

[Demo] NLP Dataset for Customer Service Automation

Company Type	Health Insurance Companies
Inquiry Category	Home health care coverage stipulations
Inquiry Sub-Category	Duration and Frequency of Coverage
Description	Queries about the limitations on the length of coverage or the frequency of home health visits allowed by the insurance policy.
Data Size	7,906 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.)

How _____ per _____ am _____ in-home medical assistance _____ by my plan?

I _____ know how many _____ a _____ have _____ at my _____.

What _____ monthly _____ on _____ home visit?

How _____ a _____ do I qualify _____ care?

_____ I have _____ medical _____ more than _____ a _____?

What limits _____ my coverage _____ in-home _____ help _____?

_____ would like to know if _____ get in- _____ support multiple _____.

How _____ can I _____ home _____ assistance _____ monthly basis?

What _____ home _____ assistance _____ I receive per _____?

Is there _____ times each month _____ home healthcare?

_____ have _____ help at _____ if I _____ monthly plan?

_____ the limit for at _____ covered by _____?

_____ my _____ cover home _____ month?

What's _____ limit _____ my insurance _____ at- _____ every month?

I'm interested in _____ limit _____ home medical assistance _____ by _____.

In _____ my coverage _____ in- home medical _____?

Is it _____ be covered _____ monthly?

_____ many times _____ can _____ have healthcare _____ my _____?

_____ is _____ number of times _____ month _____ home _____ can _____ received?

_____ there _____ of times my _____ in- home medical _____ month?

How many _____ in- home healthcare?

A _____ number of monthly _____ visits _____ a _____?

How _____ month do I _____ home medical _____?

Is _____ a _____ the number _____ my _____ home healthcare?

Within what limits _____ my coverage cover _____?

_____ can I access _____ in- _____ medical _____?

_____ frequently does _____ home care?

Can _____ receive _____ medical _____ month?

How _____ cover home medical _____?

_____ limit to how many _____ receive in- _____ medical _____ a _____?

How ____ times ____ month ____ need at- ____ care?

What's ____ limit ____ in-home medical ____?

Is ____ my insurance plan ____ me ____ for caring ____ home per ____?

____ I have ____ home medical ____?

____ do my ____ include ____ in ____ help sessions?

How often do I ____ home ____ assistance ____?

____ is the ____ number ____ times my ____ get ____ home healthcare services?

How ____ get ____ home ____ aid ____ part of ____ coverage.

____ it restricted ____ a ____ number of ____ for in-house medical ____?

I'd like to know ____ many ____ of ____ care ____ approved ____.

____ my plan ____ I ____ help at ____?

Is there ____ many times ____ month ____ cover healthcare ____ home?

____ many months does ____ in- home medical ____?

____ you ____ me the ____ times ____ plan covers ____ medical ____?

I would like ____ know how many times ____ month ____ can ____.

Is ____ a ____ to how ____ my ____ healthcare?

How frequently ____ in- house ____?

Can I get in- ____ help ____ times ____?

____ month, ____ get in- home medical aid?

____ many ____ a ____ can I access covered ____ medical ____?

____ often ____ insurers cover in- ____?

____ do in- ____ get covered on your ____?

____ this ____ a certain number of in- ____?

____ home medical support multiple ____ per month?

What is ____ monthly limit ____ in- ____ medical ____ by ____ plan?

Is ____ a ____ to ____ assistance ____ month?

How often ____ receive medical ____?

____ get at- ____ medical ____ month?

____ would like ____ the ____ number of times ____ covers home healthcare ____.

____ the Frequency ____ support within my plan?

What ____ the ____ of times per month ____ I ____ get in- ____?

____ know how many ____ a ____ can ____ home medical assistance?

____ possible to ____ medical ____ frequently?

____ of in- home ____ assistance each ____?

____ give me ____ number of ____ a ____ medical ____ is ____ each ____?

What ____ the ____ when ____ medical ____ is covered?

In- ____ medical help ____ within the ____ my coverage ____ month.

____ my ____ for in- home ____?

Can you tell ____ limit on ____ assistance?

____ many ____ in a ____ calendar month am I ____ support?

Does ____ allow ____ specific ____ of home healthcare ____ month?

Will ____ in- home healthcare ____?

____ there a cap ____ times a month ____ cover ____ healthcare?

I ____ if I can receive in- ____ medical support ____ month.

____ much I ____ receive at- home ____ covered ____ every ____?

____ is the monthly ____ in-Home ____?

Can you ____ me ____ of ____ medical ____ approvals ____ month?

____ many times am I eligible for ____ health ____?

Can you ____ the ____ of ____ I ____ in- home ____ assistance?

____ is the monthly ____ medical help sessions?

How ____ do ____ plans ____ medical ____?

How ____ times ____ I qualify for in- ____ assistance?

Can ____ home medical assistance ____ times per ____?

How often ____ get ____ when I have coverage?

Is ____ for me ____ at- ____ care ____ times a ____?

Will ____ multiple home-care visits ____?

____ often will I ____ in-home ____?

What is ____ allowable ____ for ____ assisted healthcare ____ home ____ benefits?

Does ____ plan ____ for ____ than ____ session of medical ____?

How ____ a ____ can I ____ in-house medical ____?

____ know the maximum number of times ____ covers ____ a ____?

Can ____ medical assistance ____ a month?

____ don't ____ how ____ my ____ home healthcare.

____ how many ____ a month ____ qualify for ____ care?

Does this ____ many in- ____ each month?

____ the monthly ____ of in- home ____ assistance ____ by ____ insurance ____?

____ know how ____ I ____ get in- home medical ____.

____ the ____ rate ____ assisted healthcare ____ home in my current ____?

What ____ for ____ home healthcare covered ____ every month?

How often can ____ give ____ in- home ____?

Is it possible to have ____ each ____?

____ is the ____ occurrence rate ____ having assisted ____ home, under ____?

____ is ____ on ____ medical assistance ____ by my insurance?

____ is ____ limit for at-home ____ provided ____ insurance?

____ it possible ____ in- home medical ____?

I ____ to ____ how ____ can have healthcare ____.

____ is the limit ____ getting medical ____ delivered ____ each ____?

____ I have a ____ on the number of ____ plan ____?

____ often can my ____ home ____?

____ am I covered ____ home medical help?

____ there a ____ limit ____ in- ____ help?

Is there ____ many ____ my plan covers home ____ month?

____ limit ____ in- home ____ assistance each ____?

____ the ____ for ____ healthcare visits?

____ my ____ home- care visits per month?

____ plan allow ____ specific number ____ home ____ visits?

How many ____ within ____ month ____ I eligible ____ health ____?

____ tell me the ____ on ____ home medical assistance ____ plan ____?

Monthly visits by ____?

I ____ know ____ per month I can ____ healthcare covered.

Does ____ plan allow ____ to ____ home on ____ monthly basis?

What ____ of monthly ____ home ____ help ____ covered?

What ____ does ____ coverage include for ____ sessions?

____ often ____ cover ____ in home?

How ____ does ____ policy cover ____ services?

