

[Demo] NLP Dataset for Customer Service Automation

Company Type	Pet Insurance Companies
Inquiry Category	Coverage details and policy options
Inquiry Sub-Category	Alternative therapies
Description	Explanation on coverage for complementary and alternative treatments like acupuncture, chiropractic care, physical therapy, or herbal medicine.
Data Size	5,069 paraphrases
Want to buy data?	Please contact nlp-data@gross.me via your business email address.

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

_____ treatments like _____ therapy _____ policy _____ I have selected?
_____ physical _____ part of _____ insurance deal _____ I _____?
_____ included with the _____ chose?
_____ unsure _____ extent of physical _____ covered under the _____ I _____ selected
_____ expenses for physical _____ and _____ treatments _____ by the _____ I _____?
I want _____ if physical _____ covered _____ policy options _____ have _____.
I don't know the extent _____ covered under the _____.
_____ wonder _____ physical therapy _____ by _____ policies _____ have picked.
I _____ to _____ therapy _____ covered _____ the policy options.
Will expenses _____ to _____ and _____ be _____ by _____ I have?
Is _____ included under the _____?
_____ physical therapy _____ of the _____ deal _____?
_____ my policy going to give _____?
_____ my _____ for physical therapy?
_____ it _____ to include _____ in my _____?
_____ physical therapy _____ by _____ options that I _____?
_____ if physical _____ was _____ the _____ deal I chose.
Are the _____ of _____ covered _____ policy options I've _____?
_____ be _____ of _____ treatments that is covered _____ the _____ I have _____.
Do you _____ physical _____ is covered _____ my _____?
_____ my plan include _____?
_____ the treatments of physical _____ my policy choices?
I _____ not _____ extent of physical _____ by _____ I have picked.
_____ unsure of _____ therapy _____ covered _____ the policy _____ I chose.
_____ expenses for physical _____ other treatments _____ policy I have _____ for?
Is _____ under _____ policy options _____ I selected?
_____ not _____ physical _____ by the policy options _____ have picked.
_____ policy _____ for _____ Therapy?
_____ am unsure if physical therapy's _____ I chose.

_____ of the extent of _____ therapy covered _____ policies _____ Picked.

_____ physical therapy covered _____ the _____ options _____ have _____

Is _____ therapy _____ that I chose?

_____ policy _____ I _____ selected _____ cover physical _____.

Do my _____ for _____ methods like physical _____?

_____ don't know if physical _____ is covered _____ the _____.

Does _____ pay for _____ physical _____?

_____ am _____ certain of _____ covered under the policy _____ I _____ chosen.

_____ therapy included _____ the _____ options _____ have selected?

Is it _____ that the _____ cover _____?

Is _____ physical _____ part of _____?

Is physiotherapy included _____ the _____?

Does _____ physical therapy?

Will the _____ physical _____ for _____?

_____ physical _____ of _____ policies coverage?

_____ the _____ plan cover alternative therapies _____?

Will physical _____ other _____ be _____ by _____ I have _____ use?

Is _____ that _____ policies _____ therapy?

_____ there _____ complimentary treatments like _____.

_____ don't know if _____ therapy is covered _____.

_____ to know _____ therapy _____ part of the _____ I picked.

_____ the insurance _____ cover _____ therapies like physical _____?

_____ physiotherapy _____ under _____ options _____ have?

I want _____ if _____ therapy is _____ of my _____.

_____ therapy _____ be _____ the _____ covered _____ the policies I have _____.

_____ am _____ the _____ of physical therapy _____ under _____ policy _____ I _____ Picked.

_____ of _____ extent of physical therapy _____ under the policies _____ picked.

Does _____ policy _____ therapy?

Will I be _____ physical _____ under _____ choice?

_____ am unsure _____ the extent of _____ covered _____ the _____ options _____ have _____.

_____ want to know if _____ insurance _____ physical _____.

Will I _____ to _____ physical _____ my _____ options?

_____ therapy treatments covered under any policy _____?

Does _____ give _____ therapy?

Physical _____ be _____ of the treatments that _____ under _____ I _____ Picked.

Does _____ type of _____ therapy?

Is _____ covered _____ the _____ I've _____?

_____ treatments of _____ therapy _____ by _____ options I _____ chosen?

_____ therapy _____ by the policies _____ I have _____?

_____ not certain _____ the _____ of _____ covered _____ the _____ options I _____ Picked.

I _____ the _____ therapy _____ covered by the _____ I have _____ for.

I _____ know the _____ of physical _____ under the _____ chosen.

_____ be _____ the _____ I chose?

Is physical _____ part of _____?

_____ the _____ choose provide coverage _____ physical _____ or _____ treatments?

_____ be one _____ the treatments that _____ covered _____ the policy options _____.

Will _____ to physical therapy _____ therapies be _____ by _____ I _____ chose?

_____ therapy _____ covered by the policy _____ I _____.

_____ physical _____ in the option _____?

Does _____ pay for physical _____?

_____ the _____ physical therapists?

Is there an _____ for my _____ therapy?

_____ not sure _____ therapy is part _____ the insurance _____ picked.

_____ you confirm if _____ policy _____ therapy?

_____ physical _____ for _____ my policy?

Under my choices, _____ covered _____ rehabilitation?

_____ my policy _____ services _____ physical _____?

Is _____ by the _____ that _____ have selected?

I am unsure _____ physical _____ covered under _____.

_____ not _____ physical _____ is covered _____ the policies that _____ have opted _____.

I _____ know if physical _____ under _____ options _____ I _____ Picked.

_____ physical therapy _____ under the _____ choices I _____?

_____ therapy going _____ be included in _____?

I am unsure of _____ for _____ the _____ options I _____.

I am _____ extent _____ covered under my _____ options.

I am unsure _____ of _____ therapy being covered _____ policies _____.

I don't _____ if physical _____ is _____ by _____ have _____.

_____ therapy could _____ the _____ the policy options _____ I have Picked.

_____ such _____ physical _____ covered?

Will my policy _____ physical _____ treatments?

I don't _____ if _____ therapy _____ under _____ options I _____.

_____ don't _____ whether physical therapy _____ covered _____ my _____.

_____ of the _____ of _____ therapy being _____ by _____ that I _____ picked.

_____ my _____ physical therapy?

Is _____ in _____ for _____ therapy?

Is _____ therapy _____ by the _____ options that _____?

Is _____ therapy covered _____ the _____ select?

_____ to _____ therapy and _____ treatments _____ policy I have chosen?

Does my _____ physical therapy and _____ treatments?

I'm not _____ if _____ is _____ by _____ policies _____ selected.

_____ physical _____ Treatments _____ covered?

_____ am uncertain _____ the _____ physical therapy _____ covered _____ I've picked.

_____ am unsure _____ whether _____ is _____ the _____ options I have _____.

_____ my _____ coverage _____ services such _____ physical therapy?

_____ you confirm if _____ policy _____ services _____ physical _____?

Will my _____ cover _____ like _____ and similar _____?

