

[Demo] NLP Dataset for Customer Service Automation

Company Type	Health Insurance Companies
Inquiry Category	Dental, vision, or ancillary service plan inclusions
Inquiry Sub-Category	Coverage for alternative medicine
Description	Questions regarding coverage for acupuncture, chiropractic care, or naturopathic treatments.
Data Size	9,561 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.)

If _____ pre-existing conditions related to _____ forms of _____ fully covered _____ plan?

Will _____ of _____ be _____ covered if _____ have a _____?

_____ I _____ any _____ illness linked to such therapies?

Will my conditions _____ coverage _____?

_____ plan _____ the previous _____ of this type _____?

_____ you say if _____ treatment costs _____ my _____ covered by _____?

I am _____ I can _____ full _____ therapy under this _____.

Will my _____ be _____ this _____?

Can _____ issues be _____ covered under this _____?

_____ the insurance _____ pre-existing _____ might have?

_____ they _____ your plan if _____ have existing conditions?

_____ there _____ for _____ ailments?

_____ coverage _____ forms _____ therapy include _____ medical concerns?

Can _____ my existing illnesses are covered _____ your plan?

_____ to pre-existing conditions fall _____ of the plan?

_____ there _____ pre-existing conditions _____ therapies?

Will _____ conditions _____ covered _____?

I was wondering if _____ previous illnesses _____ be _____.

_____ to _____ full coverage of _____ existing _____ through this plan?

_____ my _____ covered _____ if I have them?

Is there coverage _____ conditions _____ with _____?

If _____ to prior _____ I be insured?

Will the _____ complete _____ symptoms?

_____ the _____ costs for _____ established illnesses _____ your _____ you confirm that?

Will therapy _____ get _____?

Will _____ disorders be _____ treatments?

Does this _____ include _____ of _____ conditions?

Is _____ coverage provided _____ pre-existing conditions _____ these _____?

Will _____ for existing conditions _____ fully covered _____?

_____ I _____ pre-existing conditions _____ be fully covered _____ this plan?

Is _____ related _____ issues covered _____ insurance?

Will _____ existing _____ be completely _____?

_____ the _____ adequately cover _____ prior _____?

Will the insurance fully _____ to these specific _____ of _____?

_____ health problems fully covered _____?

Does _____ all pre-existing _____ therapy _____?

_____ therapies fully covered if I _____?

Do _____ previous medical _____ get coverage for _____ of _____?

_____ this _____ cover treatments _____ conditions?

_____ included with this if _____ have _____ any _____ problems _____?

Is my _____ covered _____ the _____?

Is _____ possible to _____ coverage of existing condition _____?

Will _____ therapies _____ your plan _____ I _____ a previous _____?

_____ the _____ my established _____ linked to _____ completely _____ by your plan?

_____ expect _____ coverage of _____ therapy?

_____ issues fully covered in this _____?

Will _____ actually cover _____ pre-existing _____?

_____ types of therapy _____ covered _____ me?

Does _____ for these forms _____ therapy _____ with _____ medical concerns?

Will _____ be _____ under this plan _____ I _____?

Will _____ therapy _____ coverage here?

_____ the _____ for _____ my _____ conditions?

_____ you _____ existing conditions?

I _____ if there _____ any _____ for my _____.

Is _____ covered?

Is therapy _____ condition _____ the _____?

_____ therapy-related _____ included in coverage?

How _____ pre-existing _____ therapy _____ by this _____?

Can _____ be full _____ of _____ related to existing _____?

If I have had _____ before, _____?

_____ full coverage of _____ issues?

_____ I expect the _____ coverage for _____ issues?

_____ my _____ included in _____ coverage?

_____ treatment _____ illnesses on plan?

Will _____ therapy issues _____ any _____?

_____ you _____ the treatments _____ my illnesses are _____ plan?

_____ all _____ treatments covered if _____ a _____ condition?

_____ it possible _____ full _____ for _____ therapy issues?

_____ possible _____ get _____ for pre-existing issues?

_____ possible that pre-existing _____ conditions _____ full _____?

Do _____ conditions _____ covered?

Can I expect comprehensive _____ for _____ illnesses _____ to _____?

_____ coverage _____ therapy conditions?

Is _____ have _____ insurance for _____ illnesses _____ to this?

Can you _____ the _____ costs _____ illnesses _____ covered by _____ plan?

Will _____ plan _____ health issues?

I would _____ to know _____ my _____ will _____ my _____.

_____ conditions being _____ completely?

_____ my _____ therapy _____ be covered _____?

_____ therapy fully covered _____ I _____ problem?

_____ be possible _____ you to cover _____ pre-existing _____?

Will the insurance _____ any _____ may _____ these types of _____?

_____ my pre-existing _____ covered _____ therapies?
_____ provided _____ health issues associated with _____ therapies?
_____ pre-existing treatment _____ full?
_____ pre-existing _____ included _____ treatments?
_____ wonder if _____ therapies _____ covered if _____ have _____.
Does the therapies _____ my _____?
I _____ my _____ condition therapy issues _____.
_____ insurance cover _____ amount of _____ my pre-existing conditions?
Can I _____ my past _____ related _____ therapies here?
Can you _____ me if _____ costs _____ illnesses _____ covered _____ your plan?
_____ conditions be fully _____ by _____ plan?
Does full coverage for pre-existing illnesses _____?
Is _____ for _____ conditions fully covered _____?
This _____ cover my pre-existing _____ these therapies.
given my _____ can _____ forms of _____ completely _____?
_____ receive _____ coverage under _____ if they have existing conditions connected _____?
_____ pay for _____ for _____ conditions?
Will my _____ coverage?
Does _____ plan _____ complete coverage for _____ symptoms?
Can you tell _____ for _____ are covered _____ my plan.
Is _____ for previous treatment related illnesses _____?
_____ it covered if _____ have _____?
_____ therapy for _____ condition _____ by _____?
_____ forms of therapy be _____ me?
Is my _____ conditions _____ this _____?
_____ expenses be covered in _____ policy?
_____ include treatment _____ any pre-existing _____?
Will these _____ fully _____ my _____?
Is it possible that health _____ from _____ will _____ within _____?
_____ the _____ fully cover _____ conditions related _____ therapies?
Will my pre-existing conditions for _____?
_____ therapies covered if I _____ problem?
Is my _____ these _____?
_____ those treatments covered if I _____?
_____ illnesses get full _____?
Will _____ be _____ covered under _____ if I have _____ related to _____ forms _____?
Are _____ therapy _____ covered _____ plan?
Is my _____ pre-existing conditions _____?
_____ a prior condition, are _____ covered?
Does _____ of my therapy _____ conditions?
_____ pre-existing conditions get _____ coverage?
Are there _____ issues _____?
Does _____ therapy for _____ with pre-existing conditions?
_____ services related to _____ fall in line with _____ in _____?
If _____ have had _____ before, _____?
_____ there _____ coverage _____ diseases associated _____ these _____?
Should _____ therapy _____ be covered?
_____ services related to pre-existing _____ fall _____ the _____ of coverage _____?
Is _____ cover _____ conditions?
Will _____ therapies be fully _____ I _____ had _____?

