

[Demo] NLP Dataset for Customer Service Automation

Company Type	Health Insurance Companies
Inquiry Category	Explanation of benefits (EOB) clarifications
Inquiry Sub-Category	Pre-Authorization Inquiry
Description	Customers seek clarification on the pre-authorization process and whether certain services require prior approval.
Data Size	7,221 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.)

_____ there _____ of _____ medications that need prior approval _____ being covered _____ my _____?

There is a list of _____ and _____ that _____ first under _____.

_____ would like to _____ if _____ required approvals for _____ coverage in my _____.

Is _____ a list of _____ and drugs _____ be _____ by my _____?

Which _____ have _____ get _____ order _____ be included?

_____ is the _____ of Treatments _____ require _____?

_____ you give _____ a _____ of _____ I _____ get pre-approved _____?

_____ treatments have _____ be given _____ consent in order to _____?

Is _____ therapy that requires _____ consent for _____?

What specific remedies _____ first _____ be included in _____?

Do _____ need _____?

I _____ to _____ if there _____ that require approval _____ will cover _____.

_____ there _____ process I _____ follow before my _____ certain _____?

_____ procedures _____ be given _____ consent _____ being included _____?

Do _____ be approved before my _____ pays _____?

Can _____ give _____ a list of _____ need _____ approved _____ advance?

_____ remedies _____ approval first to be included in _____?

_____ I _____ of procedures and _____ that need _____ approved by my _____?

Do _____ have _____ get special permission _____ plan _____ pay _____ certain _____?

Any treatment list _____?

_____ it necessary for me to _____ prior _____ for _____ before _____ by _____?

_____ possible to give me _____ of treatments that _____?

Do I need _____ from my _____ to _____ certain _____?

Do _____ need _____ treatments or _____ before they're covered by _____?

_____ any _____ treatments that need to _____ before _____ insurance _____ them?

_____ my policy cover any _____ need _____?

I need _____ know _____ certain _____ authorization _____ plan.

Before they're covered _____ my _____ are there _____ specific treatments or _____ to _____ for?

Which remedies need _____ approved _____ to _____?

_____ specific _____ need _____ approval for _____?

_____ want _____ know if you _____ approvals _____ and medication _____ under my _____.

Is _____ list _____ treatments _____ to be _____ before _____ plan _____ for them?

Can _____ give _____ a list _____ treatments _____ have to be _____ can _____?

Do I _____ to ask _____ certain services _____ under this _____ scheme?

_____ my insurance _____ obtain permission _____ to certain procedures?

_____ or _____ must I get _____ for _____ my plan _____ them?

_____ specific _____ treatments need _____ be _____ before _____ eligible?

_____ a _____ of treatments that require _____ consent.

Is _____ plan _____ for specific treatments?

Is _____ therapies _____ drugs that require _____?

_____ medicines _____ prior insurance _____?

_____ a _____ of drugs and treatments that _____ to _____ my _____ company.

Do you _____ pre-approved pills _____ therapies?

Is _____ necessary _____ get permission _____ treatments or drugs?

_____ me know _____ there _____ an _____ list, specifying _____ that _____ authorization.

_____ was _____ if you _____ a list of treatments _____ to _____ approved.

Do certain _____ prior _____?

Is _____ list _____ treatments _____ medications _____ need _____ before being _____ by my _____?

_____ wonder _____ I need _____ get _____ treatments _____ be covered.

Do _____ permission from my _____ to _____ certain treatments?

_____ kinds _____ treatments _____ from my insurance?

I need to _____ if you _____ of treatments _____ need _____ be _____.

_____ remedies _____ approval _____ to be included _____ my policy?

Is it _____ before _____ certain treatments?

_____ a list _____ treatments _____ approved prior to _____ covered by my _____?

I'm wondering _____ you _____ a _____ of _____ that need to _____ approved _____.

Which remedies _____ approved first _____ policy?

_____ it necessary for me _____ get _____ treatments?

_____ there _____ roster showing _____ need _____ be approved _____ starts?

_____ be _____ advance consent to _____ included _____ coverage?

Is _____ to _____ or medicines before they are approved?

What are _____ for pre-authorized medication and _____ expenses _____?

Does my _____ require _____ for certain drugs _____?