Will _____ expenses be covered _____?

_____ therapy _____ by _____ policies that _____ have chosen?

_____ policy _____ alternative _____ like physical _____?

_____ don't know if physical therapy _____ covered _____ I _____.

_____ policy include _____ physical therapist?

_____ don't know the extent _____ physical therapy being covered _____.

I am unsure of _____ being covered under _____ I've _____.

Can _____ that _____ is covered by _____ policy?

_____ if _____ therapy _____ of the insurance _____ I chose.

I _____ not _____ of the _____ of physical therapy _____ policies that I _____ opted _____.

I _____ choices include _____ physical therapy.

I was wondering _____ physical therapy _____ insurance _____ I picked.

Is _____ covered for _____ policy?

_____ policies cover physical _____ treatments?

Is _____ of physical therapy _____ my policy _____?

Does my policy _____ any _____ for physical _____?

Are _____ therapy _____ policies _____ not?

I _____ of _____ extent _____ physical therapy's covered in _____ policy _____ Picked.

I am _____ of _____ of _____ being _____ under _____ policies _____ chosen.

_____ therapy involved _____ the _____ deal I _____?

_____ could be _____ covered under the _____ have chosen.

_____ of the _____ might _____ under _____ policy _____ have Picked _____ physical therapy.

_____ wondered _____ therapies _____ physiotherapy are _____ by the policies _____.

_____ provides coverage for _____ therapy?

I'm unsure of the _____ of physical _____ being _____ picked.

_____ not sure _____ extent of physical _____ covered _____ policies.

Is _____ therapy covered by _____ that I _____ or _____?

Can _____ if _____ policy _____ physical _____?

_____ not certain _____ the extent _____ therapy's _____ under _____ I chose.

Will my _____ other treatments?

Am I _____ therapy?

_____ was _____ if physical _____ is _____ insurance deal I _____.

_____ therapy _____ in the coverage under _____?

I'm _____ if _____ is covered _____ policies I've selected.

_____ not _____ of _____ extent of _____ therapy coverage _____ the _____ options I _____.

_____ related to physical _____ and other therapies _____ I choose?

Is _____ my options to _____ coverage?

Physical therapy could be _____ by some _____ I _____.

_____ am unsure of how _____ physical _____ covered by _____ I _____.

I am unsure _____ is _____ under _____ policies I've _____.

_____ I _____ covered for physical rehabilitation _____?

_____ policies I have _____ physical _____?

Does _____ policy _____ like physical therapy?

Is _____ possible _____ policy _____ coverage for physical _____?

Is physical therapy _____ policies _____ have _____ or not?

_____ my selected policy _____?

_____ was wondering if physical _____ was _____ the _____ I _____.

_____ may be covered under _____ policies _____ have _____.

_____ may _____ in the _____ I chose.

_____ therapy _____ the _____ I chose, or not?

_____ do not _____ if _____ covered under the _____ I _____ chosen.

_____ the _____ cover physical _____?

It _____ possible _____ physical _____ is covered _____ the _____ options _____ chosen.

_____ treatments of _____ therapy _____ by any _____ I have _____?

physical therapy _____ be covered _____.

Will _____ include _____ physical therapy?

_____ do _____ know the extent _____ therapy being covered _____ the policies _____.

The _____ Picked _____ cover _____ therapy.

Does _____ cover physical _____ or _____?

Physical _____ policy options _____ have selected?

Physical _____ a _____ that is _____ by the policy _____ Picked.

Is _____ policy _____ alternative _____ therapy?

_____ physical _____ covered _____ the _____ choices _____ have?

_____ alternatives, such as _____ therapy?

_____ is one of _____ that _____ be _____ by my _____.

Is physiotherapy _____ I chose?

_____ covered by the _____ I _____?

_____ covered _____ treatments _____ physical therapy?

I _____ to _____ if my policy _____ services _____ therapy.

Do my _____ coverage _____ physical _____?

Will physical _____ and other _____ be _____ policy I _____ on?

I'm _____ sure _____ the _____ therapy's covered _____ the _____ I have Picked.

Do _____ cover _____ therapy _____ therapies?

_____ be one of _____ by the policy _____ I _____ picked.

I _____ therapy _____ covered by the _____ options.

_____ know _____ of _____ covered _____ the policy options I chose.

_____ not sure _____ therapy is covered by _____ policies _____.

I am _____ sure _____ extent _____ being _____ under the policies _____ picked.

_____ if _____ is _____ under the policy options _____ have chosen.

_____ am unsure _____ of physical therapy _____ policies _____ have Picked.

I _____ to _____ my policy _____ therapy or _____ treatments.

_____ know _____ therapy is covered under the policies _____ have _____.

Is physical therapy _____ I _____ choose?

I wonder if physical therapy _____ covered under _____.

Is _____ covered _____ the _____ I _____?

_____ not _____ if physical therapy _____ covered under _____ selected.

I am _____ I will be _____ rehabilitation _____ my _____ options.

_____ my _____ treatment methods like _____ therapy?

_____ physical therapy a _____ of the _____ under _____?

_____ therapy covered by _____ policy _____.

_____ physical _____ in the insurance deal _____?

Is _____ therapy covered _____ any of _____?

_____ physical therapy _____ by _____ policies _____ I _____?

Will physical _____ part of _____ coverage under _____?

_____ extent _____ physical _____ being covered under _____ policies _____ have selected _____.

_____ unsure about _____ of _____ therapy being covered _____ the _____ have _____ for.

_____ physiotherapist _____ the options _____ choose?

I _____ if _____ included coverage _____ treatment methods like _____ therapy.

_____ my policy _____ any _____ physical _____?

_____ I be _____ rehabilitation under my _____ of _____?

_____ could _____ one of the _____ is covered by the _____ chosen.

_____ the extent _____ physical therapy _____ under policies _____ have opted _____.

I don't _____ physical therapy _____ policies I selected.

_____ am not sure _____ physical _____ covered by _____ policies _____.

does _____ pay _____ physical _____?

Does _____ like physical therapy?

Is _____ included _____ coverage?

_____ wondered if physical _____ included in _____.

_____ am not _____ physical _____ is covered by _____ policies _____ have _____.

Physical _____ one of the _____ covered under _____ I have _____.

I wondered _____ physical _____ in _____ I chose.

_____ cover _____ such as physical _____?

Physical therapy _____ one of _____ treatments covered _____ the _____ have selected.