This plan might _____ condition therapy _____.

Is it _____ for me _____ comprehensive _____ for any _____ such therapies?

_____ the plan _____ previous _____ problems?

Will _____ conditions _____ here?

If I _____ existing _____ can _____ therapy be completely _____?

_____ be _____ to _____ pre-existing conditions?

_____ treatments cover pre-existing _____?

_____ wonder _____ these treatments _____ pre-existing _____ like mine.

If my _____ with _____ therapies, _____ they be _____?

_____ full coverage _____ therapies _____ existing illnesses be _____ through _____?

Is _____ forms _____ therapy extended _____ patients with _____ medical issues?

_____ it _____ my health costs _____ previous _____ be included in _____?

Do _____ know if _____ my illnesses _____ by my _____?

_____ cover _____ the pre-existing conditions _____ may have _____ specific forms _____ therapy?

Will _____ cover my _____?

Is _____ by my plan?

_____ actually cover _____ conditions?

Is _____ coverage _____ pre-existing _____?

Does _____ coverage provided _____ these _____ of therapy _____ patients _____ medical _____?

_____ you _____ therapy issues?

_____ insurance _____ pre-existing _____ that I _____ have _____ to therapy?

Are my _____ issues fully _____ by _____?

_____ get full coverage _____ condition _____ under this _____?

Is _____ that I will _____ coverage for _____ issues?

_____ pre-existing _____ therapy issues fully _____?

Does _____ of these _____ of _____ extend _____ patients with previous _____?

Will _____ therapies be _____ plan if _____ have _____ conditions?

Will my existing _____ be _____?

_____ my conditions get _____?

_____ pre-existing _____ covered _____ your plan?

I _____ if _____ forms _____ I already _____ will be medically backed _____ this _____.

_____ conditions completely _____ covered?

Will _____ therapies _____ my _____ conditions?

_____ full _____ for _____ treatments here?

_____ pre-existing therapy?

_____ coverage _____ happened before?

Would _____ previous _____ in the coverage _____ give _____?

_____ of _____ treatment-related _____ on a _____?

_____ health _____ fully covered?

Will _____ be covered under the plan _____ have a _____?

Are those _____ covered if _____ had _____ prior _____?

Will the _____ any _____ I may _____ related to _____?

_____ the plan _____ pre-existing _____?

Do therapy-related _____ full _____?

_____ I _____ coverage of _____ related to existing _____ plan?

_____ therapeutic treatments _____ established _____ fully supported?

_____ included in the coverage provided by _____?

_____ full _____ available for pre-existing illnesses _____ with _____?

_____ wondered _____ illnesses would _____ included _____ the coverage.

Is my pre-existing _____ covered by _____?

_____ insurance _____ pre-existing therapy expenses?
_____ therapy-related conditions _____ full _____?
_____ tell me _____ my _____ costs for my established illnesses _____ your _____?
Is _____ related _____ issues fully covered _____ policy?
I wonder _____ therapy _____ be covered _____.
_____ the therapies fully _____ already _____ them?
Does this plan _____ previous _____?
Will I _____ covered _____ if _____ have a _____ condition _____ to _____ forms of therapy?
_____ it _____ for the plan to _____ previous _____?
Does the _____ of services related to _____?
Coverage for _____ treatment-related illnesses _____?
I _____ wondering if _____ pre-existing _____ are _____ covered by _____ plan.
Will _____ therapies _____ for _____ conditions be _____ this plan?
Does this plan _____ the costs _____ pre-existing _____?
Will _____ illnesses be _____ the _____ by you guys?
I am _____ can _____ coverage of therapies for _____.
Will _____ fully cover treatment for _____ conditions _____ these _____?
Does this cover _____?
Can _____ if my existing conditions _____ under _____ plan?
_____ total coverage for _____ involves pre-existing conditions?
_____ insurance cover my _____ for the specific _____ therapy?
Does _____ plan assure _____ coverage _____?
Can _____ tell _____ the treatment costs _____ illnesses are covered _____ plan?
This _____ fully cover _____ costs of _____ therapy.
_____ comprehensive _____ for _____ past _____ related to therapies here?
_____ the _____ cover my _____ issues _____?
Is _____ for previous _____ related _____ plan?
Does the treatment for _____ conditions _____ coverage?
If _____ will this _____ fully cover them?
_____ I _____ coverage of therapies _____ to _____ illnesses _____ plan?
Does the _____ all previous _____ to this _____ of _____?
_____ conditions _____ for by _____ plan if I _____ with _____ therapies?
_____ my _____ fully insured?
Will these _____ your _____ if they _____ existing conditions?
Are they _____ with _____ medical issues before?
_____ my existing _____ here?
_____ it _____ me to expect comprehensive _____ for my _____ related _____ therapies _____?
_____ coverage for pre-existing _____ conditions _____?
Can _____ expect _____ full coverage for _____ therapy under _____?
_____ plan provide coverage for pre-existing _____ to _____?
_____ this _____ cover _____ pre-existing conditions I _____ related to _____?
_____ the insurance provide _____ for _____ with _____ conditions?
Will this _____ my pre-existing _____ related _____?
Is it _____ health costs _____ my _____ will be _____ your _____?
_____ treatment covered _____ a prior _____?
Does _____ health insurance _____ too?
_____ cover my medical _____?
Will my _____ conditions _____ covered _____?
Will _____ cover _____?
_____ my pre-existing _____ be _____ for _____ your plan?

Does ____ coverage include ____ issues?
 ____ to ____ if the treatment ____ existing ____ are ____ by my plan.

Is ____ covered for ____ my existing ____?
 ____ coverage ____ patients ____ have previous medical concerns?
 ____ my pre-existing ____ be ____ covered ____ terrible therapies?

Does ____ coverage for the ____ symptoms?
 ____ the provided coverage ____ with previous ____ concerns?
 ____ this ____ my existing conditions ____?
 ____ existing conditions ____ here?
 ____ my therapy conditions ____ covered ____?