____ of in- ____ in my ____?

____ does my plan ____ in- home medical ____?

____ times per month can ____ get ____ in home ____?

Can you ____ me ____ on ____ in- ____ medical assistance?

____ many times ____ I ____ to ____ in- home medical ____?

I want _____ know if my _____ per _____.
 _____ the allowable _____ rate _____ healthcare at _____ under _____ current _____?
 _____ my _____ cover home _____ month?
 _____ many times a _____ can _____ home _____?
 _____ in- home _____ support multiple times every month?
 _____ many _____ a month _____ I get _____ covered by _____ insurance?
 What's the _____ usage _____ my _____ having med _____ at _____ each _____?
 What's _____ maximum use of _____ coverage _____ having _____ at _____ each _____?
 _____ the limit for monthly _____ to _____ home?
 _____ many times _____ I _____ covered in- _____ medical _____?
 How _____ month _____ I _____ in home _____ assistance?
 _____ many times does _____ cover in- _____ assistance?
 _____ many times _____ month can _____ in-home medical _____?
 If _____ plan, can _____ have medical help _____ home?
 _____ often _____ your plans _____ home _____ assistance?
 What _____ times per _____ I have in- _____ assistance?
 _____ home medical care instances _____ approved _____?
 _____ home healthcare can _____ every month?
 What's _____ maximum _____ of _____ that in- _____ received each month?
 _____ times per month can I _____ medical _____?
 _____ my _____ cover multiple home-care _____?
 _____ many _____ can I _____ home _____ assistance?
 _____ your _____ have a _____ home medical assistance?
 _____ tell me how _____ my _____ in- home _____.
 _____ than one monthly _____ of covered _____ home medical assistance?
 I _____ to _____ limit is on _____ assistance each month.
 _____ many instances _____ care is approved each _____?
 How _____ policy cover _____ home _____?
 _____ the _____ of times _____ month _____ home _____ care can be received?
 How often will _____ in- _____?
 _____ it possible _____ me _____ regular at- _____ each month?
 I need _____ how _____ times _____ care _____ approved _____ month.
 _____ limited _____ number of appointments for _____ help _____ month under this _____?
 How _____ month _____ I _____ covered in- _____ medical help?
 _____ possible to _____ my home on a monthly _____?
 How _____ month _____ I _____ my in- home _____ assistance?
 _____ my _____ cover in- _____ medical _____ a _____ basis?
 _____ my plan inclusive of _____?
 Tell me the _____ have healthcare _____ home.
 How _____ times a month _____ eligible _____ based health _____?
 _____ a month _____ I _____ for home _____ assistance?
 Are there any instances _____ home _____ approved _____ month?
 _____ plan include coverage _____ one home-care visit per _____?
 _____ there a _____ to _____ assistance I receive _____ month?
 _____ can I get _____ in-house _____?
 What _____ monthly _____ covered _____ home trips?
 Is it _____ to have _____ home on _____ basis?
 What is _____ limit _____ in-home _____ assistance _____ by _____ insurance _____?
 Is _____ maximum _____ times _____ will cover _____ home medical _____?
 How _____ I _____ for home-based health _____?

____ I ____ home medical support multiple ____ month?
 ____ tell me how many ____ per month ____ medical assistance?
 How ____ your ____ in- ____ care services?
 How ____ times ____ get ____ medical ____?
 I ____ to ____ many home medical care ____ each ____.
 ____ eligible to receive in-home medical ____ month?
 ____ maximum ____ of times a month I can ____ healthcare ____?
 ____ can I ____ in ____ help?
 ____ a ____ calendar ____ will ____ be eligible ____ home-based health support?
 ____ need to know ____ monthly ____ on in-home ____ assistance covered ____.
 ____ frequently can I ____ in- ____?
 ____ is ____ at home ____ that my insurance ____?
 How ____ times in ____ calendar ____ I ____ for home-based ____ support?
 ____ need to know how many ____ a month ____ can ____.
 What ____ my limit on ____ assistance ____ month?
 ____ is ____ limit for in-home ____ assistance ____?
 How ____ health ____ in- home healthcare?
 Is ____ number of ____ home medical support within ____?
 ____ many times ____ month is ____ home ____ approved?
 I ____ to know how ____ times ____ month I ____ medical ____.
 Is there ____ to ____ amount of times ____ home ____?
 Will ____ cover home medical ____?
 ____ cap on ____ of ____ an insurance ____ covers ____ at home?
 How often do ____ home ____?
 ____ limit to ____ times ____ qualify for at ____ care ____ month?
 ____ the ____ amount of ____ I ____ get ____ healthcare ____ under ____ policy?
 How many home ____ each ____?
 Is ____ possible ____ in-home medical ____ multiple ____ a month?
 ____ many in- home care ____ are ____ a single month?
 ____ permissible to ____ home medical help multiple times ____?
 ____ frequently do ____ get ____ recognized ____ home care?
 Is ____ to receive ____ medical support multiple times ____?
 How ____ I get ____ assistance a month?
 ____ many times do ____ qualify ____ at- home ____?
 ____ month do ____ be allowed to have in- home ____?
 Is ____ to ____ number ____ get covered in- home medical ____ monthly?
 Can I get ____ home ____ help ____ basis?
 Is it possible to ____ help ____ times ____ month?
 ____ are ____ monthly ____ in- ____ medical help?
 ____ it possible for ____ be brought ____ my ____ every ____?
 ____ get in-home medical assistance with my ____?
 ____ often ____ I ____ in- home ____?
 ____ many times a ____ I can ____ home ____ assistance.
 How many ____ per ____ do I ____ aid?
 How often ____ receive ____ Home ____?
 ____ it ____ in- home medical assistance multiple times a ____?
 ____ often ____ my ____ pay ____ medical help at ____?
 Is ____ a ____ of ____ get ____ home medical aid monthly?
 How ____ can ____ get ____ assistance under my ____?
 What ____ the ____ occurrence ____ for having ____ healthcare ____ in ____ benefits?

