _____ limits?

_____ extra charges _____ out of network _____?

Should I expect _____ increase _____ choose _____ care providers?

_____ extra for using out-of-network home healthcare?

Can _____ me if _____ extra fees when _____ out of _____ home _____?

_____ non-designated _____ home care _____ more?

_____ a cost _____ network home care services.

Is there a fee _____ services _____ my area?

_____ is _____ out-of-network _____ options that aren't _____ in my _____ zone limits.

How _____ to pay for getting home healthcare _____ zone?

Is there _____ extra _____ home healthcare services _____ network.

_____ there a _____ to receive _____ care services _____ extend _____ region?

_____ home _____ services might _____ expenses.

Is _____ possible I will be charged extra _____?

_____ it _____ to use _____ health services _____ of my _____?

What _____ services _____ if I use _____ of my _____ area?
 Is _____ off-site home _____ outside _____ coverage zone?
 Does the _____ to out-of-network _____ with _____?
 _____ the cost _____ with _____ out-of-network home _____ services _____ of _____ region?
 Will I _____ an extra _____ if _____ use _____ healthcare _____?
 Is there _____ using out _____ area _____ healthcare?
 Does _____ area _____ healthcare _____ with _____?
 _____ there charges for _____?
 Do I _____ to _____ medical _____ away _____ where I'm _____?
 _____ out _____ network _____ costing more?
 How _____ affected _____ home care services outside of my _____ coverage?
 Will _____ more _____ out-of-network _____ healthcare services?
 Does the out-of-network _____ cost _____?
 _____ it _____ for out-of-network _____ healthcare _____ incur _____ fees?
 Will _____ have to pay _____ for _____ services from _____ network _____?
 _____ I pay _____ for care _____ an _____ range _____?
 _____ I use _____ home healthcare services _____ my _____ will _____ have _____ more?
 Extra cost _____ of network _____ beyond _____ area?
 There are charges for home _____ services _____.
 _____ I pay _____ extra fee _____ using _____ home _____?
 Is _____ there are additional fees when _____ use out-of-network _____?
 How _____ my _____ affected _____ home _____ services outside my _____ area?
 _____ out-of-area _____ healthcare _____ have _____?
 _____ offered outside _____ my area costing me _____?
 _____ out-of-network _____ care going _____ more?
 _____ an _____ cost involved when _____ yourself of remote residential _____ located _____ network boundary?
 Does home healthcare _____ if _____ to _____ isn't in _____ coverage area?
 Is there extra charges _____ out _____ network _____?
 _____ it possible _____ will have to pay more _____ I use _____?
 _____ you charging _____ home healthcare outside of my _____?
 Are _____ fees for _____ home _____?
 There _____ additional _____ for home healthcare _____ network.
 _____ you _____ outside _____ health plan's _____ do they make _____ pay _____?
 My _____ be _____ if _____ services outside _____ my coverage area.
 _____ there an _____ for _____ out-of-network home care _____ my _____?
 _____ any charges for _____ out-of-network home _____?
 Will _____ have to _____ more _____ services _____ of _____ location?
 _____ I be _____ with an _____ for _____ out-of-network _____ care?
 Will _____ charged _____ for using _____ outside _____ network?
 _____ there _____ cost _____ to use _____ home care?
 Is _____ an _____ charge for _____ is not in _____ network?
 Out-of-coverage _____ can have _____ charges.
 _____ don't know if I _____ to _____ extra _____ for using _____ providers _____ outside my _____.
 _____ be a fee _____ my coverage area?
 _____ I pay _____ if I _____ healthcare services?
 Is _____ utilization _____ home care _____ extra cost _____ insurance?
 _____ don't _____ providers come with additional charges.
 _____ is _____ extra cost _____ utilizing _____ outside _____ my network?
 Does _____ out-of-network care _____ higher _____?
 Do I _____ more _____ out-of-area home healthcare?

_____ costs for _____ my coverage zone.

_____ are associated _____ non-preferred _____ medical assistance _____ our covered territory

If I _____ healthcare _____ my coverage _____ will it cost _____?

_____ it _____ using _____ services outside my _____ and area _____ coverage?

_____ care increase _____ cost?

_____ incur _____ if my _____ healthcare is _____ of my _____?

Can I expect _____ fees _____ off-panel _____ healthcare services in _____ not _____ range _____ my _____?

_____ the _____ of off-zone in-homes have _____ extra _____?

Out _____ network _____ healthcare services _____ added _____ are _____ outside of the _____ area.

There _____ an _____ for _____ healthcare services _____ my network.

Is _____ cost to _____ of network _____ that extend _____ my _____ region?

_____ I _____ supplementary fees for utilizing off-panel home _____ areas _____ within my _____?

_____ me _____ to use _____ home health services outside _____ region?

There's _____ for using _____ care.

Is _____ going to _____ an _____ fee _____ I go _____ home health _____?

_____ can _____ extra fees _____ of _____ home _____ services.

_____ it _____ me _____ to use a home healthcare _____ approved network?

Will _____ have to _____ for non-covered home _____.