Is ____ going to get ____?
 ____ you cover ____ pre-existing conditions?
 ____ plan ____ treatment ____ any pre-existing ____?

Does the insurance ____ therapy ____ conditions?
 ____ it ____ get full coverage for ____ therapy ____?
 ____ for existing ____ under ____ plan?
 ____ the pre-existing therapy issues?
 ____ this plan cover any pre-existing conditions related ____?
 ____ pre-treatment ____ full ____ here?

Is ____ treatment ____ if ____ have ____ problems?
 ____ affect my coverage ____ issues?

Can ____ expect full coverage of ____ to ____?
 ____ prior conditions ____ covered ____ therapies?
 ____ conditions ____ available for coverage?
 ____ my existing ____ can these forms ____ therapy ____?

Does the plan cover ____ symptoms ____ kind ____ treatments?
 ____ this ____ cover all ____ my ____ related pre-existing ____?

Is there ____ coverage for ____?
 ____ pre-Existing ____ these treatments?
 ____ my ____ get paid for ____ my ____?
 ____ have full coverage of ____ related to ____ illnesses ____ plan?
 ____ plan ____ cover ____ for ____ conditions?
 ____ this ____ insurance ____ my ____ treatment ____ as well?

Can my condition ____?
 ____ my therapy conditions ____?
 ____ coverage cover ____ with ____ medical concerns?

Can you ____ the ____ costs ____ my old illnesses are ____ by ____?

My ____ condition treatments ____.

Does ____ the treatments ____ pre-existing conditions?

Is ____ possible to ____ full ____ for ____ under the ____?

Does ____ my pre-existing ____?
 ____ I ____ existing ____ related to these therapies, will ____ covered ____ plan?

Do this ____ cover ____ pre-existing ____?
 ____ coverage for ____ treatment ____ illnesses ____ plan?
 ____ pre-existing therapy conditions ____?
 ____ my therapy ____ get ____?
 ____ treatment ____ get full ____ here?
 ____ the plan ____ issues ____ the past?
 ____ therapy be covered by ____ existing conditions?

I want to ____ pre-existing ____ are ____ by this ____.

_____ conditions get full _____?

I _____ my pre-existing condition _____ covered _____ this plan.

Is _____ by the plan?

Can these forms _____ therapy be completely _____ for _____ I _____?

Can _____ confirm _____ treatment costs _____ are covered _____ your plan?

_____ for existing conditions be _____ covered under _____?

Are my _____ fully covered _____ insurance _____?

_____ pre-existing _____ be _____ for through _____ plan?

Is _____ possible _____ get comprehensive _____ for _____ past illnesses _____ therapies?

Does this _____ include therapy _____?

Is it _____ to get _____ coverage _____ condition _____ this _____?

_____ it _____ to get _____ insurance for _____ past _____ linked to _____ here?

_____ want _____ if my pre-existing _____ are included _____ plan.

_____ full medical coverage?

_____ the pre-existing condition _____ covered _____?

My _____ these therapies will _____ covered _____ plan.

Will my _____ conditions _____?

_____ my previous _____ covered by the _____?

_____ my therapy conditions _____?

Is it possible that _____ conditions _____?

_____ these forms _____ fully covered if I have _____?

Does _____ insurance _____ treatment conditions _____ well?

Would _____ be _____ the coverage?

Will _____ existing _____ be fully _____?

_____ therapy conditions get _____ here?

_____ it possible _____ be _____ my therapy issues?

_____ therapies _____ covered _____ I _____ prior problems?

Do _____ cover pre-existing _____?

_____ my pre-existing _____ covered by _____ plan?

_____ plan _____ treatment for _____ conditions?

Will _____ be included _____ coverage?

Do _____ get full _____ therapy _____?

_____ I _____ the full coverage _____ this plan?

Do you _____ the _____ pre-existing _____?

_____ therapy conditions _____ fully _____?

Can you _____ me if the _____ costs _____ are _____ by _____?

_____ confirm if the treatment costs for _____ illnesses _____ plan?

Will the plans _____ cover _____ to these forms _____?

Is _____ therapy _____?

Is _____ fully _____ by this insurance policy?

Will _____ forms of therapy _____ covered under _____ plan _____ a pre-existing _____?

_____ you tell me if _____ my _____ by your plan?

If _____ have pre-existing therapy _____ get _____ coverage?

Is my _____ to these forms _____ covered under _____?

_____ covered if _____ have previous problems?

_____ my _____ conditions be _____ plan?

_____ pre-existing condition _____ covered _____ plan?

Will my _____ covered _____?

Is my previous illnesses _____ by _____ you _____?

Can I make _____ that _____ costs _____ previous _____ are _____ by _____?

_____ the insurance cover the _____ cost _____ that _____ conditions?
 _____ treatment conditions _____ fully _____?
 _____ treatment fall under the _____ coverage?
 _____ my existing _____ be _____?
 Is _____ possible to _____ past illness linked to _____ therapies?
 _____ plan cover all _____ conditions associated with _____?
 _____ of therapy be fully _____ this _____ I _____ pre-existing conditions?
 _____ this _____ pre-existing conditions?
 Is it _____ my health costs from my _____ covered by _____?
 Is _____ insurance guaranteeing total _____ for _____ my _____ conditions?
 _____ it included with _____ if _____ had medical _____?
 _____ the _____ conditions be _____?
 Is _____ able to cover all of _____?
 _____ treatments I _____ covered if _____ have _____ condition?
 My pre-existing _____ these treatments.
 Can I expect full _____ therapy under _____?
 Is my _____ included in _____ provided by _____?
 Is _____ possible for _____ coverage _____ existing _____ therapy _____ this plan?
 _____ included in these _____?
 _____ me _____ treatments _____ my illnesses are covered by my _____?
 _____ all existing therapy issues?
 _____ conditions get _____ coverage?
 Is _____ condition _____ covered _____ plan?
 Is it possible _____ I _____ expect _____ for _____ therapy?
 _____ condition therapy fully _____ by _____?
 Will _____ fully cover _____ existing _____?
 Can _____ forms of therapy _____ for my _____?
 Whole _____ for _____ is included _____ the plan?
 Do _____ conditions _____ the full _____?
 _____ therapy _____ totally covered?
 _____ my existing _____ full _____ here?
 Is _____ for pre-existing _____ plan?
 _____ this plan _____ the pre-existing conditions related _____ these _____?
 _____ plan fully _____ my pre-existing _____ related _____ forms of _____?
 Can _____ fully _____ if _____ have had them _____?
 _____ think _____ insurers will _____ treatments _____ have related problems?
 _____ of these therapies _____ for _____?
 _____ plan address _____ health _____?
 _____ pre-existing therapy _____ covered?
 _____ my pre-existing _____ treatment _____ plan?
 _____ conditions receive _____ coverage?
 Will _____ covered _____ your plan _____ they connect _____ therapies?
 _____ insurance _____ entire cost _____ therapy _____ involves my _____ conditions?
 I want to _____ if _____ insurance _____ therapy involving _____.
 _____ the treatment _____ my established illnesses are _____ by _____ plan?
 _____ the _____ under _____ plan if I _____ existing conditions?
 Is _____ illnesses _____ the coverage _____ guys provide?
 Does the insurance cover _____ therapy _____ if _____?
 Will the therapies be covered under _____ if _____?
 Is _____ possible _____ health _____ from _____ past _____ be _____ within _____ policy?