_____ can my _____ in- home medical _____?
 _____ is _____ number of in-home _____ by my _____?
 _____ I _____ the number of _____ my plan covers _____?
 How _____ occasions _____ support am _____ eligible for in _____ month?
 What is the allowed occurrence _____ assisted healthcare _____?
 I would like _____ know how often _____ can _____.
 _____ will I receive _____ medical _____?
 Does _____ plan _____ cover multiple home-care _____?
 Tell me _____ times _____ month _____ at home.
 Is there a _____ many _____ month _____ pays _____ home healthcare?
 How often in-home _____ assistance _____ plan?
 _____ I have _____ home _____ help many _____ month?
 _____ many times _____ month can _____ the _____ assistance?
 How often _____ in- _____ care services.
 Is _____ possible _____ get _____ multiple times _____ month within this _____?
 _____ wonder _____ I can _____ home _____ times a month.
 Can _____ cover _____ healthcare?
 What _____ for receiving at- home _____ insurer?
 Is _____ a maximum _____ times _____ plan _____ home _____ each _____?
 _____ is the _____ number _____ times _____ can get in- _____ services _____ policy?
 Can I get in- home medical _____ month _____ coverage?
 Do _____ know _____ many _____ month I _____ get _____ home medical _____?
 _____ my _____ more than one monthly _____ the medical _____?
 _____ restricted to _____ certain _____ appointments for _____ medical help _____ month?
 _____ often does _____ cover _____ home _____ aid?
 How often _____ receive _____ home medical aid _____?
 _____ times can I request _____ assistance?
 Is _____ a _____ for covered in- home _____?
 Is _____ my _____ to give overage _____ caring _____ someone _____ home _____ month?
 Does my plan cover _____ in a _____?
 What is the _____ number of in- _____ I _____ every _____?
 Does _____ cover multiple _____ trips _____?
 _____ have _____ medical _____ frequently?
 What is _____ assistance _____ my door each month?
 _____ is _____ monthly _____ of _____ in-home _____ help?
 _____ provide coverage for multiple home-care _____ month?
 _____ the limit on _____ assistance _____ month?
 _____ will _____ home medical assistance be _____ by _____?
 _____ like to know if I _____ restricted _____ certain _____ of _____ for _____ medical _____ each _____.
 How often _____ your _____ cover _____ home _____ during _____ month?
 _____ often do I _____ in- home _____ each _____?
 _____ many times _____ month is _____ permissible for me _____ medical _____?
 Is _____ in-home medical _____ frequently?
 _____ care instances _____ approved monthly?
 How _____ home healthcare services?
 _____ tell _____ of times that _____ medical care _____ approved _____ month?
 Is it _____ to _____ me _____ my _____ home medical assistance?
 _____ have a maximum number of _____ covers _____ healthcare?
 _____ to _____ limit _____ at- home _____ my insurance covers.
 _____ in- _____ services are _____ in your policy?

I _____ like to _____ times a month _____ have home _____.
 How often _____ my _____ pay _____ assistance?
 Can I _____ home medical _____ a _____ basis?
 Is _____ on the monthly visits _____ health _____?
 What _____ maximum number of _____ per _____ get in- _____ healthcare?
 I _____ know _____ per month I can have home _____.
 _____ many _____ covered in- home medical assistance _____ month?
 How often can _____ approved _____ in-house _____?
 _____ to _____ home medical _____ is covered by my plan.
 What is _____ maximum _____ for my _____ of having _____ monthly?
 _____ in- home healthcare _____?
 Is _____ a _____ the number _____ times I _____ medical _____ monthly?
 Does my _____ more _____ one _____ of medical help?
 What _____ the _____ month that in- _____ care is covered?
 What is the _____ receiving _____ every month?
 _____ the _____ allow for _____ specific _____ in- _____ visits a month?
 I _____ to know _____ is _____ in- home medical assistance _____.
 _____ times per month _____ my plan provide in- _____?
 Can _____ in- home _____ help _____ times _____?
 _____ is _____ number of _____ assistance _____ my plan?
 How _____ plan _____ in- home _____ assistance?
 How _____ plan cover in- _____ medical _____?
 _____ limit for _____ number _____ times _____ plan _____ home healthcare?
 _____ receive in-Home medical support _____ a month?
 _____ want to know how _____ a month I _____ covered.
 _____ do _____ see _____ plan cover _____ medical assistance?
 how often _____ I _____ assistance?
 _____ wondering _____ I _____ receive in- _____ medical aid.
 How _____ every _____ I _____ home medical help?
 Is _____ times my plan covers home _____ a month?
 Does _____ allow for a _____ of in- _____ visits each _____?
 How often do _____ in-home _____?
 _____ get _____ medical _____ often?
 _____ often can _____ receive in- _____?
 _____ limit on how many times _____ month insurance _____ at _____?
 _____ covered _____ home _____?
 Can I _____ home _____ assistance _____?
 _____ times a _____ in- home medical _____ paid for _____ my plan?
 On _____ I have medical _____ at home?
 _____ to _____ if _____ a specific maximum _____ of _____ my _____ covers _____ healthcare.
 _____ I have medical _____ at home _____ basis under _____?
 How often _____ in- home healthcare _____ under _____?
 _____ single month, how many times _____ home-based _____ support?
 _____ often _____ I get _____ in- house _____ aid?
 _____ the _____ for multiple _____ visits per _____?
 Monthly visits _____ home _____ professionals can _____ on coverage.
 _____ I get _____ in- home medical _____?
 How many times _____ covers _____ healthcare _____?
 How _____ the plan cover _____ medical _____?
 What _____ maximum _____ for _____ coverage for having _____ home monthly?

_____ times am _____ eligible _____ health support within _____ month?
 I _____ if _____ is _____ limit on how _____ times per _____ insurance _____ .
 _____ my plan _____ I get _____ my home?
 Is _____ possible _____ medical support _____ per month?
 _____ don't _____ usage is _____ for having med support at _____ monthly.
 _____ is _____ number of times in _____ month _____ can get _____ services?
 I _____ to know what _____ medical assistance each month.
 _____ often do _____ get _____ home _____ my coverage?
 Let's _____ my limit is _____ home _____ assistance _____ month.
 _____ to know _____ limit is on _____ medical assistance each _____ .
 Is _____ a limit _____ how _____ times _____ covers home _____ ?
 _____ the monthly _____ for at- _____ healthcare that _____ ?
 _____ a _____ am _____ receive in- home medical assistance?
 Can _____ me _____ covers medical _____ in my home?
 Is there _____ times _____ get in-house medical help per _____ ?
 _____ know _____ often my _____ covers _____ home medical assistance.
 How many _____ a _____ bring home medical _____ ?
 _____ plan cover multiple home-care _____ ?
 _____ want to _____ month I can have home _____ .
 _____ often can I _____ in- home medical _____ ?
 _____ times a month do _____ have _____ medical care?
 How _____ I _____ in- _____ assistance under my _____ ?
 Is it possible _____ receive _____ medical _____ per month?
 _____ is _____ in- home medical assistance _____ the _____ ?
 How _____ can _____ medical aid as _____ of _____ insurance?
 _____ need _____ how many instances of _____ care _____ approved each _____ .
 _____ you give me _____ times my _____ home medical assistance?
 _____ there a _____ monthly _____ by in- home _____ professionals?
 _____ is the maximum number of _____ month _____ can _____ in- _____ ?
 _____ plan _____ for more _____ session of medical assistance _____ ?
 _____ it possible _____ get _____ help at my _____ basis?
 Tell me _____ of times _____ can _____ at _____ .
 _____ do _____ insurance cover _____ house _____ ?
 How many _____ month can _____ medical help?
 Let's start _____ the _____ is my limit _____ in- _____ assistance _____ ?
 _____ know _____ maximum number _____ my plan _____ home healthcare?
 _____ possible _____ get in- home medical _____ times per _____ ?
 _____ to know _____ times per _____ I can _____ medical assistance.
 How frequently _____ policy _____ home _____ ?
 _____ is the _____ amount of times _____ I can _____ home _____ ?
 I _____ a _____ times per month insurance pays for _____ healthcare.
 _____ times can I _____ medical _____ to my _____ ?
 How _____ I get _____ for in- _____ ?
 _____ frequently _____ plan _____ in-house _____ assistance?
 Is _____ maximum amount _____ times _____ in-home medical help?
 _____ I _____ in- home medical assistance _____ my plan?
 _____ tell me how many _____ care _____ each month?
 Does this plan allow _____ of home healthcare _____ ?
 _____ is the permissible _____ for _____ at _____ under _____ current benefits?
 _____ it possible _____ at home monthly?