_____ approvals for treatment _____ coverage in my plan?

Is there _____ list _____ treatments that _____ in _____.

_____ remedies need approval _____ in _____ included?

_____ a _____ for _____ to get _____ permission to _____ for _____ treatments?

Which treatments _____ need _____ first?

Which _____ advance _____ order to get coverage?

I _____ to know if _____ to get pre-approved _____ treatments _____.

_____ treatments _____ medications need _____ approved _____ by _____ insurance plan?

Which _____ be _____ in my _____?

_____ it necessary to _____ approved for _____ policy?

_____ permission before taking certain therapies?

Can _____ me _____ list of the _____ to be _____ before _____ be covered?

Is _____ any _____ medicine that _____ to _____ my plan?

Is _____ have _____ authorization for _____ prescribed therapies?

_____ I _____ permission for certain treatments or _____?

Before they're covered _____ my plan, _____ any _____ I _____ for?

I _____ to know _____ me _____ list _____ treatments _____ need prior approval.

_____ or _____ that has to get _____ okay first?

Is there _____ procedures and _____ be pre-approved _____ my _____ plan?

I _____ if _____ need permission to _____ insurance _____ treatments or _____.

_____ there _____ roster of which medical treatments _____?

Do _____ prior _____ for _____ therapies?

_____ list of _____ need _____ be approved _____ my _____?

_____ list of _____ drugs I need _____ get pre-approved for?

Do _____ need _____ get permission _____ using _____ under this _____?

_____ wonder _____ I have _____ get permission _____ to be covered by _____.

_____ a list of drugs _____ treatments _____ need _____ be _____ my insurance _____.

_____ are the requirements for pre-approved _____ treatment _____ within _____?

_____ need a list _____ require _____ permission.

I _____ curious about _____ required _____ and _____ coverage under _____ plan.

Can you _____ treatments _____ need _____?

_____ there a _____ of _____ and _____ that _____ pre-approved by my _____ plan?

_____ I need permission _____ I get _____ coverage for _____?

_____ plan _____ to include advance _____ treatments or medications?

Is it _____ for my insurance _____ secure _____ procedures?

Which medications must be given _____?

Which remedies _____ first in _____ included under _____ policy?

_____ need prior permission _____ my _____?

Is it necessary for _____ insurance to _____ treatments _____ be _____?

Which treatments _____ to _____ approved before they _____ covered?

Is it possible _____ a _____ of _____ that require _____ approval?

Which drugs _____ first by _____ plan?

Is there _____ of drugs _____ treatments that _____ approved _____ insurance plan?

_____ there _____ list of drugs _____ treatments that _____ to _____ my _____ company?

_____ given advance _____ in order to be included _____ coverage?

_____ there a _____ procedures _____ medications that _____ to be _____ my _____?

Is _____ a _____ and drugs that _____ be _____ by my _____?

I _____ about _____ required approvals _____ and medication coverage.

Is a list _____ that need to _____ being covered _____ plan?

_____ to my plan _____ procedures, _____ be approved?

Any _____ need _____ be approved _____?

_____ possible to _____ information _____ requiring advanced approval?

_____ curious _____ required _____ for _____ and medication coverage _____ my _____.

_____ there any required approvals for _____ coverage _____ my _____?

_____ advance consent _____ certain types of treatments?

_____ are the _____ that need prior _____ insurance?

_____ to get prior approval _____ certain _____ covered by my plan?

Is _____ a roster _____ requires authorization?

There are certain treatments _____ before my insurance _____.

_____ a _____ of _____ approved first before _____ covered by my plan?

There are any _____ need _____ in _____?

_____ to know if _____ can _____ me a _____ treatments or medications that _____ prior _____.

Do there _____ before _____ insurance _____ cover certain treatments?

Do I need _____ permission from my _____ treatments?

_____ you give me a _____ require my _____?

Is _____ for _____ before I avail certain _____?

_____ to _____ pre-approved before _____ plan _____ any treatments?

_____ about _____ medications that need _____.

Is it _____ to get prior _____ before _____ plan _____ specific _____?

_____ there a list of _____ they can be covered _____ my _____?

_____ I need _____ authorization for _____?

Is _____ insurance _____ needed _____ medicines?

Can _____ me a list _____ treatments _____ preauthorization?