Will this insurance _____ I _____ conditions?

Will the _____ the _____ related to _____ specific forms of therapy?

Is _____ possible _____ my _____ be _____ through your plan?

_____ my existing _____ coverage?

_____ therapies related _____ existing illnesses _____ expected through _____ plan.

_____ issues _____ covered by _____ insurance policy?

_____ be thoroughly covered?

_____ the forms of therapy covered _____ plan _____?

Does _____ plan _____ cover treatment _____ pre-existing _____ associated _____ therapies?

Is pre-existing _____ fully _____?

Will _____ conditions that _____ therapies _____ by the plan?

Will _____ therapies receive complete coverage under _____ if _____?

_____ the therapies fully _____ problems?

_____ could _____ covered by these _____.

_____ to pre-existing conditions fall _____ line _____ the plan's _____?

Does the _____ therapy related _____?

If _____ problems, will _____ therapies be fully _____?

_____ the _____ costs from _____ conditions be _____ in _____ policy?

_____ coverage for past _____ the _____?

_____ it _____ pre-existing treatment _____ to _____ full coverage _____?

_____ can _____ cover _____ therapy costs.

Do these therapies _____ covered if I _____?

_____ of therapy _____ completely covered?

Can _____ cover _____ conditions?

_____ my therapy issues _____ by _____?

Are my _____ therapy _____?

_____ pre-existing _____ full _____ here?

_____ my _____ condition _____ in this _____?

Does the treatment of _____ conditions _____ under the scope _____?

Will my conditions _____?

_____ the _____ cover _____ past health _____?

Does the _____ for _____ for _____ symptoms?

Is my _____ treatment _____?

Will _____ my _____ condition?

Can I _____ full _____ condition _____?

Does _____ cover _____ have pre-existing conditions?

_____ covered if I _____ an underlying problem?

Are my _____ therapy _____?

_____ you _____ if _____ treatments for my _____ are _____ my _____?

_____ plan _____ past health _____?

_____ I be _____ this plan if _____ have pre-existing _____ these forms _____?

Whole _____ illnesses on a _____?

Will this _____ cover _____ I may _____ pertaining to _____ forms _____ therapy?

Is my _____ these treatments _____?

Is _____ coverage _____ condition therapy _____ plan itself?

Is these _____ fully _____ I _____ problems?

_____ cover my _____ related _____ conditions?

_____ coverage provided for _____ pre-existing illnesses _____ therapies?

_____ pre-existing treatment _____ coverage?

_____ I have _____ should _____ therapies be _____?

____ pre-existing condition receive ____ ?
 ____ the ____ for these forms of ____ include patients ____ ?
 ____ these therapies ____ have pre-existing problems?
 Is ____ for pre-existing ____ ?
 Does this ____ cover ____ previous ____ ?
 ____ I ____ with this if ____ problems before?
 Will my therapeutic ____ total ____ ?
 ____ conditions ____ full coverage?
 ____ full coverage ____ for pre-existing ____ with ____ therapies?
 ____ the provided ____ extend to patients with ____ ?
 ____ therapy ____ conditions might ____ full ____ .
 Does the ____ the ____ if ____ have pre-existing conditions?
 Is ____ pre-existing therapy ____ ?
 Are ____ benefits fully extended ____ ?
 Does the plan cover ____ for this ____ ?
 The ____ include my pre-existing ____ .
 Are my condition treatments ____ ?
 ____ my ____ Conditions ____ covered ____ ?
 ____ services ____ to pre-existing conditions ____ scope of coverage ____ this ____ ?
 My pre-existing condition ____ be covered by ____ .
 ____ these before, are ____ fully ____ ?
 ____ want to know ____ issues are ____ the plan.
 Can ____ be fully ____ if I ____ them ____ ?
 Will ____ any ____ conditions I may have ____ to ____ specific forms ____ ?
 Will the ____ cover ____ may ____ relating ____ these forms ____ therapy?
 ____ any pre-existing ____ included ____ these ____ ?
 Does this health ____ treatment ____ too?
 ____ coverage ____ condition ____ can ____ under this plan.
 If ____ past treatment affecting ____ condition, ____ to ____ for it?
 ____ this plan ____ my therapy-linked ____ ?
 ____ condition ____ be fully covered ____ the plan?
 Can ____ me if you ____ issues?
 ____ pre-existing conditions ____ in my plan?
 Is ____ health costs from my ____ to ____ within your ____ ?
 Will ____ covered ____ this plan?
 Will ____ be ____ under your ____ if ____ any ____ conditions?
 Can my existing ____ by this ____ insurance?
 Does the plan cover ____ related ____ ?
 ____ have ____ condition, should ____ treatments be covered?
 Is ____ covered ____ I have ____ ?
 Is ____ coverage for pre-existing ____ ?
 ____ this plan ____ pre-existing ____ costs?
 Will ____ be ____ in ____ coverage you ____ me?
 Will ____ therapies that I ____ be covered?
 Does the ____ fully cover ____ to ____ forms of ____ ?
 Are ____ pre-existing ____ fully ____ ?
 ____ cover treatment for pre-Existing ____ ?
 ____ my ____ conditions ____ by the plan?
 ____ my past conditions?
 ____ I ____ full ____ therapies ____ existing illnesses?

____ pre-existing ____ covered?

Will ____ pre-existing conditions ____ covered by ____?

____ modified ____ treatments for ____ ailments be ____ supported ____ this ____?

Do patients ____ medical concerns ____ coverage?

____ my ____ conditions ____ paid for by ____ plan ____ they ____ therapies?

Does ____ these forms ____ to patients with previous ____ problems?

____ the ____ fully covered ____ plan if I ____ pre-existing conditions?

Is it possible to expect ____ illnesses through ____ plan?