_____ unsure _____ therapy's covered _____ the policy options that I _____ selected.

Does my policy _____ treatments?
 _____ policies I _____ might _____ therapy.
 _____ policy _____ physical therapy?
 _____ physical therapy _____ policies _____ picked?
 _____ physical therapy in _____ policy?
 _____ my policy _____ therapies?
 Will _____ chosen policy _____ services _____ physical _____?
 _____ policies provide _____ services like _____ therapy?
 _____ policy _____ coverage _____ physical therapy?
 I _____ policy choices _____ include coverage for treatment methods _____.
 Will my _____ like physical _____?
 Physical therapy _____ be _____ policy _____ I have _____.
 _____ plans cover _____ like physical _____?
 _____ am _____ of _____ of physical _____ covered by _____ options I _____.
 _____ if therapies like _____ by the _____ I chose.
 _____ physical _____ my selected plan.
 _____ like _____ covered by _____ policies?
 I'm _____ about _____ extent of _____ covered _____ the _____ options _____ chose.
 _____ am wondering if my policy provides _____.
 _____ am unsure _____ the _____ of _____ being _____ my policies.
 _____ therapy included _____ options.
 Is _____ therapy part _____ insurance _____ choose?
 _____ for complimentary _____ like _____ therapy?
 _____ services _____ included in my _____?
 Should physical therapy be _____ the policy _____?
 Will those _____ cover _____?
 I _____ unsure of _____ extent of _____ being _____ the _____ I _____.
 Do my _____ cover _____ therapy?
 _____ my policies _____ like physical _____?
 _____ am unsure _____ extent of physical _____ under _____ policies
 _____ therapy _____ by the policy _____ that I _____?
 Is physiotherapy _____ options _____ chose?
 Is _____ coverage _____ policy _____ physical _____?
 _____ my _____ any physical _____?
 _____ chosen _____ cover physical _____?
 I _____ not certain _____ physical therapy _____ covered _____ I _____ for.
 Is _____ therapy covered by _____?
 _____ physical therapy _____ by the _____ that I _____?
 I am _____ of the _____ physical therapy _____ covered by _____ have _____.
 _____ don't _____ of physical _____ covered _____ the policies I've picked.
 Does my policy _____ physical _____?
 Is physical _____ the policies _____ taken, _____ not?
 Will _____ policies offer _____?
 Is _____ a part _____ coverage under _____ plan?
 _____ my policy cover the _____?
 Is physical _____ Policies I've _____?
 _____ the _____ physical therapy _____ any policy options _____ picked?
 _____ physical _____ in _____ options I _____?
 Are _____ included in _____ options _____?
 _____ if my policy _____ therapies, _____ physical therapy.

I _____ my _____ provided _____ for physical therapy.
 _____ know _____ of physical _____ under _____ policies that I have selected.
 Does _____ policy _____ physical _____ or something _____?
 Can _____ confirm _____ policy _____ physical _____
 _____ of physical _____ covered _____ policies _____ have selected?
 Is physical _____ included in _____ coverage under _____?
 I _____ unsure of _____ therapy _____ by my _____.
 _____ coverage _____ physical _____ my _____ policy?
 _____ physical _____ by any of _____ policies _____ picked?
 Is my _____ alternative _____ therapy?
 I am unsure of _____ physical _____ under the _____ have.
 I'm wondering if _____ choices _____ include _____ for _____ therapy.
 _____ am _____ if physical therapy is covered _____ have.
 Does my policy _____ other _____?
 _____ the expenses of physical therapy _____ be _____ by the _____ have _____?
 Does _____ therapy too?
 Is the _____ physical _____ included?
 Physical therapy _____ be included _____ the options _____.
 _____ could _____ covered _____ the policies I _____ chosen.
 _____ physical therapy _____ under _____ choices?
 _____ cover physical therapy?
 _____ cover alternatives, like physical _____?
 Will the physical therapy _____ covered by _____ policy _____ chosen?
 _____ therapy covered by _____ options _____ have.
 I don't know the _____ physical therapy _____ policies I _____.
 _____ included in my _____ my plan?
 Physical _____ part of the _____ my selected _____.
 _____ include physical _____ in my _____?
 Is _____ for physical _____ of _____ policy.
 Is _____ an _____ policy that _____ physical therapy?
 Physical _____ might be covered _____ options _____ have _____.
 _____ my _____ alternative therapies such as physical _____?
 _____ by the policies _____ taken, or not?
 _____ additional _____ my policy for _____ therapy?
 _____ therapy _____ the _____ I chose?
 _____ therapy part of the _____ my selected _____.
 _____ physical therapy _____ policy?
 Is _____ treatment like _____ therapy?
 _____ you know _____ covers physical _____?
 _____ know the extent of physical therapy _____ my _____.
 _____ policies cover _____ therapy _____ treatments?
 Are physiotherapy _____ options _____ chose?
 _____ treatments of physical _____ covered _____ any _____ the policy _____ I _____?
 I _____ not know _____ extent _____ therapy's _____ under _____ policy options I _____.
 _____ the _____ give _____ physical therapy?
 _____ if physical _____ is in the _____ I _____.
 Does my _____ of physical _____?
 Is physical therapy included in _____?
 Can _____ tell _____ if my _____ like physical _____?
 _____ therapy covered _____ the _____ I have _____?

I ____ know the ____ of ____ therapy ____ the policies ____ have ____.

I'm not sure ____ the ____ physical ____ covered by the ____.

____ related to physical ____ be covered by the policy ____ have ____.

____ know ____ therapy ____ covered by the policy ____.

____ unsure of ____ extent of ____ therapy's ____ the policy ____ I ____.

____ know ____ therapy's covered ____ the policy options ____ Picked.

Should ____ policy cover services ____?

____ covered for ____ rehabilitation under ____ choices?

I ____ of the ____ of ____ therapy being covered in the ____.

Will I ____ use ____ under my chosen ____?

Will ____ policies ____ cover for ____?

Are physical ____ policy ____?

____ plan ____ for physical therapy?

____ for alternative therapies like physical ____?

Can ____ tell me ____ my policy ____ to ____?

____ coverage included ____ policy choices?

I ____ if ____ is in the ____.

Will ____ covered ____ physical rehabilitation under my ____?

____ you tell ____ covers ____ like physical therapy?

Will my ____ protect ____ physical ____ or similar ____?

____ is possible that physical ____ covered ____ policy ____ I have ____.

Does my ____ include ____ for treatments ____?

____ policy covering ____ like physical ____?

I am unsure of ____ physical ____ by the policies ____ for

____ cover physical ____ related treatments?

____ there ____ treatments like ____ therapy?

____ think my policy covers ____ physical ____?

____ physical ____ by the policies ____?

____ sure ____ physical therapy ____ covered under ____ policies ____ picked.

Is ____ therapy included ____ the ____

____ the ____ cover ____ physical therapy ____?

Is ____ therapy covered ____ the policy ____?

Does ____ plan ____ therapies?

Does ____ policy ____ physical ____ in ____?

Can ____ confirm ____ covers services like physical ____?

Is ____ by ____ option that I ____ selected?

____ if physical ____ was included in ____ I chose.

I don't know if ____ covered ____ the policies ____ for.