_____ specific _____ prior approval _____ covered?

Does _____ need _____ consent for _____ treatments or drugs?

_____ if I _____ to _____ treatments to be _____ by my plan.

_____ procedures have to be _____ before my _____ them?

_____ there _____ list of treatments and _____ approved _____ under my insurance _____?

Do certain _____ prior _____?

_____ to know _____ can _____ a list _____ treatments _____ need pre-approval.

_____ you tell _____ treatments that _____ advance _____?

_____ it possible to _____ a _____ treatments that _____ permission?

_____ my _____ consent _____ certain treatment?

Some _____ be _____ plan covers them

_____ there a _____ that need to be approved _____ coverage?

_____ need _____ get permission from _____ plan _____ pay for _____?

Is it necessary _____ for certain _____ they're _____ my plan?

_____ it necessary _____ my _____ to approve any _____ treatments _____?

What _____ need _____ be _____ for _____?

_____ is the _____ need approvals first?

Do _____ get permission to use _____ services _____ this insurance _____?

I _____ to _____ if _____ plan requires _____ treatments.

_____ medicines need _____ consent?

_____ specific drugs _____ prior _____ for _____?

There are some _____ therapies _____ require _____ coverage.

What are the _____ medication _____?

Is there _____ list _____ treatments that _____ first under _____ plan?

Before _____ covered _____ my _____ are _____ specific treatments or _____ that _____ prior _____?

_____ it necessary _____ my _____ to approve _____ treatments before _____ covered?

_____ know the list of _____ pre-approval?

_____ get _____ using certain _____ or drugs under the _____ scheme?

_____ want to know _____ you can provide a _____ need _____ approved under _____ plan.

Which specific _____ approved _____ under my _____?

_____ would like _____ of _____ that need advance _____.

_____ curious _____ the _____ approvals _____ and medication _____ under my _____.

Do any services and _____?

_____ certain treatments _____ prior authorization on _____ would like _____ know _____.

Pre-authorization _____ for certain _____ treatments _____ can _____ eligible _____ coverage.

_____ you _____ a list of treatments _____ to _____ first?

What are the requirements _____ pre-authorized _____ and _____ plan?

Can _____ a list _____ the _____ need pre-authorization?

Does the _____ consent for _____ treatments or _____?

_____ don't know _____ approval before _____ covers certain treatments _____ medicines.

Does _____ allow for pre-approved _____ for services _____?

_____ of treatments and _____ that _____ to _____ approved _____ my insurance company _____?

I _____ know if _____ treatments _____ prior _____ on _____ plan.

What are the drugs _____ my _____?

_____ a particular treatment or _____ before _____ insurance will cover _____?

Is _____ any _____ that require _____ for coverage?

I _____ a _____ treatments _____ require advance consent.

Do I need _____ permission for _____ to be _____ plan?

Do _____ prior _____ some therapies?

_____ I need _____ certain services or drugs under _____?

I would like to _____ required _____ for _____ coverage _____ plan.

_____ are the _____ that _____ be approved _____ my _____?

Does _____ for necessary _____ treatments?

_____ it _____ insurance _____ to certain medicines?

_____ included _____ my policy, which _____ remedies must _____ approved _____?

Which _____ need _____ be approved before _____ used _____ plan?

_____ any of _____ have _____ approved _____ my insurance _____ cover them?

_____ it _____ for me to _____ for certain _____ be paid _____ by _____ plan?

_____ want _____ if you can give me _____ list _____ treatments _____ medications that _____ be _____.

_____ would _____ to know the _____ of any _____ for _____ my _____.

_____ specific _____ need prior _____ from _____?

_____ specific _____ to be _____ before they can be _____?

_____ need _____ before being covered?

Do I need _____ from _____ plan _____ certain _____?

_____ there _____ treatments _____ drugs that need to _____ approved before my _____ them?

_____ treatments _____ need to get _____ to be _____ under _____ plan?

I don't _____ if _____ have _____ permission for _____ plan to _____ treatments.

_____ to get permission _____ certain services or drugs?

There _____ that need advanced consent _____ be _____.

Do _____ medicines have _____ get _____?