_____ I _____ medical _____ regularly?

How many times can _____ for _____ assistance?

How many times a month do _____ access _____ assistance?

Can _____ at home via _____ plan?

Does _____ plan _____ me to _____ home-care _____ per _____?

Does _____ plan let _____ more than _____ medical assistance?

_____ times _____ month _____ have home medical _____ given?

Can _____ give _____ of the _____ in- home medical assistance?

_____ there a limit on _____ many _____ month _____ healthcare?

_____ cap _____ how many _____ per month insurance will cover _____?

_____ I _____ to a certain _____ appointments each _____ in-house medical _____?

Can _____ many _____ in- home medical assistance per month?

_____ there a _____ on _____ the insurance covers home _____?

How often do I _____ home _____ with my _____?

_____ limits on my coverage for _____ medical help _____?

What is the _____ in- _____ medical _____ that my _____?

_____ it _____ to get medical help at _____ monthly basis?

Is _____ for _____ to _____ medical support multiple times _____?

_____ it possible to _____ a monthly limit _____ assistance?

_____ a _____ how many _____ will I _____ eligible for _____ health _____?

Can you _____ the _____ of approved home medical _____?

How _____ times would I be eligible _____ health support _____?

How many times per _____ my _____ medical _____?

_____ number _____ times per month _____ I can get _____ healthcare?

Where do _____ find out where _____ covers in- _____ services _____?

_____ a _____ basis, _____ I _____ medical _____ my home?

Monthly _____ in- _____ professionals _____ be covered.

_____ many _____ can I get _____ in- home _____.

How _____ times can I _____ in-home medical _____?

What's _____ my insurance _____ cover at home _____?

Does my coverage _____ month?

_____ is _____ amount _____ times _____ can get _____ in- home _____ care _____ month?

Is it _____ in- home medical help _____ every month?

Can _____ the limit on _____ medical _____ visits?

_____ there _____ limit _____ monthly medical home _____?

_____ is my _____ approved for in- _____?

_____ are the monthly _____ covered medical _____?

_____ can I _____ medical assistance?

Will I _____ receive _____ support multiple _____ a month?

Can I _____ my monthly _____ for medical _____?

How frequently _____ home medical _____ covered _____ plan?

_____ does _____ policy _____ in- home care _____?

What is the _____ in- _____ medical _____ my plan?

So, _____ my limit _____ in- home _____ assistance _____?

How often _____ home _____ assistance?

Can _____ give me _____ times a _____ I can _____ in- home _____?

_____ many _____ care _____ do _____ approve each month?

_____ will I get _____ in my _____?

_____ there _____ monthly _____ in- home medical assistance _____?

Can you tell _____ times _____ month _____ can _____ home medical _____?

_____ I receive in- home _____ aid as a _____ of _____?
 _____ you _____ me _____ in- home medical _____ within _____ plan?
 _____ for _____ monthly limit _____ in- _____ medical assistance covered _____ my _____.
 _____ can I _____ home _____ help?
 How often can _____ get in- home _____ as _____ my _____?
 What's the _____ usage _____ my coverage _____ med support at _____?
 How _____ my _____ cover in- home _____?
 How _____ your policy _____ in-home _____?
 Does _____ insurance _____ in- _____ healthcare _____?
 How many _____ month am _____ for _____ support?
 How _____ my in- home healthcare?
 Does my _____ offer _____ multiple home-care _____ month?
 Will _____ to receive _____ home medical _____ multiple times _____?
 _____ my _____ cover in- home _____?
 Can you tell me how _____ my _____ assistance?
 Can _____ receive in- _____ support many _____ per _____?
 _____ medical assistance _____ my plan _____ each month?
 _____ often _____ cover for _____ healthcare?
 How _____ does _____ health _____ cover _____?
 _____ monthly limit _____ healthcare _____ my insurance covers?
 _____ is the _____ number of _____ policy allows _____ healthcare services?
 How often can _____ get _____ under my _____?
 How many times _____ do _____ medical assistance covered _____ plan?
 I want _____ receive in- _____ medical _____ multiple _____ a month.
 _____ my _____ plan, what _____ the monthly _____ in- home _____?
 How _____ times _____ i have _____ medical help?
 How many _____ a _____ do I _____ help?
 _____ my _____ pay for _____ health care?
 Is _____ to receive _____ medical support _____ per _____?
 _____ your _____ cover _____ care services _____?
 Does _____ allow _____ specific number of _____ visits?
 Let's _____ with what's _____ limit on in- _____ medical _____?
 Is _____ plan able _____ medical help monthly?
 _____ there a _____ my plan covers in- _____ assistance?
 _____ I _____ in- home medical _____?
 Please tell me how _____ a _____ have _____ healthcare.
 How _____ times _____ month can i _____ home _____?
 Am _____ to _____ home _____ multiple times per month?
 I _____ to know how _____ month _____ can get _____ medical _____.
 _____ in- home _____ be covered?
 _____ it possible to get medical assistance _____ every _____?
 Am _____ limited _____ a _____ number _____ for in-house medical help _____?
 _____ often _____ in- home medical _____ in my _____?
 _____ plan permit _____ specific number _____ in- _____ healthcare _____?
 What is _____ number _____ times _____ can get _____ services per _____?
 Do I _____ of _____ my plan covers home healthcare _____?
 What is _____ number _____ per _____ I can get _____ medical _____?
 _____ you have _____ of _____ plan _____ home healthcare per month?
 What numbers of monthly _____ are covered?
 _____ in- home _____ more _____ once a month?

How _____ you _____ health aid?

_____ possible to _____ at home _____ support each _____?

_____ know how _____ times _____ I _____ get home _____ help.

_____ to know _____ my _____ home medical assistance each _____.

_____ be eligible _____ get _____ medical support multiple _____ per _____?

_____ the monthly limit _____ home medical help?

What is the frequency _____ in- _____ medical _____ covered _____?

What is the monthly limit _____ medical _____?

What is the _____ I can _____ in- home healthcare _____ policy?

What is the _____ for me _____ assisted _____ home?

_____ in-homes _____ support multiple _____ per month?

_____ often _____ approved _____ health aid?

Is _____ a limit _____ visits _____ health professionals?

What is _____ limit for in- _____ that is covered _____ insurance _____?

_____ possible to _____ limit on in-home _____ assistance?

_____ do I get in- _____ my coverage?

The number _____ monthly home _____ visits _____ covered _____?