____ receive full coverage ____ my pre-existing ____?

____ this ____ issues in full?

____ wonder if I ____ expect ____ therapies ____ existing illnesses.

Will ____ cover ____ conditions?

____ you ____ if the treatments ____ my illnesses ____ covered ____?

Will ____ existing conditions be ____ by your ____ have ____?

Are ____ for ____ fully covered?

Is ____ possible ____ comprehensive ____ for ____ past ____ connected to ____ here?

____ included with this ____ I ____ had medical ____?

Can you ____ costs ____ my illness are ____ my plan?

____ pre-existing conditions be ____ the ____?

____ expect ____ see full coverage ____ related ____ my existing ____?

Does the ____ fully cover ____ costs ____ condition ____?

Will ____ be ____ care of under ____ plan?

Will these ____ therapy ____ the plan if I have a ____?

Will my pre-existing ____ expenses be ____?

Can ____ expect the full ____ therapy?

____ taken care of by my plan?

If I ____ previous ____ those treatments ____?

Is my pre-existing ____ those terrible ____?

Does this ____ insurance ____ as well?

____ coverage of therapies ____ existing illnesses in this ____?

____ the ____ cover therapy ____ pre-existing ____?

____ my therapies ____ under ____ plan?

Will my ____ be ____ this plan?

Does ____ the previous ____ of ____ of treatments?

____ my plan ____ all ____ therapy ____?

____ these therapies ____ covered ____ I had ____ before?

____ coverage ____ illnesses on the ____?

____ pre-existing treatment conditions ____ here?

If I have a ____ these ____ fully ____?

Would ____ in the coverage?

Is there full coverage ____ therapy ____?

____ my ____ related conditions ____ fully ____?

____ the ____ coverage for the ____?

____ these forms ____ therapy ____ the ____ if I have any ____?

____ the plan cover ____ past ____?

Does my ____ get ____?

Can pre-existing ____ be fully ____ plan?

Are ____ pre-existing ____ by ____ plan?

____ the ____ completely cover ____ conditions related to ____?

Will ____ cover ____ illnesses?

Will _____ conditions be _____?

_____ this _____ cover _____ health issues?

_____ my _____ conditions _____ your plan?

_____ want _____ my pre-existing conditions _____ covered by this plan.

Can _____ cover _____ therapy?

_____ have _____ medical problems before, _____ with this?

_____ full coverage of the _____ related _____ illnesses?

Whole coverage for _____ is _____ the plan?

_____ they included with _____ problems before?

_____ cover _____ my pre-existing _____?

_____ conditions be covered _____ your _____?

_____ this health _____ my existing _____?

Will _____ be _____ for _____?

Do _____ pre-existing _____ full _____?

Should my _____ be _____ through _____ plan?

Is _____ full coverage _____ for pre-existing _____ with _____?

Will _____ be _____ under _____ plan _____ have existing _____ related _____ these _____?

_____ I expect full _____ of _____ under _____ plan?

Will they _____ covered _____ plan if _____ pre-existing conditions?

_____ be _____ covered here?

_____ you tell me _____ the _____ my _____ are covered _____ plan?

_____ the plan _____ complete coverage _____?

Does the coverage for _____ types of _____ extend _____ patients _____?

_____ covered for _____ existing _____ conditions as _____?

Is there _____ coverage _____ pre-existing _____ associated _____ these _____?

_____ these _____ fully covered if _____ have pre-Existing Conditions?

Will _____ therapies _____ my _____?

_____ therapy issues _____ my plan?

Given _____ conditions, can _____ forms _____ completely _____?

_____ my _____ covered?

_____ the treatment costs _____ my illnesses _____ to _____ therapies _____ plan?

Does _____ plan _____ the _____ symptoms?

Can I _____ coverage for _____?

_____ treatments _____ are covered _____ I _____ a _____ condition?

_____ conditions be included in _____ here?

_____ make up for the _____ before?

_____ possible _____ therapy conditions _____ covered?

Is this plan going _____ my therapies _____?

Will my _____ be _____?

Will my pre-existing _____ by _____?

_____ my condition get _____?

Will _____ cover my _____ health _____?

Is _____ coverage for _____ problems?

_____ pre-existing conditions _____ services _____ within the _____ coverage?

_____ expect comprehensive insurance for _____ illnesses connected _____ such _____ here?

Is _____ illness _____ in _____ coverage?

_____ therapies cover my _____?

Will this insurance _____ pre-existing _____ to _____?

Can I _____ my _____ to _____?

_____ any _____ related _____ existing _____ covered _____ this plan?

Is _____ fully covering _____ therapy _____?

Do the _____ with _____ the coverage?

_____ this _____ cover _____ pre-existing _____?

_____ my condition _____ for _____ plan?

_____ pre-existing treatment _____ coverage _____?

_____ the _____ there _____ full coverage for _____ symptoms?

_____ previous _____ on the plan?

Is the _____ for pre-existing _____ covered _____?

Does _____ cover my _____ of _____?

_____ the plan _____ existing therapy _____?

Will _____ pre-existing conditions be _____ for _____ plan?

_____ the treatment _____ pre-existing _____ by _____ plan?

_____ the plan cover previous _____ type _____ treatment?

Does _____ that there is complete _____ for _____?

_____ this _____ cover all _____ pre-existing _____ I may _____ specific forms of therapy?

Can this plan deal _____?

_____ fully covered.

Coverage _____ previous _____ on _____

Is the _____ coverage _____ pre-existing _____?

_____ know _____ these forms _____ therapy will _____ covered under this _____.

_____ therapies get complete coverage _____ plan if I _____ any _____?

_____ plan _____ cover these forms of _____ if I _____?

_____ cover pre-existing therapy _____?

_____ pre-existing therapy _____ you?

The plan _____ cover _____ therapy.

_____ health insurers _____ cover these treatments if _____ already have _____?

Does _____ plan _____ sure _____ complete coverage for _____ previous _____?

_____ my illnesses _____ covered by _____?

My _____ related forms of _____ they _____ in full?

_____ the _____ cover _____ for existing conditions?

_____ my conditions _____ full _____?

_____ of the therapies for existing _____ this plan?

Does the _____ extend to _____ medical _____?

Does _____ pre-existing ailments associated with _____?

Can _____ be _____ conditions _____?

_____ the _____ my _____ tied to these _____ by your plan?

_____ my _____ covered _____ this plan?

Is _____ fully covered by _____?

_____ this _____ going to fully _____ my _____?

Does _____ plan _____ full _____ symptoms?

_____ my _____ can _____ of therapy be _____ covered for _____?

What _____ coverage for _____ conditions?

Is my _____ covered by _____?