____ physiotherapy included under ____?

Is physiotherapy ____ policies that ____?

Will ____ services ____ physical ____ or similar treatments?

Is ____ covered within ____ policy?

Is physical ____ under ____ I have selected?

Will I ____ for complimentary ____ like ____?

____ be covered for ____ rehabilitation, under ____?

I ____ unsure of ____ much physical ____ covered under ____ I ____.

____ policy ____ for ____ therapy?

____ am ____ not ____ covered under the policy options I have ____.

____ therapy include the ____?

____ my ____ include ____ like pt?

Are _____ therapies covered by the _____ plan?

Are _____ by the _____ options?

_____ say _____ my _____ covers physical _____?

Part of _____ coverage under my _____ plan _____.

I _____ if physical _____ is _____ policy _____ I have _____.

Physical therapy _____ covered _____ the policy _____ selected.

Will _____ to physical _____ other treatments be _____ by _____ choose?

_____ unsure _____ covered under the policy _____ I have _____.

_____ physical therapy part _____ the _____ plan?

_____ allow for physical _____?

_____ don't _____ expenses related to _____ be covered _____ policy _____ have opted for.

I'm _____ of _____ of _____ covered _____ the policy _____ I've selected.

_____ under the policy options I _____ picked?

Can _____ expect _____ for _____ like _____?

I am _____ physical _____ covered by _____ policies I _____ decided _____ use.

_____ physical _____ be included _____ the options _____?

Does my _____ cover _____ any _____ therapies?

_____ physical _____ covered _____ policy options I _____ picked?

Will my policy cover _____?

_____ there _____ physical therapy _____ the policies?

Is physical _____ covered by _____ policies _____ bought?

Will the _____ other options _____?

I _____ know _____ expenses related _____ physical _____ will _____ the policy _____ chose.

_____ expenses for physical therapy _____ treatments _____ under the policy _____?

Can _____ therapy and other _____?

_____ be covered for therapies like physical _____?

_____ want _____ if physical _____ the policy options _____ have selected.

Does _____ include _____ coverage?

Is physical therapy covered under _____?

_____ the policy _____ alternative _____ physical _____?

Is _____ therapy covered by _____?

_____ policy cover _____?

_____ physical therapy coverage _____ policies I _____?

I _____ not certain _____ physical _____ my policies.

_____ the policies covering _____?

Will my policy _____ costs _____ similar treatments?

Is there _____ therapy _____ my _____?

I'm _____ extent of physical therapy being _____ the _____ I've _____ for.

Is physical _____ the policy _____ I _____?

_____ physical _____ included in the policy?

_____ possible _____ physical _____ is covered under my _____.

Physical _____ be covered _____ the _____ options that _____ have _____.

_____ there _____ for _____ therapies _____ policy?

_____ of the coverage under my _____ therapy?

Does _____ policy _____ therapy?

Can my _____ include _____ for _____ like _____?

_____ policy give me coverage _____ like physical _____?

Is _____ therapy _____ my _____ options.

Are _____ treatments of _____ therapy _____ policy _____ I _____ selected?

One of _____ treatments covered _____ options _____ have _____ be physical _____.

____ my ____ include coverage ____ physical therapy?
 ____ covered ____ my policy?
 Does ____ like physical therapy?
 ____ don't know ____ other treatments ____ be covered by ____ I choose.
 Will my chosen plan ____?
 ____ sure the extent of physical ____ being ____ by ____ I have ____.
 Are the ____ of ____ covered by any ____ have?
 ____ included under the ____ chose.
 Is coverage ____ physical therapy ____.
 ____ of ____ could be covered by my policies ____.
 ____ I be ____ physical rehabilitation ____ preferences?
 Physical therapy ____ covered under ____ policies ____ have ____.
 Is physical ____ covered by ____ policies ____ I ____?
 ____ my policy ____ alternative therapies, ____?
 Does ____ coverage for physical ____?
 ____ not sure ____ of physical therapy covered by ____ I ____.
 ____ was wondering if ____ therapy is ____ under ____ policy ____ I ____.
 Is ____ therapy ____ insurance plan?
 ____ I ____ for physical ____ my choice ____ options?
 ____ policy going ____ include ____ for physical ____.
 Does ____ accept physical ____?
 Does my policy ____ such as physical ____?
 ____ the insurance ____ cover ____ therapies ____ Therapy?
 ____ policy offer coverage for ____ or ____ services?
 Does the ____ cover physical therapy ____?
 Are physical ____ the ____ selected?
 I ____ if ____ my coverage.
 Can complimentary ____ like ____ therapy ____?
 Can ____ complimentary physical therapy?
 Does my ____ cover physical ____?
 ____ am ____ if ____ is ____ the policies I have selected.
 Physical ____ be ____ under ____ I have ____.
 I ____ wondering ____ coverage for physical therapy.
 My ____ include coverage ____ like ____ therapy.
 ____ my ____ policy pay for ____ therapy or ____?
 ____ not ____ extent of physical therapy ____ by ____ policies ____ selected.
 Physical therapy ____ be ____ of ____ treatments ____ under ____.
 I ____ the ____ of ____ therapy being ____ by my ____
 I wonder ____ physical therapy is ____ insurance ____ I ____.
 ____ physical therapy ____ service in ____?
 ____ physical ____ coverage in ____?
 ____ physical therapy covered ____ the policy ____ I ____?
 ____ my ____ include pay ____ therapy?
 Is physical ____ coverage ____ my ____?
 I am not ____ if ____ covered for ____ under my ____.
 ____ if my policy ____ services ____ physical therapy.
 ____ be covered for physical ____ some of ____?
 Is ____ alternative therapies ____ physical ____?
 Is ____ coverage ____ my policy ____ to ____ physical ____?
 ____ covered services like physical ____?

Is _____ an option _____ my policy _____ cover _____?

I don't _____ if _____ covered under the _____ decided on.

_____ part of _____ I've picked?

I am _____ sure _____ physical therapy _____ covered _____ have Picked.

I _____ physical therapy is _____ that I have selected.

Is _____ by the _____ I _____?

The _____ have _____ might cover _____.

Is _____ by _____ options I had selected?

Does my _____ include _____ Therapy?

_____ the _____ cover therapies like _____?

Will _____ be _____ the policies?

_____ my _____ cover physical therapy _____?

Can my _____ other treatments?

I'm not sure _____ physical therapy coverage _____ I chose.

_____ therapy _____ covered under the policies _____ have _____.

_____ physiotherapy _____ the policies I _____?

_____ there _____ coverage for _____ treatments _____ therapy?

I _____ unsure _____ the extent _____ physical _____ the _____ that I chose.

I'm _____ extent of physical therapy's covered _____ the _____ have _____.

Will _____ be _____ to get coverage _____ physical _____?

Will _____ be covered _____ rehabilitation _____ options.

I don't _____ therapy is _____ under _____ policy _____.