How many times _____ my plans _____ home _____?

How _____ times _____ month _____ my _____ in- home _____ assistance?

_____ the maximum _____ my coverage for _____ at home _____ a _____ basis?

Does my plan cover _____ on _____ basis?

_____ there _____ defined number of _____ approvals _____ eligible _____ claims?

_____ the monthly limits _____ medical help?

_____ many _____ can _____ get home medical help.

Is it _____ have in- _____ medical _____ times _____ month?

Is there _____ home healthcare is covered _____ my _____?

How often _____ insurance cover in- home _____?

Is _____ possible for _____ plan _____ home _____ per _____?

How _____ times _____ you _____ for at- _____ care?

_____ cover in- home healthcare?

Does _____ multiple _____ per month?

I'd like to know _____ my limit _____ assistance _____ month.

Is _____ to receive in-home _____ month?

_____ know _____ of times I _____ for at- home care _____?

_____ you _____ how _____ in- home _____ is _____ by my _____?

_____ you _____ many _____ per _____ I _____ get in-home _____ assistance?

_____ want to know _____ times I can get in- _____ healthcare _____ my _____.

Is _____ to get _____ in- _____ medical aid _____?

_____ my _____ cover _____ medical assistance?

Is it _____ receive _____ home medical _____ each _____?

_____ am I permitted to get _____ aid?

_____ plan _____ in- _____ medical assistance _____?

_____ many times _____ home medical _____ month?

Is there a _____ on the _____ of _____ insurance _____ healthcare _____?

How many _____ I _____ to in- home _____?

What _____ the maximum amount _____ per _____ I _____ get _____?

How many times _____ I receive covered _____ care?

_____ month _____ I have in-house _____ assistance covered?

Can _____ me the number _____ care _____ a month?

_____ there _____ a _____ on how _____ times _____ insurance _____ home healthcare?

Is the _____ of monthly _____ visits _____ covered _____?

_____ plan _____ many in- home healthcare _____?

_____ tell me _____ my plan has _____ limit on _____ medical _____?

What is the maximum number of _____ I _____ in- _____?

_____ many times _____ can I get at _____?

How _____ can I get in-home _____?

Does my _____ specific _____ of _____ it _____ home healthcare?

_____ many monthly _____ can be _____?

_____ my plan cover home healthcare _____ a _____ times _____?

_____ is _____ number of _____ a month _____ I receive _____ care?

_____ your limit _____ assistance each month?

How _____ does _____ policy cover in- home _____ the _____ of _____?

What is _____ maximum I _____ receive _____ home healthcare _____ month?

_____ it possible _____ for at-home care _____ times _____?

What's my _____ limit _____ medical _____?

_____ know how frequently _____ get covered in- _____ medical _____.

_____ I _____ in-home medical _____ times a _____?

Does my plan _____ multiple home-care _____ month?

Tell _____ the number _____ month _____ get healthcare at _____.

_____ you _____ tell _____ how _____ per month I can _____ home medical _____?

_____ many _____ a _____ I can have _____ medical help.

_____ it possible that I can _____ home _____ help _____ times _____?

_____ many times can _____ receive _____ home _____?

_____ I _____ medical help _____ times _____ month?

_____ my plan cover multiple _____ visits _____ single _____?

How many times _____ month _____ I receive _____ support?

How _____ times _____ I have assisted _____ under _____ benefits?

What limits do _____ coverage _____ home _____ help _____?

What is _____ limit on _____ assistance _____?

_____ is my _____ for having assisted _____ at _____?

_____ max number _____ monthly _____ visits _____ a _____ plan?

_____ does your policy _____ in- _____ a single month?

Is there _____ number _____ times my _____ covers _____ help?

_____ a limit on how _____ insurance _____ healthcare?

What's the max _____ for having med _____ home _____?

Does _____ plan _____ for home _____?

What _____ max number of _____ for _____ covered plan?

_____ it permissible _____ me _____ at- home _____ each month?

_____ want to _____ times _____ month _____ can get _____ home healthcare.

_____ often _____ see _____ insurance cover for _____ home _____?

Is it _____ for my _____ cover _____ healthcare _____ once _____ month?

_____ specific number _____ healthcare is included _____ my plan?

_____ my _____ allow for more than _____ monthly _____ home medical _____?

_____ often _____ you cover in-home _____ my plan?

_____ you tell _____ can _____ in- _____ medical assistance per month?

Can _____ tell me how _____ times a _____ can _____ home _____?

What is _____ maximum _____ of times _____ I _____ get _____?

Is _____ for me _____ get _____ medical _____ frequently in a _____?

How many times _____ medical _____ my door _____ month?

_____ can I get _____ home _____ assistance _____ policy?

How many _____ month _____ receive in _____ medical _____?

_____ want _____ my limit _____ on in- home medical _____ each _____.

Can you clarify how many _____ a _____ medical _____?

_____ my plan, _____ I _____ medical _____ at _____?

Is it okay _____ to receive at- _____ each _____?

_____ times a month _____ use my home _____?

_____ often _____ my _____ medical assistance?

How _____ can I get _____?

Is my plan _____ covering _____ assistance _____ month?

Is it _____ get in- _____ medical support _____ times per _____?

Is there a _____ receive in- home medical _____?

What is the maximum _____ coverage for having _____ at _____?

_____ is my _____ home healthcare?

What is _____ times a _____ I can _____ in- home medical _____?

Within _____ how _____ I _____ in- home _____ aid?

Tell me how _____ I _____ get _____ at _____.

Is my _____ number of times _____ healthcare _____?

How many times do I _____ care?

_____ it possible to _____ monthly?

_____ know how _____ times a _____ at home healthcare.

Does the _____ include coverage _____ home-care _____ month?

_____ can I access covered in- home _____?

_____ insurance cover home _____ often?

I _____ to know the _____ of _____ assistance covered _____ plan.

_____ a month should _____ home medical help?

_____ monthly _____ can I have _____ help _____ my _____?

Is my _____ available _____ multiple _____ month?

_____ often can _____ in-home medical aid _____ month?

_____ it possible _____ get _____ in-home medical _____ month?

How _____ does your policy _____ in- _____ care _____?

Under my _____ plan, _____ is _____ limit for _____ assistance?

_____ home medical _____ covered _____?

Is _____ plan _____ for _____ often?

_____ is _____ limit for _____ home _____ my insurance covers?

_____ is _____ number of times in- _____ medical _____ covered _____ plan?

_____ possible to get _____ healthcare _____ month?

What is the maximum _____ each _____ receive in- home _____?

What _____ the _____ usage _____ for having med support _____ month?

What is _____ insurance _____ home medical assistance?

Can you tell me how _____ month _____ covers _____?

_____ there _____ limit _____ the _____ home medical _____ covered _____ my _____?

_____ I use my _____ to _____ at _____ on a _____ basis?

What's _____ limit on _____ medical _____?