Will _____ conditions get _____?

_____ it possible _____ therapies related to _____ through this plan?

Will _____ be _____ covered?

Can _____ tell _____ my established _____ are covered by _____?

_____ cover my _____ issues completely?

_____ these therapies _____ now _____ I have _____ them _____?

_____ conditions _____ covered in full _____?

_____ fully cover _____ pre-Existing conditions?
_____ is the _____ pre-existing ailments associated _____ therapies?
Does the health _____ my existing treatment _____?
_____ those _____ be _____ if I have _____?
_____ the _____ insurance cover _____ previous _____?
I _____ if _____ my pre-existing conditions.
Will this insurance _____ have related to these therapies?
_____ the health _____ existing treatment _____?
_____ have me covered _____ case there's some _____ treatment _____?
_____ the health costs from _____ previous _____ are covered _____ policy?
Is _____ possible for me _____ comprehensive insurance _____ linked to _____ therapies?
Is pre-existing _____ fully included _____?
Are _____ covered?
Does the _____ include _____ pre-existing conditions _____ therapies?
Will _____ plan _____ all _____ issues?
_____ insurance cover everything _____ therapy with _____ conditions?
Will this plan _____ pre-existing _____?
_____ therapies _____ if I _____ problems?
Does _____ plan cover _____ therapy _____?
Will _____ full coverage _____ my pre-existing _____?
_____ this plan cover _____ the _____ for pre-existing _____?
_____ pre-existing condition _____ issues _____ covered by _____ plan?
_____ conditions be _____ for _____ your plan?
_____ my condition _____ covered _____?
_____ it possible _____ health _____ from _____ previous conditions will _____ insurance _____ your _____?
Does _____ cover therapy for me _____ conditions?
Can _____ expect comprehensive _____ past _____ to the therapies _____?
_____ this _____ extend _____ patients _____ medical concerns?
Will you _____ conditions?
Can this _____ cover all _____?
Can _____ insurance for my past illnesses _____ to these _____?
_____ the _____ cover my pre-existing _____ these therapies?
Is it possible _____ of therapies _____ existing illnesses?
_____ services _____ to pre-existing conditions _____ the _____?
Will _____ under this plan?
_____ previous _____ related illnesses on the plan?
Are those _____ got _____ prior condition?
_____ this _____ cover _____ existing illnesses?
_____ might _____ the pre-existing condition therapy _____.
_____ conditions be properly _____ here?
_____ the plan _____ previous _____ issues?
Does _____ my therapy _____ before?
_____ covered if _____ had them _____?
_____ these _____ therapy be fully _____ this plan _____ I have _____ conditions?
I _____ to _____ therapy _____ are covered _____ the plan.
_____ I expect to have full coverage _____ related _____?
If _____ have a _____ condition, _____ covered?
Does the _____ adequately _____ pre-existing conditions related _____ therapies?
_____ pre-existing _____ conditions _____ covered?
Is _____ possible to _____ comprehensive insurance _____ any _____ illness associated _____?

Is there coverage _____ on _____ plan?

Are the _____ condition _____ covered _____ this plan?

Can _____ tell _____ treatment costs _____ my _____ illnesses tied to _____ therapies _____ covered _____ my _____?

_____ actually _____ pre-existing _____ issues?

_____ I have _____ to _____ of therapy will _____ be fully covered _____ this _____?

Would my _____ be _____ in the coverage _____?

Is my _____ issues _____ by _____?

_____ there coverage for _____ health _____ associated _____ therapies?

_____ pre-existing therapy _____?

Will _____ conditions _____?

_____ plan _____ covered _____ have _____ conditions related to these forms _____?

_____ do _____ cover pre-existing _____?

_____ possible for _____ to expect _____ any past _____ to such therapies?

Will _____ any _____ conditions I may have _____ to _____ specific forms _____?

_____ this plan include treatment _____?

_____ conditions _____ paid for through _____ plan _____ they _____ with _____ therapies?

_____ coverage _____ previous _____ on a _____?

_____ plan cover my _____ condition _____?

Can these _____ therapy be _____?

Can my _____ be completely _____ for _____ your _____?

Is _____ true _____ conditions receive full _____?

Do _____ treatment _____ coverage?

_____ the plan _____ symptoms _____ to _____ kind of _____?

_____ insurance _____ conditions I _____ have associated _____ specific forms of therapy?

_____ the _____ covered _____ these treatments?

Is _____ included _____ I _____ had _____ problems _____ the _____?

_____ health costs from my prior conditions will be _____?

Will _____ fully cover _____ pre-existing _____ may have?

_____ have had _____ problems _____ is _____ included?

_____ this _____ my health _____?

Is it _____ to _____ coverage for _____ this plan?

Can you tell _____ the _____ for _____ established illnesses _____ covered by _____?

_____ you _____ if _____ treatments for established _____ are _____ by _____?

_____ for _____ therapy conditions to be fully _____?

_____ adequately covered?

_____ my pre-existing _____ be covered _____ policy?

_____ my pre-existing conditions completely _____ your _____?

_____ existing _____ covered?

_____ the insurance _____ for _____ conditions?

_____ this coverage _____ pre-existing conditions _____?

_____ I _____ a full coverage _____?

_____ included _____ this _____ they have _____ medical problems?

Will _____ pre-existing _____ be fully covered _____?

Will _____ include my _____?

_____ possible that these treatments _____ pre-existing _____?

_____ the treatments for _____ covered under _____ plan?

_____ it possible _____ my health _____ my _____ included in your policy?

_____ the insurance _____ of total coverage _____ therapy _____?

_____ get full coverage?

Will _____ covered _____ the plan?

Is my _____ conditions?

Can _____ conditions _____ coverage?

_____ pre-existing conditions be paid _____ through _____ I use _____ therapies?

Is there _____ ailments associated _____?

_____ the insurance cover _____ pre-existing conditions _____ have _____ to _____ types of _____?

_____ want to know _____ I can _____ full coverage of _____ illnesses.

_____ my pre-existing _____ conditions?

Is this plan _____ to _____ all _____?

_____ my _____ condition _____ covered by the _____?

Can _____ expect comprehensive _____ for any _____ therapies?

_____ it possible to get complete _____ existing _____ therapy _____?

_____ health costs _____ my _____ included in your _____?

_____ cover _____ I have related to these _____ of therapy?

_____ my therapy _____ covered _____?

_____ pre-existing conditions covered _____ full?

_____ the plan covering _____ for _____?

The insurance policy _____ pre-existing _____.

Will _____ conditions _____ covered _____?

_____ cover _____ conditions?

Is _____ previous _____ included in the coverage _____?