_____ the _____ for _____ and treatment expenses in my _____?

_____ remedies _____ on _____ plan acceptance?

Is _____ list _____ specific _____ that need to be _____ prior _____ covered _____ my _____?

_____ specific treatments need _____ before _____ are _____ for coverage?

I want to _____ need _____ approval _____ my _____.

_____ is required before _____ can be eligible _____ coverage.

I _____ a _____ treatments _____ need _____ be _____ before _____ covered.

_____ there a list of treatments _____ to be _____ plan?

_____ it _____ for me to _____ certain services _____ the _____ scheme?

Do _____ and _____ need _____ clearance?

_____ I have to _____ before using _____ or _____ under _____ scheme?

Is _____ any _____ that _____ advanced consent _____?

_____ want _____ know _____ plan's coverage _____ has pre-approved _____.

_____ there _____ roster of treatments _____ that need _____?

_____ list of _____ that require advance consent.

I _____ if _____ requires prior _____ for some treatments.

I _____ to _____ give _____ a list of treatments that _____ be _____.

_____ I need to get _____ particular _____?

_____ I _____ to get _____ consent for _____ medications?

Will _____ permission _____ get _____ treatments?

Can _____ provide _____ with _____ list _____ treatments _____ require _____?

_____ specific _____ that require advanced _____?

_____ drugs must _____ advance consent to _____ included in _____?

_____ list of _____ treatments that _____ to be approved before they _____ my _____?

____ I ____ permission before using certain ____ under ____ scheme?
 ____ remedies must ____ first to ____ included?
 Do any ____ drugs ____ clearances?
 ____ there ____ for ____ for treatment and medication ____ my ____?
 I need ____ that need to ____ can be covered.
 Is there ____ of treatments ____ pre-authorization ____ my policy?
 ____ is required before ____ remedies ____ covered ____ my ____?
 ____ able to give me ____ of ____ that ____ pre-approval?
 Do ____ require advanced consent ____?
 Can ____ tell me which medical treatment ____?
 ____ it possible to find a ____ the ____ need ____ be approved ____?
 Which ____ have ____ get approval ____ can be ____?
 ____ drugs ____ prior ____ in my ____?
 Will ____ need ____ before ____ certain ____?
 ____ insurance ____ that need approval?
 Which ____ must be given ____ in order ____ to be ____?
 ____ it ____ for me ____ prior approval ____ some treatments before ____ by ____?
 Before they're ____ plan, ____ specific treatments ____ need approval?
 ____ I ____ to get special permission for ____ paid ____ plan?
 ____ you ____ list of treatments ____ need to ____ pre-approval?
 ____ my plan have ____ include ____ consent ____?
 Does ____ demand ____ for ____ treatments?
 ____ the ____ that ____ the prior approval ____ my ____?
 Are there certain ____ coverage ____?
 ____ plan ____ to ____ advance consent ____ treatment?
 Which remedies ____ to be ____ in ____ policy?
 I ____ like to ____ treatment and medication coverage ____ my plan.
 Need ____ pills or therapies?
 Do specialized ____ on ____ prior ____ plan acceptance ____?
 ____ there ____ of treatments ____ that need prior ____?
 ____ covered, ____ me ____ of treatments that need pre-authorization?
 Is ____ any treatment ____ drug ____ approval ____ will ____ covered by my ____?
 ____ any specific drugs or ____ need ____ for coverage?
 Is ____ therapies that require ____ for ____?
 ____ you ____ me ____ that ____ need to consent for?
 ____ specific ____ require ____ consent for ____?
 ____ I have ____ permission from my plan ____ be paid ____?
 ____ you give me ____ of ____ and ____ that ____ be approved?
 I ____ know ____ I ____ prior ____ for ____ before they are ____.
 Does ____ insurance ____ to ____ permission ____ certain procedures?
 Do ____ have to get permission ____ certain registered ____ drugs under ____?
 ____ list of treatments that ____ I pay for ____?
 Do ____ seek ____ to ____ certain ____ or drugs ____ this insurance ____?
 Do ____ need prior ____?
 ____ necessary ____ get ____ prior ____ getting insurance coverage for ____ drugs?
 ____ possible to access ____ procedures and medications ____ need to ____?
 ____ prior coverage approval?
 ____ are the ____ that need ____ coverage?
 ____ my ____ require ____ consent ____ specific treatments or ____?
 Is ____ any treatments that ____ be approved ____ my ____ them?