_____ my plan _____ than one _____ session of _____ at- _____ assistance?

_____ is _____ regularity _____ in- _____ medical assistance provided by _____?

Can _____ tell me _____ I _____ receive _____ home _____ assistance?

_____ is the _____ number _____ times per month I _____ home _____ care?

Can I _____ in home medical _____ in _____?

What is _____ number of _____ per _____ get _____ healthcare?

How _____ do I get my policy to _____?

_____ many _____ per month _____ in-home medical assistance?
 Can _____ give me the _____ home _____ approved a _____?
 _____ is the _____ for _____ home healthcare?
 _____ is the allowed _____ rate for _____ healthcare _____ home _____ benefits?
 How _____ I expect _____ health support within a _____?
 _____ is _____ of _____ home medical assistance _____ by the _____?
 How _____ each _____ am I _____ home-based _____ support?
 How _____ your _____ in- _____ services?
 Can _____ in- home _____ assistance on a _____?
 How _____ is _____ acknowledged _____ care?
 Is it _____ to _____ in-Home _____ each month?
 What are _____ medical home _____?
 I _____ to _____ care _____ are approved each month.
 Can _____ me how many times _____ I _____ in- home _____?
 I need _____ the monthly _____ on _____ home _____ my plan _____.
 _____ many times _____ can I receive _____ medical _____?
 Can you tell me the _____ times _____ can _____?
 Is there _____ specific number of _____ that _____ healthcare _____ my _____?
 I _____ about the _____ in- _____ medical assistance _____ by _____ plan.
 _____ to _____ home medical assistance each month.
 How often does _____ pay _____?
 How _____ I receive _____ medical assistance _____ a _____?
 _____ frequently will _____ get _____ medical _____?
 _____ a limited number of _____ for in-house _____ each month?
 _____ get in-home _____ often?
 _____ is the maximum number of _____ plan _____?
 _____ the limit on _____ medical _____ a month?
 _____ home medical aid every month?
 How _____ receive _____ medical aid?
 Does _____ plan allow _____ per _____?
 I _____ like _____ know how _____ I can _____ assistance.
 _____ does _____ policy provide for _____ home _____ services?
 _____ many times _____ month _____ you _____ home healthcare _____?
 How _____ times do my insurance _____?
 Do _____ have the _____ to get _____ medical _____ per month?
 _____ often can I _____ medical assistance _____?
 "What's my limit _____ assistance _____ month? "
 What is _____ monthly _____ for _____ help in _____?
 _____ can I get _____ assistance.
 I _____ what's _____ limit _____ in-home medical assistance each _____.
 _____ on _____ many times per month _____ insurance pays _____ healthcare?
 _____ frequently _____ my plan _____ in- home medical _____?
 _____ many _____ month can _____ use in- home _____?
 How _____ can I _____ approval _____ in-house health _____?
 _____ am curious _____ often my _____ covers in- _____ assistance.
 _____ the maximum _____ of monthly _____ visits _____ plan?
 How much _____ I access _____ aid?
 How _____ does my _____ provide _____ assistance?
 How often _____ my _____ for _____ home _____?
 _____ have in-home _____ help multiple times in a _____?

_____ times _____ approved home-based health support within a _____ month?

_____ help sessions included in _____?

_____ the plan _____ specific _____ of in- _____ every month?

How _____ times do _____ have _____ assistance _____ by my _____?

What _____ times every _____ I can _____ in- home healthcare?

_____ want _____ know _____ I am eligible to receive _____ multiple _____ month.

_____ I _____ in- _____ medical _____ frequently?

How many _____ I have in home _____?

_____ many times per _____ am _____ have _____ home _____ assistance?

_____ often _____ I _____ home _____ assistance from my _____?

_____ it possible _____ to _____ at- _____ medical support _____ month?

Can _____ times a month for my coverage?

What is _____ at- _____ I _____ from my insurance?

Is _____ for _____ plan _____ include in-house _____ sessions?

_____ home _____ visits are covered _____ the _____?

_____ the _____ of in- home _____ covered _____ my plan?

Is _____ plan _____ a _____ times home _____ is covered?

Tell me how _____ can have healthcare _____ home.

Can _____ me _____ times a month I _____ in _____ medical _____?

How _____ do you _____ care _____ your policy?

Is _____ for me _____ in- home medical _____ multiple times _____?

_____ by _____ health professionals _____ have limits _____ coverage.

How many times _____ am _____ to get _____ assistance?

How _____ can _____ get in- _____ medical _____?

Is there _____ maximum number of _____ my _____ medical _____?

Is there _____ multiple _____ month?

_____ care _____ approved per month?

What _____ home medical assistance can _____ each _____?

_____ frequently do I _____ in- _____ my plan?

_____ there _____ limit to _____ medical _____ my _____ each month?

_____ times will _____ cover _____ assistance?

_____ I receive in- home _____?

Is _____ possible to get in- _____ multiple _____ month?

_____ many _____ a month _____ I get _____ medical _____?

_____ is the _____ at- home _____ covered _____ my insurance every _____?

Is it _____ to _____ in- home medical _____ month?

How many _____ in _____ I have _____ medical _____ covered?

What is _____ maximum _____ month _____ medical care _____ be received?

_____ a maximum of times _____ covers _____ home medical _____?

I want _____ what _____ limit _____ in- _____ is each month.

_____ possible _____ have a certain _____ in-house medical _____ per month?

Can I receive in-home _____ per _____?

What _____ have on my coverage _____ in- _____ help _____?

_____ monthly limit _____ in-home medical assistance _____ insurance _____ covers?

How _____ in- home medical _____ is _____ my _____?

Will _____ plan _____ in- home _____ often?

_____ often in- home _____ in my plan?

_____ is the _____ usage _____ my _____ for _____ support _____ monthly?

_____ I receive _____ medical aid _____ a month?

How frequently _____ I get _____ assistance _____?

Can _____ the _____ on in- home medical assistance _____ my _____?

_____ often _____ I get in-house _____ assistance under _____?

How _____ can I _____ help?

_____ many in-home _____ help _____ covered?

I _____ usage on my coverage for _____ med _____ home _____ a monthly basis.

Is _____ plan adequate _____ home-care _____ month?

_____ the monthly _____ on _____ visits?

_____ much _____ healthcare is covered _____ my _____ month?

Can my _____ allow _____ to _____ medical _____ at _____?

_____ monthly _____ by this coverage?

_____ it possible to _____ in-Home _____ times per _____?

_____ many times can I _____ medical _____?

How often _____ I _____ my _____ for in-home _____?

Does _____ insurance plan _____ visits per _____?

_____ often _____ my _____ for in-home _____?

I _____ know _____ many _____ a _____ I'm _____ in- home medical _____.

_____ me _____ how _____ month _____ get at- home healthcare.

Is _____ possible _____ medical aid on a monthly _____?

_____ is the _____ for _____ insurance _____ cover _____ healthcare _____ month?

How _____ I get _____?

I _____ how often _____ plan _____ in- _____ medical assistance.

How _____ in-house _____ assistance each month?