Will _____ cover _____ related _____ therapy?

Does my _____ policy _____ physical _____?

Is _____ rehabilitation _____ by _____ options?

Will my _____ provide _____ physical _____?

Are physical _____ and _____ complimentary _____?

_____ my _____ allow _____ for _____ therapy _____ similar treatments?

_____ am unsure _____ the extent _____ physical therapy being covered _____.

One of _____ that could be _____ under _____ have chosen is _____.

Does the _____ cover _____ physical _____?

_____ know _____ extent _____ therapy being covered by the _____ that I _____.

_____ am _____ of _____ or not physical _____ is _____ by _____.

I _____ like _____ know _____ physical therapy _____ other treatments _____ by my _____.

Is physical _____ the _____ have selected?

_____ want _____ know _____ physical _____ under my plan.

_____ am _____ the extent of physical _____ covered _____ options I have _____.

_____ of the _____ for my plans?

Will _____ similar to physical _____?

_____ that physiotherapy is _____ in the options _____?

Does _____ policy _____ therapy?

_____ my policy _____ coverage _____ like _____ therapy?

Will _____ physical therapy _____ other _____ services?

_____ for things like physical _____?

_____ covered by _____ the policy options I have _____?

I am not sure of _____ extent of _____ policy options _____.

Is _____ therapy _____ by _____ I choice?

_____ you _____ if _____ physical therapy?

_____ know the extent of _____ covered under my _____.

_____ am unsure _____ extent _____ therapy covered by the policies _____.

Is ____ therapy ____ policy ____?

Will ____ be covered by the ____ options ____?

I ____ extent of physical therapy ____ covered by ____ for.

I ____ if my ____ coverage for ____ therapy.

Physical therapy may ____ of the ____ is ____ by the ____ chosen.

____ covered by the ____ picked?

Is ____ therapy ____ by the ____ that ____ selected?

____ wondering ____ physical therapy ____ included in ____ I picked.

____ unsure ____ extent ____ physical ____ covered ____ the policy options I ____.

____ my ____ pay ____ therapy ____ similar treatments?

Are physical ____ included ____ selected ____?

____ physical ____ involved in the ____?

I'm ____ certain ____ the extent of physical ____ by ____ policies ____.

____ asked ____ therapy ____ in ____ insurance deal I ____.

____ therapy ____ covered ____ options I have selected.

Does my ____ coverage ____ physical ____?

Is ____ therapy ____ the ____ taken?

____ of physical therapy's ____ by the policy options I ____ Picked.

Is physical ____ my ____ policy?

Can physical ____ under my ____?

____ therapy part of ____ plan's ____?

____ the ____ alternative therapy like physical ____?

____ therapy ____ be ____ policies I have Picked.

Do I ____ my policy ____ or other ____?

____ my policy ____ therapies ____ therapy?

____ want ____ if ____ choices I made ____ coverage for treatment ____ like ____.

____ coverage ____ physical ____ my policy.

____ physical ____ covered by the ____?

____ am not sure of ____ extent ____ physical ____ being ____ by ____.

____ therapy covered ____ the policy ____ have selected.

Is physical ____ my ____?

____ am not certain if ____ is covered under ____.

____ therapy ____ be one of ____ are covered under the ____ I ____.

Do ____ policies cover ____?

____ was wondering ____ the ____ made include ____ for ____ therapy.

____ am ____ sure whether ____ therapy is covered by ____ have ____.

____ policy cover physical ____?

I am ____ of ____ extent ____ physical ____ in the policies ____ opted ____.

If ____ covers services ____ physical therapy, can ____?

____ if physical ____ is included in ____.

____ policies ____ alternative options ____ as physical ____?

____ a part ____ my ____ policy?

I am ____ of the extent of ____ therapy ____ I ____.

____ know ____ extent ____ physical ____ covered ____ the policies ____ chose.

Is ____ therapy ____ the policies ____ have ____?

Is Physiotherapy ____ in ____?

____ therapy could be covered ____ the ____ that ____ chosen.

____ physical therapy ____ in ____?

____ therapy covered ____ policy.

____ therapy ____ be one of the treatments ____ have selected.

_____ coverage under my plan?

Is my _____ to cover _____?

_____ wonder if physical _____ is _____ under the _____ options _____.

_____ therapy can be covered _____ the _____ have chosen.

Will _____ physical therapy _____ other treatments _____ by the policy _____ opted _____?

I am _____ if _____ policy _____ I made include _____ methods _____ physical _____.

_____ physical _____ covered by _____ policies I _____ or _____ it _____?

Does the _____ and other _____?

_____ not sure _____ physical therapy is _____ under _____.

_____ want to _____ if _____ therapy _____ by _____ options.

_____ am uncertain _____ the _____ of physical therapy _____ covered by _____ have _____.

Is _____ policies covering _____?

I'm uncertain of the extent _____ therapy _____ covered _____.

_____ my _____ coverage _____ physical therapy?

Does my policy _____ physical _____?

Is physical therapy _____ chose?

_____ physical therapy covered _____ the _____ I _____ chosen?

Does my policy cover _____?

Are the physical _____ treatments _____ under _____ of _____ options _____?

_____ my plan cover _____ therapy?

Is _____ treatment methods like _____ in the policy _____ I _____?

I _____ therapy is _____ in _____ insurance deal.

_____ physical _____ part _____ policy I _____?

_____ part of my _____ therapy?

_____ coverage for _____ methods like _____ in the _____ I made?

_____ will _____ policies cover it?

_____ extent of _____ therapy being covered by my _____.

I am _____ of _____ physical therapy is _____ by _____ I _____.

_____ my _____ physical therapy and _____?

I _____ if physical _____ is covered _____ the policies _____.

I wonder if physical rehabilitation _____ covered _____.

Does _____ include _____ physical HT in _____ packages?

Is _____ therapy covered _____ the _____?

_____ my _____ covered _____ physical rehabilitation?

_____ therapy _____ other treatments covered by _____ have chosen?

_____ don't _____ if physical _____ covered _____ policies I've picked.

_____ cover that type _____ therapy?

_____ there any _____ therapy in _____ policies?

_____ the _____ covered _____ policy _____ I have _____ could be _____ therapy.

Is _____ possible _____ I will be _____ for _____ options?

_____ policy _____ therapy _____ something similar?

_____ included in the choices _____?

Does _____ the _____ for _____ therapy?

_____ physiotherapist included in _____?

_____ my _____ going to _____ physical therapy?

_____ am not _____ therapy is covered under the _____ that _____ have _____.

_____ the _____ physical therapy covered _____ policy _____ I have?

Is physical _____ by the policy _____ chosen?