Is there _____ treatments that _____ approval _____ covered?
 _____ there _____ pre-approved _____ my _____ coverage list?
 _____ there any _____ treatments that _____ approval before _____ for them?
 _____ I need _____ get _____ certain treatments?
 _____ know if _____ are _____ procedures _____ need to be _____ in advance.
 _____ approved _____ required _____ pre-authorization under my plan?
 _____ it _____ for my insurance _____ to give me permission _____?
 Does my plan _____ certain _____?
 Is there a roster showing _____ need _____ be _____?
 Do _____ need permission to _____ certain services _____ insurance _____?
 Which _____ need _____ coverage?
 Is _____ to get special approval _____ under _____ policy?
 _____ any procedures _____ medicines _____ must be approved _____?
 Can you _____ a _____ treatments _____ to be approved in _____ for them to _____?
 _____ I need _____ get permission _____ my insurance _____ for _____ treatments?
 _____ have to get _____ treatments _____ to be covered?
 Do _____ require _____?
 _____ there need _____ pre-approval _____ certain _____?
 I _____ know if _____ list of _____ require pre-approval.
 Are _____ some _____ remedies that rely _____ medical _____?
 Do specialized _____ depend _____ plan _____?
 _____ drugs _____ coverage approval?
 _____ specific _____ have to _____ approval _____?
 Is it _____ for _____ to _____ permission for _____ prescribed _____?
 _____ any _____ demand _____ approved clearances?
 Is it _____ to give a detailed listing of _____?
 _____ there _____ specific _____ or drugs that need _____?
 _____ remedies _____ to get approval _____ included _____ my policy?
 Which treatments _____ need _____ be approved _____ to _____ covered _____ my _____?
 Is _____ for _____ to get prior approval _____ before they _____ by _____?
 What _____ require _____ my _____?
 _____ any _____ and _____ pre-approved clearance?
 Are _____ need advanced consent for _____?
 Can _____ give me _____ list of _____ that need _____ approved _____ they _____?
 _____ there _____ that need _____ get _____ okay first?
 _____ need to get _____ to be included?
 _____ you give _____ a _____ of the _____ that _____ need _____ for?
 _____ I _____ get approval from _____ certain treatments?
 _____ a _____ of treatments that _____ pre-approval?
 _____ cover certain _____ that _____ approval?
 Which specific drugs _____ the _____?
 What remedies _____ be _____ to be included _____ my _____?
 _____ want _____ if there are _____ and medication _____ under my plan.
 _____ I _____ prior approval _____ certain _____ before they _____?
 _____ give _____ list _____ the treatments _____ need to _____ pre-approved?
 _____ you able to _____ treatments _____ approval before being covered?
 Is there a list _____ drugs that need to _____ for _____ to _____ by _____?
 _____ drugs need pre-approval?
 _____ there _____ specific treatments _____ need _____ my _____ will pay for _____?
 Which treatments _____ be _____ advance _____ be included in _____?

_____ necessary _____ to _____ before _____ use _____ under the insurance scheme?

Is _____ me to seek permission before using certain _____?

_____ there _____ specific _____ that _____ advanced _____?

Is _____ any medicines _____ have _____ get _____ first?

_____ to get permission _____ certain services and _____?

_____ a list of _____ or medications _____ need _____ be approved by _____?

Does _____ plan need _____ approval for _____?

Is there a _____ of _____ be _____ they _____ be _____ by my plan?

_____ need to be _____ before they _____ under my plan?

_____ inventory of treatments that will need to _____?

Which medications _____ coverage?

Will I need _____ get _____?

Is _____ treatments that need _____ prior to being _____ my _____?

Do any prescribed _____ need _____ before being _____?

_____ drugs _____ be given _____ consent _____ to be included in _____?

Treatments and _____ to get the _____?

_____ know which treatments _____ for coverage?

Are _____ remedies reliant _____ gaining prior _____?

I want to know if _____ a _____ need _____ for _____.

Is _____ get pre-approved for _____ they are _____?

Is it possible to _____ a _____ of _____ medications that _____ by _____ insurance?

Does _____ plan _____ consent for _____?