Can the _____ of _____ be completely _____ existing conditions?

_____ have full coverage _____ any _____ therapy _____?

Is _____ for health _____ these treatments _____ I have related _____?

_____ my pre-existing _____ expenses _____ included in _____ insurance _____?

Does _____ treatment _____ pre-existing conditions related to _____ therapies?

Will _____ insurance cover any _____ conditions _____ forms _____ therapy?

Do _____ issues _____ full _____?

Does _____ cover treatment _____ conditions?

Can _____ costs from my _____ conditions are _____ in _____ policy?

Will _____ cover pre-existing conditions related _____ of _____?

_____ this _____ fully _____ my conditions related _____ these _____?

_____ it _____ for me _____ get _____ insurance _____ a _____ illness _____ these therapies?

_____ the _____ be paid _____ through _____ if _____ with my pre-existing _____?

_____ previous illnesses be _____ in _____ provided?

Whole _____ of _____?

_____ plan ensure complete _____ symptoms?

Are _____ covered _____ I _____ had _____ before?

_____ this plan _____ therapy-related pre-existing _____?

_____ there full coverage _____ conditions?

_____ plan _____ my _____ related problems?

With _____ plan, can _____ of therapies related _____ existing _____?

_____ this _____ insurance _____ my _____ treatment _____ too?

Is _____ forms _____ to be fully covered for _____?

_____ this _____ my therapies _____ existing conditions?

Can I _____ be _____ for my _____?

Is _____ to expect _____ condition therapy _____ this plan?

Can _____ disorders be _____ these _____?

_____ this health insurance _____ for _____ previous _____ as _____?

Can _____ expect _____ therapies related to existing _____ this _____?

_____ your _____ for _____ pre-existing conditions _____ connect with _____ therapies?

_____ therapy- related _____ covered?

Is there full _____ ailments _____ to _____ therapies?

_____ it _____ to _____ for my _____ issues?

Is _____ related condition _____?

_____ of therapy _____ covered _____ if I have pre-Existing Conditions?

Is pre-existing _____ this plan?

_____ possible for my _____ costs _____ prior conditions _____ receive _____ within your _____?

Will they _____ complete _____ plan _____ they _____ existing _____ related _____ these therapies?

Is _____ covered if I _____ problems?

_____ have _____ condition, are _____ treatments covered?

Will _____ be _____ by _____ plan?

Will _____ coverage _____ my _____ conditions?

Is _____ covered under _____ policy?

Is it _____ extend to previous _____ concerns?

_____ pre-existing conditions _____ covered _____ plan?

Can _____ expect _____ insurance _____ any past _____ connected _____ therapies _____?

_____ previous _____ for through your plan?

_____ the plan cover _____ conditions?

_____ this health _____ cover _____ existing _____ conditions?

_____ the plan _____ symptoms _____ this kind of _____?

_____ the treatment _____ established _____ tied _____ these therapies _____ my plan?

_____ wonder if you _____ cover my _____?

_____ possible that _____ issues will _____ covered?

_____ conditions _____ covered totally?

Will the insurance cover _____ pre-existing _____ I _____ these specific _____ of _____?

I want _____ know if my plan _____.

_____ my _____ be covered _____ therapies?

Can _____ tell _____ costs for these _____ are _____ by my _____?

_____ my therapy problems _____ covered _____?

_____ my _____ be fully _____?

Are _____ included if I've _____?

Is my _____ these therapies covered _____ plan?

Does this plan _____ for _____ condition therapy?

_____ health insurance cover my _____ well?

Is _____ health issues fully _____ under _____?

Does _____ plan _____ pre-existing _____?

_____ coverage for _____ illnesses _____?

Can I _____ insurance for _____ health _____?

_____ may not fully _____ pre-existing _____.

_____ plan _____ my _____ health issues?

Does pre-existing _____ cost fully covered _____?

Is pre-existing _____ covered _____ this _____?

_____ the plan cover _____?

_____ the _____ pre-existing _____ that I might have _____ to _____ forms of _____?

_____ my conditions be _____ plan?

_____ the coverage _____ these _____ of therapy extend _____ who _____ previous _____ issues?

Do _____ therapy related _____?

Does the _____ that _____ coverage _____ previous symptoms?

Do you _____ that have _____?

_____ insurance _____ the _____ cost of therapy for _____ conditions?

_____ my pre-existing _____ therapy _____ ?

Will _____ plan fully cover _____ pre-existing conditions _____ to _____ ?

My _____ conditions _____ be _____ therapies.

Would my _____ illnesses _____ in _____ coverage _____ to _____ ?

Can you tell _____ if the _____ my _____ by my _____ ?

_____ existing _____ conditions be _____ completely?

Does _____ for _____ of my _____ related conditions?

Is _____ coverage?

Can _____ conditions _____ by my plan?

Will my pre-existing _____ be _____ policy?

_____ the _____ cover _____ issues?

_____ be _____ covered by the plan?

Is _____ conditions _____ ?

_____ this _____ prior health issues?

_____ have previous problems, _____ therapies _____ covered?

The _____ fully cover my _____ .

Do _____ for pre-existing _____ within _____ scope _____ plan?

_____ pre-existing _____ be covered _____ this plan?

_____ my condition _____ for _____ your plan?

_____ pre-existing conditions fully _____ by _____ ?

_____ pre-existing _____ covered?

Is _____ pre-existing _____ available?

Will _____ forms of therapy be covered under this _____ ?

Does _____ previous _____ of this _____ ?

Will this _____ have pertaining to _____ types of therapy?

My _____ condition treatments _____ be covered _____ .

_____ that health costs _____ will be _____ within your policy?

Will _____ plan _____ therapies I have _____ conditions?

Is _____ condition _____ by _____ plan?

Are _____ therapies fully _____ had them _____ ?

_____ this plan _____ cover my therapies _____ conditions?

If I've had _____ the _____ they _____ ?

Will _____ conditions _____ ?

_____ the insurance _____ related _____ the _____ forms of therapy?

_____ possible that health costs from _____ will _____ under _____ policy?

Do _____ get _____ coverage when _____ issues?

Will my pre-existing _____ covered _____ plan?

Is _____ treatment _____ conditions _____ ?

Can _____ cover my _____ issues?

_____ conditions related to _____ therapies _____ be _____ the plan.

_____ my _____ be covered.

Is the _____ total coverage _____ that involves _____ ?

Is _____ health _____ in the coverage _____ provide?

Will I be _____ expenses?

_____ my prior _____ treatments _____ ?

Will _____ receive _____ coverage under _____ if _____ have existing _____ ?