_____ am not sure of the extent of _____ being _____ selected.

_____ unsure _____ extent of _____ being covered by the _____ I've _____.

I don't know if _____ for _____ rehabilitation under _____ .
 _____ not certain _____ the extent of physical _____ my policies.
 _____ there _____ therapy _____ the _____ options?
 _____ not _____ if physical therapy _____ under the _____ I _____ Picked.
 _____ the _____ I _____ covering _____ therapy?
 _____ provide _____ for _____ therapy or similar services?
 _____ am _____ about the _____ of physical therapy _____ covered _____ the _____ I _____ .
 _____ my policy cover _____ ?
 _____ know _____ physical therapy's _____ policy options _____ have picked.
 _____ coverage _____ therapy on _____ policy?
 Is physical _____ under the _____ selected?
 _____ my _____ therapy coverage?
 _____ unsure about the _____ of _____ therapy _____ covered _____ policies I have _____ .
 The _____ of _____ under the _____ I _____ opted _____ is unknown.
 _____ if _____ are covered by _____ policies I chose.
 I _____ to _____ if _____ coverage for physical _____ .
 Does my _____ for _____ such _____ PT?
 _____ my policy pay _____ therapy _____ other _____ ?
 Are _____ by the _____ picked?
 _____ policy pay _____ therapists?
 Does _____ allow _____ physical _____ ?
 The policies _____ could cover _____ .
 _____ my _____ cover certain _____ such as _____ ?
 _____ my chosen policy cover _____ similar treatments?
 _____ covered _____ the policies I've picked or _____ ?
 Will my policy _____ if I _____ ?
 _____ if _____ is included _____ the _____ options _____ have selected.
 _____ part of the coverage under my _____ .
 _____ the treatments of _____ covered under _____ policy _____ I _____ ?
 _____ the _____ of physical _____ being covered _____ the _____ have picked.
 _____ cover _____ and similar treatments?
 _____ included _____ my policy _____ physical _____ ?
 Is physical _____ part of _____ policy _____ have _____ ?
 I don't _____ therapy _____ covered under _____ policies I've _____ .
 Is _____ therapy covered under _____ policy _____ ?
 I am wondering _____ covered _____ policy options.
 Do _____ get _____ physical therapy _____ part _____ my _____ ?
 _____ policy pay _____ Physical _____ ?
 Is there _____ for _____ in _____ ?
 I _____ know _____ of physical _____ covered _____ the _____ I _____ opted _____ .
 _____ not sure _____ covered under the _____ I chose.
 _____ know _____ of _____ therapy _____ under the _____ I opted for.
 I don't _____ if _____ will _____ covered for _____ my _____ .
 I'm _____ sure of _____ extent _____ therapy being _____ under _____ I _____ .
 I'm _____ sure if physical _____ under _____ I _____ Picked.
 _____ am not sure _____ extent _____ therapy's _____ by the _____ I _____ selected.
 _____ the policy options I _____ chosen?
 _____ know the extent of physical _____ covered _____ the policies _____ .
 Will my options _____ me _____ for _____ rehabilitation?
 _____ the policy coverage for treatment _____ therapy _____ ?

_____ am unsure if _____ be covered _____ physical _____ my _____.

_____ therapy _____ policies I have selected, or _____?

Is _____ of _____ coverage of my chosen _____?

I _____ if _____ therapy is _____ policy options _____ have _____.

_____ therapy covered by _____ policy options _____ selected?

Are _____ covered _____ policy options?

Physical therapy could _____ treatments covered _____ policies I have _____.

_____ therapy included _____ the policy choices?

_____ for physical _____ under my choice?

_____ policies include _____ therapies?

Will my _____ physical _____ or _____ service?

Will expenses _____ physical _____ and _____ treatments _____ policy I _____ opted for?

_____ of the extent _____ physical _____ covered _____ the policies _____ chosen.

Is _____ policy _____ physical _____?

Will _____ policy _____ similar Treatments?

_____ my _____ other types _____ physical _____?

Is physical therapy _____ options _____ selected?

_____ wondering if I _____ for physical _____ my choices.

Will physical therapy _____ other treatments _____ covered under _____ opted _____?

_____ by my policies?

_____ my policy _____ coverage _____ physical _____?

Does the insurer cover _____?

Are physical therapy _____ alternative _____ covered _____ my _____?

I do not _____ covered under the policies _____ have _____ for.

Are the treatments _____ covered under any _____ options?

_____ my policy _____ physical _____?

_____ my policy _____ therapy?

_____ know if _____ therapy is covered by _____ I _____ picked.

_____ the extent _____ physical _____ covered under _____ policy options _____ selected.

Are _____ treatments _____ physical therapy covered _____ policy option _____?

_____ cover services _____ physical therapy or _____ treatments?

Are physical _____ treatments _____ options?

_____ was _____ is included in the options.

Is _____ therapy _____ by _____ I have _____?

_____ therapy _____ covered _____ the policies I _____.

Does _____ physical _____ other non-traditional treatments?

_____ therapy _____ with _____ options I _____?

Is _____ covered _____ the policy _____ I _____ picked.

_____ not sure _____ of physical therapy being covered _____ I _____.

_____ the expenses for physical therapy _____ treatments be _____ policy I _____?

_____ physical therapy _____ by _____?

_____ am _____ the coverage of _____ the policy _____ I have Picked.

Will _____ insured for physical _____ under _____?

Will I _____ for _____ my chosen plan?

_____ cover _____ therapy or other alternative therapies?

I _____ know if physical therapy is _____ that _____ chose.

_____ be covered by _____ policies _____ have selected.

I want _____ know if _____ included in _____ insurance _____.

_____ of the extent _____ physical therapy's _____ the policy options _____ selected.

Can _____ if my _____ therapy.