What _____ for at- home _____ by my _____?

How many _____ can _____ get _____ home _____ assistance?

_____ part _____ my coverage, can I _____ in- home medical _____?

What _____ maximum _____ times I can _____ services _____ my policy?

_____ plan _____ more _____ one monthly session of medical _____?

_____ there a _____ of _____ my _____ covers _____ healthcare?

How _____ does _____ cover _____ healthcare?

What _____ the _____ of _____ home medical care can _____?

_____ will my insurer _____ for _____ home _____ assistance?

_____ possible to get in- home _____ times _____ month?

I would like _____ how _____ care _____ each month.

_____ many _____ a month do in- _____ sessions _____?

Do _____ plans allow _____ more _____ one _____ of medical _____?

What _____ of in-house treatment sessions _____ my _____?

Is _____ permissible _____ insurance _____ to _____ overage _____ at home per _____?

_____ is the permitted occurrence rate for assisted _____?

How many _____ qualify _____ home-based health _____ within a _____ calendar _____?

Can _____ receive _____ home _____ help multiple _____ month?

_____ would like _____ know how many times _____ have home _____.

What _____ the _____ amount of times _____ I can receive _____ medical _____?

_____ there _____ number of times my plan _____ healthcare?

_____ is the limit for _____ home _____ through my _____?

Can I _____ help often?

How _____ times a month can _____ healthcare?

_____ limit _____ many _____ a month the insurance covers the _____?

_____ help sessions are _____ within my coverage _____ month.

_____ if I _____ to receive _____ medical support multiple _____ per month.

Can I get _____ assistance on a _____?

The maximum _____ my plan covers home _____ not _____.
 _____ plan _____ number of _____ home _____ visits each month?
 Does _____ plan allow me _____ home-care _____ a _____?
 _____ many times _____ month _____ covers _____ healthcare?
 Can _____ tell me _____ visits _____ allowed per _____ by _____?
 Is _____ more _____ instance of _____ medical care approved _____?
 Can you _____ me what _____ monthly _____ is _____ assistance?
 Does _____ more than _____ home healthcare visit _____ month?
 What's _____ number _____ covered _____ home visits?
 How _____ times _____ month _____ I get _____ assistance at _____?
 _____ number _____ months does _____ plan _____ in- home _____?
 _____ get _____ help at _____ house _____ monthly basis?
 Do I _____ home care _____ a certain number _____?
 Does this _____ allow _____ set number _____ in- home _____ month?
 _____ maximum number _____ can receive in- _____ medical care per _____?
 Can I access in- _____ assistance _____ month?
 _____ there a limit _____ how _____ I _____ medical aid?
 What _____ the _____ the monthly medical _____?
 _____ any _____ for _____ in-home medical help _____?
 _____ receive _____ assistance each month?
 How _____ do _____ my _____ cover _____ home healthcare?
 How _____ home medical _____ is covered _____ plan?
 _____ do my insurance _____ cover in- _____?
 _____ I _____ in- _____ medical _____ month as part of _____ insurance?
 I want to know _____ I _____ have _____ covered.
 How _____ times _____ I _____ in- home medical _____?
 Can I _____ medical _____ in _____?
 I don't _____ many _____ a _____ I _____ in- home _____ assistance.
 _____ get _____ medical assistance often?
 How _____ I have _____ assistance?
 My _____ in- _____ medical assistance, _____ per month?
 _____ how often I can get in- _____ medical _____.
 _____ my _____ cover _____ medical help _____?
 _____ is _____ of monthly _____ home _____?
 _____ is _____ number of in- _____ medical assistance _____ plan?
 Is it _____ for _____ have _____ medical _____ times a month?
 _____ it possible _____ get at- home _____ support every _____?
 _____ possible _____ me _____ receive in- home medical support _____ times _____?
 _____ to get _____ assistance to my _____ each _____?
 How _____ a month should _____ medical help?
 _____ often _____ plan acknowledged for home care?
 How _____ can _____ receive _____ home _____ help each _____?
 _____ often does _____ cover _____ in _____ house?
 _____ I get _____ in-home _____ assistance on _____ monthly basis?
 _____ can I receive in-home medical aid as _____?
 _____ a _____ on the monthly visits _____ home health _____ make?
 How many times _____ can I get _____?
 _____ receive in-home _____ support _____ once per month?
 What's the monthly _____ help?
 Can you _____ the plan's limit _____ visits?

Can I _____ home on a _____ basis?

_____ get _____ home medical _____ within a month?

_____ often _____ plan acknowledged for in _____?

What _____ of _____ medical _____ within my plan?

Can you tell _____ of times _____ home medical _____?

Is there a _____ number _____ that _____ in- home medical _____?

_____ how many _____ month home medical _____ is _____.

I _____ know _____ many _____ home _____ care is approved _____.

_____ have _____ question _____ many _____ home medical care _____ each month.

How _____ times can I apply _____ support _____ a _____?

_____ in- home medical assistance?

Can you tell me _____ I can _____ medical assistance _____ coverage?

_____ you _____ times a month _____ in-home medical assistance?

_____ is _____ maximum usage _____ for _____ med support at home _____?

_____ am wondering _____ I _____ support multiple times per month.

How _____ get in _____ assistance?

_____ want to know _____ times _____ I _____ have _____ home healthcare.

How _____ help sessions are _____?

Is _____ possible to only have a _____ for in-house _____?

Is _____ to get help _____ through my _____ a monthly _____?

How _____ insurance cover _____ at home?

_____ include _____ for multiple home _____ visits?

What _____ maximum _____ of times each _____ that _____ can receive _____ home _____?

_____ there a _____ on the _____ visits by _____ home health _____?

_____ do I _____ home _____ from my plan?

What _____ the _____ limit _____ medical assistance _____ my insurance plan?

How many _____ a _____ medical _____ approved?

_____ I be able _____ in-home _____ multiple _____ per month?

Can _____ get _____ home medical support _____ month?

How often can _____ plan _____?

What _____ maximum monthly amount of _____ medical _____?

Can I receive _____?

_____ it possible _____ receive in- home _____?

I would _____ to _____ how frequently _____ get in- _____.

I _____ to _____ I can _____ in- home _____ assistance.

Are there a maximum _____ of _____ healthcare?

_____ it _____ my _____ plan to _____ overage _____ for someone _____ home _____ month?

What _____ support is included _____ my plan?

_____ want _____ my coverage for having med support _____ home monthly.

_____ have _____ home with _____ healthcare on a monthly _____?

_____ there _____ limit _____ the number _____ times _____ plan _____ home healthcare?

_____ many _____ calendar month am I eligible _____ home-based _____?

_____ want to _____ how _____ times _____ receive in- home _____ assistance.

_____ coverage _____ in-home medical help sessions _____.

_____ there a _____ number _____ times my _____ in- _____ medical _____?

What _____ for receiving _____ home healthcare _____ insurance covers?

Can _____ tell _____ number of _____ care approved in _____?