_____ this insurance cover any _____ might have relating _____ forms of _____ ?

_____ pre-existing _____ get _____ coverage here?

Does _____ previous symptoms _____ this treatment?

_____ my _____ included in _____ coverage given _____ me?

Does this _____ cover all _____ I _____ had _____?

Does _____ coverage extend _____ patients _____ concerns?

Due to my existing conditions can _____ therapy _____?

Does _____ coverage _____ these forms of therapy _____ with _____ medical _____?

Do _____ related to pre-existing _____ the coverage of _____ plan?

_____ it _____ can expect full _____ for existing condition _____ this _____?

Is _____ therapy plan going _____ conditions?

_____ I _____ with _____ therapies, are they _____ covered?

_____ pre-existing _____ these treatments?

_____ therapy _____ still be covered _____?

_____ the therapies _____ conditions be covered under _____?

_____ have _____ had _____ are these therapies fully _____?

Is _____ condition treatments _____ in _____?

_____ cover all existing _____ issues?

Can my _____ conditions _____ plan?

Will this _____ pre-existing _____ may _____ related to _____ types _____ therapy?

_____ therapy _____ get _____ coverage?

_____ to know _____ these therapies are fully _____ I _____ problems.

_____ the _____ extend to the patients _____ previous _____?

_____ therapy expenses _____ covered under _____ insurance policy.

Will _____ my therapies?

_____ the plan make sure the coverage _____?

_____ my _____ full coverage

_____ the insurance _____ total coverage for therapy _____ to _____?

Does the _____ treatment for _____ associated _____ these _____?

_____ it possible _____ insurance _____ any past _____ related to these _____?

Is _____ this _____ to provide full _____ for _____ condition _____?

_____ that health costs from my _____ receive _____ insurance within _____ policy?

Are _____ treatments included in _____?

_____ it possible _____ get _____ for any _____ illness _____ to _____?

Is pre-existing _____ therapy fully _____.

Are my previous _____ the _____?

_____ these _____ of therapy fully covered _____?

Will _____ plan _____ conditions related to _____ therapies?

Does my pre-existing condition _____ covered _____ the _____?

_____ the _____ cover _____ of my _____ conditions?

_____ the coverage for _____ forms _____ therapy _____ patients _____ have _____ concerns?

Is _____ plan _____ to _____ pre-existing conditions?

Will these _____ cover _____?

Is _____ insurance able _____ handle _____ like _____?

Will _____ under _____ plan _____ I have any _____ to these therapies?

_____ plan _____ the treatment of pre-existing _____ related _____ these _____?

Does _____ cover the _____ for my established _____?

_____ this _____ policy _____ therapy expenses?

_____ that I _____ full coverage _____ therapy issues?

Are those _____ covered _____ the _____?

_____ for pre-existing conditions _____ under _____ coverage _____ this plan?

Is total _____ the _____ for therapy with _____?

Will _____ plans _____ for _____ conditions?

Does _____ plan _____ pre-Existing conditions?

____ I ____ coverage for ____ existing ____ ?
 If ____ had ____ am they ____ with this?
 Will ____ modified therapeutic ____ for established ailments?
 ____ plan ____ all ____ therapy related pre-existing ____ ?
 ____ medical history ____ related forms ____ therapy covered ____ ?
 ____ my ____ get full ____ ?
 ____ my pre-existing ____ be completely ____ for ____ your ____ ?
 Is it ____ these ____ cover ____ ?
 ____ there ____ for ____ conditions here?
 ____ these ____ conditions like mine?
 Is my pre-existing ____ in ____ ?
 ____ coverage for ____ with these therapies?
 ____ plan pay ____ my ____ conditions ____ connect with ____ therapies?
 ____ the full ____ for ____ provided?
 Are my pre-existing conditions ____ ?
 ____ condition treatments ____ in the ____ ?
 ____ my ____ covered by this ____ policy?
 ____ the plan cover ____ issues?
 ____ the treatment of pre-existing ____ in the ____ ?
 Would ____ included ____ the coverage I receive?
 ____ my therapy ____ here?
 ____ still ____ my pre-existing ____ ?
 Can ____ full ____ existing condition ____ under this ____ ?
 ____ forms of therapy ____ completely for ____ ?
 ____ my ____ condition treatments ____ ?
 Is my ____ illness ____ in ____ ?
 ____ my ____ fully covered ____ the ____ ?
 Considering my ____ conditions, ____ these forms ____ covered?
 ____ pre-existing condition therapy ____ will be covered ____ .
 Will ____ be coverage ____ previous ____ ?
 ____ this health ____ my previous treatment ____ ?
 ____ I ____ coverage of ____ for existing illnesses ____ plan ____ a ____ ?
 ____ insurance cover any pre-existing conditions ____ related ____ specific therapies?
 ____ plan ____ previous symptoms of ____ ?
 ____ any pre-existing conditions ____ forms of ____ will they ____ fully covered?
 Is this ____ pre-existing ____ related to these ____ ?
 ____ therapy-related health issues ____ covered?
 ____ health issues ____ covered in ____ plan?
 Is my ____ prior conditions?
 ____ my ____ to these ____ be fully ____ ?
 Does this ____ treatments ____ conditions?
 ____ I ____ pre-existing issues, are ____ therapies ____ ?
 ____ the treatment ____ pre-existing ____ fall within ____ of ____ this plan?
 Will ____ of my ____ conditions?
 Will ____ cover my ____ ?
 ____ previous treatment-related ____ on ____ plan?
 Can ____ conditions receive ____ ?
 ____ therapy ____ covered in the ____ ?
 If I have therapies ____ conditions, ____ they ____ ?
 Will the ____ covered ____ plan if I ____ conditions?

_____ plan cover all my _____?

Will _____ pre-Existing _____ be _____ plan?

Is it _____ with this _____ had _____ before?

Will _____ therapies _____ prior conditions?

Can my pre-existing _____?

Does _____ have _____ therapy involving _____ pre-existing conditions?

Should my pre-existing _____ by _____?

There are _____ about _____ treatment conditions receive _____.

_____ I receive full coverage _____?

_____ wonder if _____ coverage for pre-existing _____ issues.

Can _____ full _____ therapies _____ to _____ illnesses be _____?

_____ the _____ cover _____ therapy _____?

Does _____ provided _____ patients _____ previous medical _____?

_____ treatment-related _____ covered by this insurance policy?

Will _____ fully _____ my previous _____?

Is the _____ insurance cover _____ existing _____?

_____ this _____ treatment for pre-existing _____?

_____ coverage available _____ pre-existing _____ issues?