_____ not sure _____ physical therapy is _____ of _____ I chose.
 _____ was wondering if the policy _____ included _____.
 Physical _____ is _____ treatments _____ could be covered _____ policies.
 I _____ unsure _____ the _____ of physical _____ being _____ I _____ opted for.
 Will physical _____ treatments be _____ the policy that _____ for?
 _____ choices I make _____ coverage for _____ therapy?
 Is my _____ including _____ for _____?
 _____ do _____ know if _____ covered under _____ policy options _____ Picked.
 I _____ wondering _____ expenses _____ to physical _____ by the _____ have chosen.
 Will _____ policies _____ coverage _____ physical _____?
 _____ physical therapy is included in my _____.
 _____ I be _____ under my choices?
 Will _____ cover _____ like _____ therapy?
 I _____ of the extent _____ covered _____ the policy options I have _____.
 _____ a part _____ the _____ for my plan.
 _____ the _____ therapy part _____ the coverage _____ plan?
 _____ physical therapy or other _____?
 Are physical _____ the options I _____?
 Does _____ have _____ physical _____ coverage?
 _____ was wondering if _____ chose _____ cover physical therapy.
 Will expenses _____ physical therapy and _____ treatments _____ I have _____ for?
 Will _____ policies cover alternatives _____?
 Are _____ options included in _____ coverage _____ my _____?
 _____ policy providing _____ for _____ therapy?
 Can _____ for physical _____?
 Can _____ expect _____ for _____ therapy?
 _____ get coverage _____ rehabilitation _____ my choices?
 _____ selected _____ physical therapy _____ similar treatments?
 Will the policy _____ have _____ cover expenses _____ physical therapy _____?
 Will _____ therapy and other _____ be covered by the _____ have _____?
 _____ therapy covered by _____ options _____ have decided _____?
 Is physical _____ covered _____ options I _____?
 Can _____ be part _____ the _____ my plan?
 _____ not sure of the extent _____ physical _____ under the _____ options _____.
 _____ wanted _____ if _____ therapy was _____ the options I _____.
 _____ physical therapy covered _____ policies _____ have?
 _____ am unsure of the extent _____ physical _____ covered _____ selected.
 Are _____ physical therapy covered _____ any _____ I have _____?
 _____ wondering if therapies _____ physiotherapy are _____ by _____ chose.
 _____ therapy could possibly _____ under the _____ options I _____.
 Physical _____ could be _____ the _____ covered by _____ policies _____ I _____.
 _____ the policies I _____ cover _____?
 _____ treatments _____ the _____ I have selected could be physical _____.
 _____ allow _____ physical therapy or _____ treatments?
 I don't _____ therapy _____ covered by the _____ I've _____.
 Physical therapy _____ be _____ policies that _____ have _____.
 I _____ not sure _____ therapy is _____ my _____.
 Is _____ therapy covered _____ picked?
 _____ therapy part _____ of my plan?
 _____ my _____ therapy, too?

Will _____ options on _____ policy _____ physical therapy _____?

Is _____ therapy a part _____ I picked?

_____ things like physical therapy?

_____ policy take _____ physical therapy?

Is _____ covering alternative _____ as physical _____?

Is _____ therapy _____ of _____ plan?

Will I be _____ for alternative therapies like _____?

Will _____ policies _____ coverage _____ physical _____?

I _____ extent _____ physical _____ being _____ under _____ policy options I _____ Picked.

Is my _____ to _____?

_____ am _____ sure of _____ extent of _____ under the _____ have Picked.

_____ of the extent _____ being covered by _____ I have picked.

Is _____ physical _____ included _____ selected policy?

Is _____ physical therapy or _____ treatments?

_____ therapy _____ be one of the treatments covered _____ policies _____.

I _____ physical _____ is covered _____ options.

Are the _____ therapy _____ by _____ my _____ options?

I _____ what extent of physical _____ by the _____ I _____ for.

Do _____ mean physical _____ included _____ the _____ I _____?

_____ not sure of _____ extent _____ physical therapy being _____ policies.

_____ unsure of the _____ of _____ therapy's _____ under _____ options that _____ chose.

I _____ know _____ extent _____ physical therapy's _____ the _____ I _____.

_____ included in my _____?

_____ am _____ the _____ physical _____ under the policy _____ I selected.

_____ if physical therapy _____ insurance deal I selected.

_____ not sure _____ extent of _____ covered _____ the policy _____ I _____.

I _____ the _____ physical therapy's _____ in _____ policy options _____ have selected.

I am _____ how _____ physical therapy _____ covered by _____ policies _____.

_____ therapy might _____ covered _____ the policy _____ have chosen.

_____ my plans _____ therapy?

Does my _____ cover _____ treatments _____ as _____?

Does my _____ cover _____?

Is _____ part of my _____?

Do my _____ physical _____?

Physical therapy may be covered _____ options _____.

_____ know if physical _____ by my policies.

I _____ not _____ extent _____ being covered _____ the policies I _____ opted _____.

_____ policy going to cover services _____?

Does _____ policy cover _____ therapy?

_____ of the extent _____ physical therapy _____ covered _____ policies _____ have.

Is _____ going to be covered _____?

Are the _____ of physical _____ policy I have _____?

_____ sure whether _____ is covered _____ policies I have _____ for.

Is physiotherapy _____ under _____?

Are _____ covered under _____ policy _____?

Will Physical Therapy be _____?

Will _____ coverage _____ physical therapies?

_____ my _____ therapies _____ as physical _____?

_____ my _____ things like physical _____?

Is _____ therapy included in _____?

Physical therapy _____ covered by _____ that I _____.

Physical therapy could be _____ covered _____ the policies _____ have _____.

Are _____ treatments _____ physical therapy _____ by _____?

Physical _____ could _____ one _____ that _____ by the policy _____ have chosen.

Does _____ I have _____ coverage for _____?

_____ physical _____ in my policy?

_____ my _____ physical therapy and _____?

_____ included in _____ policy?

Physical _____ of the _____ by the policies I have chosen.

Does _____ policy _____ alternatives such _____?

_____ the policy _____ include _____ like physical therapy?

_____ physical _____ of _____ options I chose?

I don't know if _____ and _____ treatments.

_____ Therapy could _____ policy _____ I have selected.

_____ not _____ if _____ therapy _____ covered _____ my policies.

_____ physical therapy _____ my options?

_____ am not sure _____ the extent _____ physical therapy _____ in _____.

Physical _____ be _____ the _____ by my policy options.

Is _____ therapy _____ treatment under my _____?

_____ coverage included in _____ therapy.

Is _____ treatment methods like _____ included _____ policy choices?

_____ physical therapy _____ policies I've been _____?

_____ expenses _____ physical _____ other therapies _____ covered _____ policy I _____ chosen?

_____ my policy _____ of physical _____?

_____ know if _____ I made include _____ for treatment _____ like _____ therapy.

Is physical _____ under _____ I have _____?

_____ sure _____ the extent of physical _____ covered _____ my policy _____.

I _____ the _____ of physical therapy _____ covered _____ the _____ have picked.

_____ therapy may _____ covered under policy _____ I _____.

_____ of _____ covered by any policy _____ have selected?

_____ coverage _____ going to _____ on my policy?

Does _____ cover the policy _____ I _____?

I _____ unsure _____ of physical _____ being _____ policy _____ I have chosen.

I don't _____ covered under the _____ I chose.

Does _____ things _____ to _____ therapy?

Does _____ chosen _____ cover _____?

_____ physical _____ included _____ policies I have _____?

Is _____ by the policies _____ have put _____?

I am _____ if I _____ be covered _____ rehabilitation under _____.

Is _____ therapy _____ as _____ of _____?

_____ the _____ of physical therapy covered _____ policy options?

_____ you _____ if my _____ covers physical _____ not?

I _____ sure _____ the _____ physical therapy being covered _____ policies _____ selected.

_____ physical therapy in _____ plan part _____?

_____ physiotherapy _____ in my _____?

Does my policy _____?

_____ policy _____ provide _____ for things _____ physical therapy?

I _____ know _____ therapy's _____ the policy _____ I _____ picked.

If my _____ covers _____ confirm?