_____ or _____ must I _____ for _____ my plan covers _____?

Is there a list _____ or _____ that need _____ are covered _____ my _____?

Is _____ list _____ drugs _____ treatments _____ need _____ before _____ are _____ by my _____?

_____ to know _____ required approvals for my _____ and _____.

I need a _____ that require _____.

_____ approvals are _____ treatment _____ coverage under _____ plan?

_____ a _____ that require advance consent?

_____ need _____ authorization from my _____?

_____ have to get _____ from my _____ to _____ treatments?

_____ treatments need _____ pre-approved _____ they are _____?

I _____ to know if there are _____ my _____.

I want to _____ if you have a _____ preapproval before _____.

_____ for _____ medical treatments _____ they _____ eligible for coverage

Which drugs _____ for _____ I can use _____?

Is _____ a roster _____ medical _____ clearance?

I _____ I _____ prior approval for _____ or _____ they're _____ by my plan.

_____ drugs and _____ to _____ given advance consent _____ be included?

_____ need to _____ about _____ required approvals for _____ under _____.

_____ treatments need _____ before they can be covered _____.

_____ of _____ that need _____?

Is _____ roster _____ treatments _____ have _____ approved first?

Is _____ requiring permission _____ to _____ procedures?

I _____ plan _____ for certain treatments.

Is _____ any treatment _____ approval _____ my _____ will cover _____?

Can you _____ me _____ pills that need to _____ approved?

_____ want _____ know if you can _____ me _____ list _____ have _____ be _____ for coverage.

_____ do I have to _____?

_____ any specific _____ need approval _____ covers them?

_____ I need to _____ permission _____ this insurance scheme?

There are _____ medications _____ need prior _____.

Can _____ give me _____ list _____ or medications _____ need _____ be _____?

Is _____ any particular treatment _____ before _____ will cover it?

_____ of _____ or treatments _____ need _____ be _____ before they can be _____ my plan?

_____ the drugs that _____ my plan?

_____ there any specific therapies that need _____?

_____ there _____ list of _____ or _____ approval before _____ can be _____?

Do _____ need _____ consent for coverage?

Inform me if _____ list, _____ procedures and _____ that need _____.

I _____ if I _____ prior _____ for _____ before my plan _____.

Is there _____ treatments that _____ need to _____ approved _____ my _____ plan?

Is it _____ to find _____ about prescriptions _____?

What _____ for treatment _____ coverage under my plan?

Is _____ requirement _____ consent _____ certain therapies?

_____ want to know _____ you can _____ me with _____ treatments _____ to _____ approved.

Can I get a list _____ procedures and medications _____ need _____?

_____ me to get _____ for specific treatments _____ plan covers them?

_____ procedures and medicines _____ be _____ in advance _____ my _____?

Is _____ of _____ or _____ need _____ be pre-approved for _____ insurance?

Is there _____ list _____ treatments _____ that need to _____ first?

Is it _____ prior authorization _____ drugs?

Is _____ a _____ drugs and treatments _____ to be _____ first by _____ insurance _____?

_____ you have a list _____ treatments _____ to be _____?

_____ would _____ list _____ treatments that need _____ be approved before being _____.

Do I _____ to _____ certain services _____ scheme?

_____ to know _____ certain treatments need _____.

Do _____ prior _____ consent?

Is _____ to get pre-approved _____ my plan covers _____?

Is _____ for me _____ have _____ for _____ therapies?

_____ need to _____ permission _____ treatments?

_____ specific treatment _____ needs to be approved _____ my _____ cover _____?

Will _____ need approval _____ treatments?

Is there a requirement _____ prior _____ for _____ be _____ my plan?

_____ there _____ required _____ treatment and medication coverage in my plan.

_____ the specific _____ that need _____ under _____ plan?

Is _____ treatments and medications _____ need prior _____?

_____ treatment _____ requires _____ in _____ policy?

Is _____ possible to _____ me _____ any _____ for _____ my plan?

Which treatments _____ be pre-approved _____ they _____ my plan?

_____ it _____ find _____ list _____ treatments _____ prescriptions that need _____ be approved _____?

I want to know _____ get _____ approval for certain _____ covered _____ my plan.

_____ need a list of _____ that need to _____.

I want _____ can give me a _____ that need _____.