_____ the _____ of _____ healthcare have additional _____?

Extra _____ medical assistance?

_____ is _____ for _____ healthcare _____ outside of my coverage area.

Is _____ in _____ when availing of _____ residential medical _____ the _____ network boundary?

Did you _____ extra _____ using _____ home _____ my _____?

_____ there _____ charges _____ out-of-area _____ healthcare?

_____ it possible that _____ will _____ charged extra _____ of _____ home _____?

_____ there _____ for out of _____ services?

Can _____ charged an _____ fee _____ out-of-network _____ care?

_____ extra for using out of network _____ care.

_____ you _____ extra for using _____ outside _____ area?

_____ I _____ a _____ healthcare provider not in my _____ that _____ me _____?

Do _____ make you pay an _____ when you _____ outside of _____?

Is it a charge _____ out-of-network home _____ services _____ covered?

_____ I _____ pay more _____ out-of-area home healthcare _____ not _____ my network _____?

_____ there _____ cost for receiving _____ network _____ care _____?

_____ I incur _____ if I _____ home healthcare?

_____ to _____ fees for _____ off-panel _____ healthcare services _____ areas not within _____ range of _____ plan?

Is _____ possible for out-of-network _____ additional charges?

_____ there _____ for out-of-network _____ healthcare?

I'm not sure if I'll _____ charged _____ home healthcare services _____.

Will I _____ charged _____ extra _____ receiving _____ outside of my _____ area?

Does _____ carry _____ added cost?

Do you charge us more _____ services _____ of _____?

_____ there _____ charges for _____ home _____?

_____ there _____ for using out of _____ care _____ of my _____?

_____ I use _____ services _____ area, will I _____ charged _____ fee?

_____ for out-of-range service?

_____ extra fee _____ out-of-area medical _____?

Will _____ extra when _____ home _____ services _____ an out-of-network provider?

Is there fee for _____?

Does _____ more to use non-participating _____ elsewhere?

_____ us more _____ receive medical _____ outside _____ our coverage _____?
 _____ wondering what the _____ if _____ use home healthcare _____ my _____ area.
 _____ I _____ to pay _____ to _____ healthcare outside _____ my _____?
 Is _____ that _____ could _____ additional charges for _____ out-of-network _____ healthcare _____?
 Is _____ an additional fee for _____ healthcare _____?
 Does using non-designated in- _____ care _____?
 _____ medical services that are not in our _____ zone?
 Can _____ expect _____ spend more on residential _____ if _____ coverage _____?
 _____ there an extra fee _____ using _____ care _____ eligible zone?
 Is it _____ to _____ to _____ home healthcare?
 _____ it _____ for out-of-Network home healthcare _____ incur _____?
 _____ be incurred if I _____ healthcare services.
 _____ supplemental charges _____ out-of-coverage home healthcare _____?
 Is _____ possible to _____ more _____ home healthcare outside _____?
 Do _____ pay any extra _____ out _____ area _____ healthcare?
 _____ healthcare _____ of my _____ have added costs.
 Is there _____ network charge when I _____ to _____ of _____ home _____?
 Can additional _____ be _____ for out of _____?
 I _____ wondering if I should _____ for utilizing _____ home healthcare _____ in _____ within _____ coverage _____.
 _____ I have to pay _____ for _____ healthcare that _____ my _____?
 Are _____ any _____ for out _____ network _____?
 _____ affected if I _____ care services _____ my coverage area.
 _____ out-of-network home healthcare _____ to _____?
 Can _____ if there _____ fees _____ I _____ out-of-network services?
 _____ I have to pay _____ to _____ non-designated _____?
 Does it _____ to access _____ outside _____?
 _____ of network _____ providers _____ me more?
 Is there _____ additional _____ if _____ choose out-of-network _____ options _____ included _____ zone?
 _____ there _____ for _____ out-of-area medical _____?
 Out-of-area _____ healthcare _____ cost _____.
 _____ it more expensive to _____ services _____ my _____ of coverage?
 _____ it possible to incur _____ healthcare services?
 Is there _____ price _____ off-network _____ services away _____ the _____ region?
 _____ need _____ more to _____ health providers that aren't _____ network?
 Is _____ any _____ costs _____ I use _____ healthcare _____?
 Is _____ additional _____ for _____ healthcare?
 _____ I want to _____ home _____ there a _____?
 If I _____ home healthcare services, _____ charges?
 _____ you _____ me _____ for _____ out-of-network home healthcare outside _____?
 _____ I decide _____ use _____ home healthcare _____ approved network, will it cost me _____?
 _____ pay _____ I _____ at an out of range _____?
 Is _____ possible _____ out-of-network _____ providers _____ extra charges?
 _____ out-of-network _____ outside of _____ area lead _____ fees?
 _____ there be an _____ cost _____ out-of-network _____ healthcare _____ my _____?
 _____ a _____ associated with _____ out-of-network _____ medical services.
 Would I _____ to pay any _____ charges if _____ used _____?
 _____ getting out-of-area, out-of-plan _____ help?
 _____ using out-of-network _____ outside of _____ coverage area _____ expensive?
 Is it a _____ to _____ out-of-network home _____ beyond _____?
 Is the _____ associated with out-of-network _____ beyond my _____?