_____ unsure if expenses _____ to physical _____ be covered _____ the _____ I have _____.

____ physical therapy covered ____ policy ____ I ____.
 Is ____ therapy ____ I have adopted?
 Physical therapy ____ be ____ policies I have ____.
 ____ unsure of the extent ____ therapy ____ by the policy ____ I ____.
 ____ policy covering physical ____ treatments?
 I am ____ certain ____ of physical ____ covered ____ the policies ____ picked.
 Is physical ____ covered ____ the policy ____?
 I ____ unsure ____ the extent ____ covered by ____ policies.
 ____ physical ____ options included ____ my ____?
 ____ covered by ____ I've picked, or not?
 Is ____ Therapy covered ____ options I have ____?
 Does ____ cover ____ like ____ therapy?
 I am not ____ if ____ therapy ____ the policy ____ have ____.
 ____ my ____ include coverage ____ physical ____?
 ____ if ____ have ____ policy that covers ____ therapy?
 Is ____ included ____ my chosen policy?
 ____ be ____ under the policy options ____ have ____?
 ____ insurance ____ I chose ____ physical ____?
 Part ____ coverage for ____ selected plan ____ include ____.
 Is ____ to ____ treatments like physical therapy?
 I ____ physical ____ is covered under my ____.
 Is ____ therapy ____ by the ____ have ____.
 Are the physical ____ options I have?
 Are the ____ physical ____?
 ____ my ____ policy cover ____ similar treatment?
 I ____ unsure ____ physical therapy ____ covered ____ policies I ____.
 ____ therapy ____ of the coverage on ____ selected ____?
 ____ physical ____ covered ____ the policy I ____ chosen?
 ____ physical therapy covered ____ any ____ my ____?
 ____ policy provide coverage ____ things like ____?
 ____ wonder if the ____ choices I ____ include coverage ____ as ____ therapy.
 ____ physical therapy ____ under the policy choices ____?
 ____ the treatment ____ covered by ____ I have selected?
 Do ____ services like physical therapy ____?
 ____ could ____ part of the ____ for my ____.
 ____ my ____ provide ____ physical therapy?
 Are ____ covered ____ the ____ options that I ____?
 ____ physical therapy ____ policies I have ____?
 ____ certain if ____ therapy ____ under ____ policies I've selected.
 Physical ____ could ____ covered under ____ policy options ____ chosen.
 ____ the ____ therapy treatments ____ policy?
 ____ the physical therapy ____ by ____ policy ____ selected?
 ____ be covered by ____ chose
 ____ policy ____ include coverage for ____?
 Are ____ covered by the ____ I ____?
 ____ physical therapy ____ the policy options i ____?
 ____ the policies that I have chosen.
 Will ____ provide coverage for physical ____ treatments?
 ____ am unsure ____ the extent ____ therapy's covered ____ the policies ____.
 ____ by ____ policy options I have selected?

the ____ for ____ and other treatments ____ by ____ policy I ____ chosen?
 ____ therapy may be covered ____ policy ____ selected.
 ____ unsure of whether or ____ therapy ____ covered ____ the ____ I ____ opted ____.
 ____ therapy could be ____ of the treatments ____ under ____ I _____.
 ____ cover things ____ physical therapy?
 I ____ sure whether physical ____ covered ____ I've selected.
 I ____ of the ____ of physical ____ covered ____ policies I have opted ____.
 Should ____ services like physical ____ similar?
 Do ____ therapies, ____ physical therapy?
 I ____ if ____ therapy ____ included ____ the insurance ____.
 I ____ extent of physical therapy ____ covered under ____ have picked.
 ____ physiotherapy covered ____ the ____ chose?
 ____ the ____ choices I ____ covering treatment ____ physical ____?
 Will ____ policy ____ therapies?
 Can you confirm ____ policy ____?
 ____ don't ____ physical ____ covered by the policies I've ____.
 ____ was ____ if therapies ____ physiotherapy ____ covered ____ policies ____ chose.
 I am not sure ____ of ____ being covered ____ policies ____ have ____.
 ____ there any ____ therapy in ____ policy?
 I am ____ extent of ____ therapy being covered ____ picked.
 ____ therapy ____ one ____ the ____ could be ____ the ____ options I ____ picked.
 I would like ____ if the ____ covers ____.
 physiotherapy ____ be ____ the policies ____.
 Is my ____ capable of ____ for things ____?
 Is physical ____ the ____?
 ____ my policy ____ therapy ____ similar ____?
 ____ therapies, ____ as physical ____ covered?
 Is ____ therapy covered by ____ that ____ have ____?
 ____ the ____ of ____ covered by policy ____?
 Does ____ policy come ____ therapy?
 It ____ that physical ____ is covered under the ____ Picked.
 ____ physical therapy is covered ____ my ____ options.
 ____ physical therapy covered ____ have bought?
 Physical ____ covered by the policy ____ I have ____.
 I am unsure ____ extent ____ therapy ____ covered ____ policies I ____ picked.
 Is ____ covered ____ the ____ I ____?
 ____ don't ____ if ____ is covered ____ policy options ____ have chosen.
 I ____ not certain of ____ therapy ____ covered ____ my policies.
 ____ my ____ cover ____ therapy or similar ____?
 ____ wonder ____ plan ____ physical therapy.
 ____ physical ____ by policies I ____?
 Will my ____ therapies, like ____?
 Do my ____ the physical ____?
 Are ____ physical therapy ____ by any of ____ policy ____ I ____?
 Physical therapy could ____ the ____ have chosen.
 Will ____ to ____ therapy ____ other treatments ____ the policy I chose?
 I ____ unsure of ____ extent ____ physical ____ covered under ____ policy ____ chosen.
 Physical ____ may ____ one of ____ covered ____ the policy options ____.
 ____ therapy covered under the ____ I ____?
 ____ covered by ____ policy options I ____?

Is ____ covered ____ the ____ bought?

____ could be ____ my ____ option.

____ am ____ of physical ____ covered ____ policy options I have Picked.

____ physical therapy ____ I have chosen?

____ uncertain of ____ extent of physical therapy being ____.

Is ____ therapy ____ in the ____?

____ my ____ going to ____ coverage for ____ like ____?

____ possible ____ my policy to include ____ physical ____?

Is it ____ that ____ include coverage ____ physical ____?

Physical ____ the treatments ____ could ____ covered ____ policy options ____ have Picked.

I ____ not sure ____ the extent ____ physical therapy ____ my ____.

Does ____ plan have coverage ____?

____ uncertain ____ the extent of ____ therapy's covered under ____ options ____ selected.

____ pay for services ____ therapy?

I am ____ about the extent ____ physical ____ covered ____ policy ____.

Will ____ cover ____ physical therapy ____ similar ones?

Is physical ____ covered ____ that I have?

Will ____ policies ____ to ____ therapy?

I am ____ the extent ____ being included in ____.

Are the ____ of physical ____ covered ____ policy options?

____ physical ____ included in the ____ picked?