_____ my _____ coverage for multiple home-care _____ month?

_____ it _____ my insurance plan _____ me overage for _____ for someone at _____?

What limits _____ my _____ me for _____ home _____ help _____?

____ part of ____ coverage, ____ I have in- ____ medical ____ ____ ?
 ____ the ____ of ____ in ____ month I ____ get ____ home healthcare?
 Is it possible to only have ____ help each month?
 ____ there a ____ on ____ medical help appointments I ____ have?
 ____ number of ____ do ____ have in- home medical ____ ?
 ____ in- home care ____ get covered by ____ ?
 ____ I ____ able to get in- ____ multiple ____ month?
 ____ I eligible ____ medical ____ times a month?
 ____ you clarify ____ times that I ____ receive ____ home ____ assistance?
 How ____ times ____ depend ____ home medical aid?
 I ____ to know ____ often my ____ home ____ assistance.
 ____ does your policy ____ services?
 ____ the limit for at- home healthcare ____ ?
 ____ tell ____ many times ____ month I ____ receive in- ____ assistance?
 ____ to know the ____ on in- ____ medical ____ by my ____.
 ____ you tell ____ number ____ times I can ____ in- ____ medical ____ ?
 ____ is ____ usage ____ coverage for ____ support at ____ on a ____ basis?
 ____ tell ____ many home ____ cases ____ approved each month?
 ____ limit ____ the ____ visits by ____ home health professionals?
 Is there ____ limit to ____ receive ____ home ____ month?
 I wanted ____ know the ____ in- ____ medical ____ my plan.
 ____ I ____ covered in-home ____ assistance ____ a monthly ____ ?
 ____ many times a ____ I have in-home ____ covered ____ my ____ ?
 ____ there a limit ____ insurance covers healthcare ____ home?
 ____ in-home ____ can be covered.
 ____ to monthly medical ____ visits?
 ____ limit for at- home ____ by ____ insurance?
 How ____ month do I have in- home ____ assistance ____ ?
 How frequently ____ in- ____ medical ____ ?
 What is ____ of time ____ receive in- ____ medical care ____ month?
 ____ my plan allow ____ more than one monthly ____ of ____ ?
 How often does your ____ services?
 I ____ like to know ____ many ____ medical care ____ a ____ .
 How ____ do I ____ covered ____ in- ____ medical ____ ?
 I ____ the ____ on ____ coverage ____ having med support at ____ monthly.
 How often ____ get ____ medical ____ ?
 ____ this ____ for ____ specific ____ of in home healthcare ____ each ____ ?
 ____ often ____ my plan recognized ____ home care?
 ____ times can ____ medical assistance?
 ____ me ____ how many times ____ month ____ can ____ healthcare.
 I ____ to know ____ a month home medical ____ .
 ____ my plan pay ____ in- ____ medical assistance?
 ____ maximum number ____ a ____ that ____ can ____ in- home ____ care?
 Let me ____ many ____ can ____ healthcare at home.
 What is the ____ of times ____ get ____ home medical care?
 Is ____ maximum ____ of ____ I can get ____ home ____ services ____ ?
 ____ me ____ a month ____ receive ____ home healthcare.
 Are I ____ receive ____ assistance frequently?
 Is there ____ of ____ covers in-home ____ help monthly?
 Can I have in- home medical help ____ ?

What ____ the number ____ medical ____ covered by my ____?
____ my insurance cover ____ medical ____?
____ how many times ____ month I ____ home.
____ this plan, ____ I ____ home medical ____ multiple times ____?
____ often ____ cover ____ home care services?
____ is the ____ times ____ I can get ____ in-home ____ care?
Can ____ how often the ____ medical care ____?
____ you ____ me what's my ____ in- ____ assistance ____ month?
How frequently does your ____ cover ____ services over ____?
Can ____ for ____ medical support multiple ____ a month?
____ your ____ cover in- Home ____ services?
____ limit ____ medical ____ each month?
____ wondering ____ many times a month ____ have in- ____ assistance.
Is ____ possible ____ receive medical ____ at ____ a monthly ____?
____ cover in- home ____ frequently?
____ am wondering how ____ can get ____ medical ____.
Can you ____ me ____ medical ____ my plan ____?
____ my ____ multiple ____ visit ____ month?
____ can ____ plan cover in- home ____ help?
I am wondering how ____ my ____ medical ____.
Are there ____ instances ____ home ____ care ____ every ____?
____ insurance to cover in- home healthcare?
____ times ____ I ____ for ____ health support ____ one calendar ____?
____ am I allowed to ____ medical assistance?
How ____ my policy cater ____ in-dwelling ____?
____ in-home ____ sessions included ____ my ____ each month?
____ wants to know if ____ is ____ cap on ____ many ____ per month ____.
____ many ____ can ____ get in-Home medical assistance?
____ can ____ receive ____ assistance ____ my home?
How ____ insurance ____ in- home ____ assistance?
____ know how ____ per month ____ can get healthcare at ____.
Is there a ____ on ____ assistance covered ____ my ____.
____ amount of at- home healthcare ____ covered by ____?
How many times ____ I ____ for ____ a month?
What amount of times ____ get ____ home ____?
How frequently does ____ policy ____ in- home ____ in ____?
Is there a limit ____ number ____ times I get ____?
____ my plan allow more ____ of medical ____?
____ many ____ I be eligible ____ home-based ____ a single month?
What ____ for ____ home healthcare provided ____ my ____ every ____?
____ is the ____ for covered in- ____ medical ____?
How much ____ home medical assistance ____ per ____?
____ a limit ____ number ____ times ____ covers healthcare ____ home?
I have a ____ the number ____ medical care ____.
Do you ____ the ____ on ____ medical assistance?
Can you ____ me ____ limit ____ in- ____ assistance?
____ there a maximum amount of ____ my ____ covers ____?
____ times a ____ do ____ get my in- home ____?
____ possible ____ limited to a ____ appointments for in-house ____ help each month?
____ you tell ____ the number ____ monthly ____ home ____ help ____?

Is _____ a _____ number _____ my plan _____ in-home _____ help?

_____ am wondering if _____ am _____ to _____ home _____ support.

_____ limited to _____ number of appointments _____ help each _____?

What _____ the _____ of _____ my _____ home healthcare?

Tell me _____ times _____ month _____ at-home healthcare.

Is there _____ limit _____ how often I _____ aid?

What limits does _____ cover when it _____ in- _____ medical _____?

_____ my _____ cover _____ than _____ home _____ visit per _____?

Does _____ provide coverage _____ multiple home-care _____ month?

How many times a month _____ healthcare?

_____ is _____ usage on my coverage _____ have med _____ monthly?

Can _____ get in- _____ medical _____?

_____ I get in _____ assistance?

Can _____ tell _____ monthly _____ in-home medical assistance?

How _____ in- _____ healthcare _____ under my policy?

_____ many times _____ can _____ on _____ home medical help?

_____ in- _____ medical _____ covered by my plan?

Does _____ provide _____ home-care visits?

_____ me how many times a _____ have at- _____.

How often do _____ get my _____ in-home _____?