_____ healthcare services _____ with added _____ if _____ not _____ the approved _____ area?

Do you _____ for _____ home healthcare outside your coverage _____?

Is there any additional charges _____ using _____.

_____ out-of-network healthcare come _____ costs?

Is _____ a problem _____ to _____ home care beyond _____ area?

Does it _____ access _____ care outside _____ region?

Do they make you _____ treatment _____ your health _____?

_____ charges for _____ of network _____ healthcare.

_____ it possible for out-of-network home healthcare _____ to _____ used _____ of the _____ coverage _____?

There _____ extra payments _____ non-preferred in- home medical _____.

_____ for out-of-network home care outside of my _____?

Is _____ to _____ charged an _____ for receiving _____ from _____ out-of-network provider?

Is there _____ for out-of-network _____?

_____ it _____ additional charges for out-of-network home _____?

_____ a cost to use _____ home _____ options outside _____ zone?

_____ it _____ for _____ to _____ up _____ outside residential care providers?

_____ to _____ if there would _____ charges _____ using _____ home healthcare services.

_____ it _____ cost _____ receive _____ care services _____ my coverage _____?

The _____ using home _____ services outside _____ network _____ unknown.

Will I ever be _____ for using _____?

Is there _____ increase _____ cost _____ availing oneself _____ medical _____ located _____ the _____?

_____ additional cost if I _____ home healthcare services outside _____ my _____?

_____ they charge _____ you get _____ outside _____ your health plan's _____?

_____ out-of-network _____ come with _____ costs?

_____ expensive to use non-participating _____ healthcare _____.

_____ to pay more for _____ that's not _____ my network?

_____ there more _____ using out-of-network _____ medical services _____ where I am _____?

_____ for _____ home _____ providers to add _____ charges?

_____ out _____ home healthcare result in _____?

_____ to pay _____ amount to _____ a home health provider _____ is not _____ my _____?

Does it cost _____ non-participating home healthcare _____?

Do _____ need _____ if I use a home health provider that _____ in _____?

_____ there an _____ cost _____ using out-of-network _____ healthcare _____ of my _____?

_____ out-of-network care _____ with _____?

_____ pay _____ fee if _____ use home _____ outside _____ area?

Extra payments can be _____ in-home _____ outside our covered _____.

If _____ outside _____ beyond my coverage area, _____ I _____ an _____ in expenses?

Is _____ a _____ out-of-network home _____ when I _____?

Does the utilization _____ in-home _____ my _____ premiums?

Is _____ costs associated _____ using out of _____ services?

Is _____ a cost _____ utilizing off-site _____ healthcare _____ of _____ coverage _____?

Is there _____ second charge related _____ medical _____?

Is _____ possible _____ me to _____ charged _____ for _____ out-of-network _____ healthcare _____?

_____ there _____ additional charges _____ out-of-network healthcare _____?

_____ there _____ fee if _____ choose out-of- _____ home healthcare _____?

I _____ to know _____ the use _____ at- _____ in areas not covered _____ my plan _____

_____ I have _____ pay additional _____ using _____ healthcare _____?

_____ I _____ pay anything extra _____ out-of-area home _____ that _____ not within _____?

Will I _____ pay more _____ I _____ non-designated _____?

Will I _____ up paying _____ home care _____?

Is _____ an _____ cost for out-of-network services offered _____?

Do _____ you _____ you receive treatment outside of your _____?

Is there _____ fee _____ I _____ of _____ home healthcare _____?

_____ it a problem _____ out-of-network home healthcare _____ charges _____ coverage?

_____ want _____ if I _____ expect supplementary fees for _____ home _____ in areas not within _____.

_____ I _____ to pay to get home _____ zone?

_____ extra charge _____ home healthcare _____ network is something.

If _____ out-of-network _____ home _____ additional costs _____ I face?

There is _____ charge for _____ the _____ area.

_____ if _____ expect supplementary _____ using off-panel _____ healthcare _____ areas not within _____ range
_____ my coverage plan.

_____ there _____ extra fee for _____ of network home _____ network?

_____ out-of-network home _____ costing _____?

I don't know if out-of-network _____ healthcare _____.

Is _____ possible _____ I _____ be charged _____ for _____ out _____ home _____ services?

Can you _____ there _____ fees _____ I use out of network _____?

Does using non-designated _____ cost?

There may be _____ price _____ associated _____ utilizing _____ home _____.

Do _____ charge you more if _____ treatment _____ your _____ allowed _____?

Will I have to _____ using out-of-network _____ outside my _____?

_____ for out-of-network home _____ to cost me _____?

_____ if _____ is a _____ out-of-network home _____ beyond the _____ area.

Do _____ us anything _____ services that _____ in _____ area?