Do specific medicines _____?

_____ by my _____ are _____ specific treatments _____ medicines that _____ approval?

Do any _____ drugs require pre-approved clearances _____?

Do _____ need _____ obtain permission _____ using _____ drugs?

_____ there a list of procedures and _____ be _____ insurance company?

_____ need _____ detailed _____ treatments _____ medications that _____ to be _____ my plan.

Will _____ approval before _____ get _____ particular treatments?
_____ my plan _____ to have _____ treatments?
Is there a procedure _____ through to _____ treatments covered _____ plan?
_____ drugs _____ to _____ given _____ be included in coverage?
_____ that _____ prior coverage approval.
Does _____ me _____ get _____ in advance for _____ procedures?
_____ any _____ and _____ pre-approved clearance _____ this plan?
_____ there a list of _____ that _____ to be _____ plan?
There _____ prior coverage approval.
_____ there _____ need for prior _____ for _____?
_____ there a _____ treatments that have _____ my _____?
_____ certain _____ need _____ permission?
_____ I have _____ permission _____ therapies to be _____ for?
_____ procedures or medicines _____ be approved in _____ plan?
_____ and procedures must _____ given _____ to be _____ coverage?
_____ any _____ or prescriptions that need _____ before my _____ them?
_____ to provide me with _____ of treatments _____ need _____?
_____ I need _____ get permission for _____ to _____ for _____?
Can you give _____ a _____ of _____ that _____?
Can _____ give me _____ of _____ require approval?
_____ you give _____ of treatments that _____ be _____ approved?
Will I _____ take certain _____?
_____ to _____ about prescriptions needing advanced approval?
Initial _____ from _____ company _____ for listed _____?
_____ provide a _____ listing of treatments that must be _____ plan?
I have _____ a list _____ that require _____ consent.
Can you _____ a _____ treatments that _____ approved by the _____?
Do I _____ to _____ before using _____ under this _____?
Can _____ give _____ a detailed _____ of _____ and _____ I _____ to _____?
Does my plan _____ advance consent for _____?
Before they're covered by my _____ are _____ specific _____ prior approval for?
_____ needed _____ certain medical treatments _____ will _____ for coverage.
I _____ appreciate it _____ could _____ if _____ is _____ approved _____ for procedures and _____.
Do I need _____ get _____ approval for _____?
Do I _____ prior _____ for _____?
_____ of _____ require pre-authorization?
_____ know if there _____ required approvals for _____ my plan.
_____ have to _____ approval before I _____ avail _____?
Which _____ or _____ need _____ be _____ advance consent in order _____ included _____?
Is it _____ find a _____ of which _____ to be approved _____?
Is there _____ specific _____ or _____ that require _____?
_____ I need _____ approval for _____ before my _____ them?
Do there any _____ that require _____?
Do I _____ approval before my _____ will _____ certain _____?
_____ medications _____ pre-approved for my plan?
_____ drugs _____ be given _____ permission _____ included in _____?
I _____ like to _____ there are _____ for _____ medication coverage.
_____ I have _____ get permission _____ my plan _____ treatments?
_____ I _____ to get approval for _____ treatments _____ be _____ plan?
_____ drugs need _____ clearances under _____?

Is ____ prior insurance ____ certain ____?

____ list of treatments and ____ that ____ to ____ approved ____?

____ need ____ pre-approved for some treatments ____ are covered?

____ drugs should ____ get pre-approved ____?

Is there ____ list ____ treatments ____ need to ____ first ____ insurance ____?

Is there ____ roster ____ medication that ____ authorization?

I'm looking for details on any ____ for ____ plan.

What are the requirements for pre-authorization ____?

Can you tell ____ about ____ that ____ consent?

____ there ____ of ____ and medications ____ need to ____ by my ____ plan?

____ list of ____ have to be ____ by ____ insurance company?

Which medications ____ be ____ for ____?

____ list of ____ that must ____ in my policy?

Please ____ us what ____ advance approval ____ this plan.

____ medications need ____ coverage ____?

Is ____ a ____ of ____ treatments ____ to be approved first ____?

____ list ____ treatments that ____ be ____ in my ____?

Do I ____ to get permission for ____ paid ____ my ____?

Is there a ____ medical treatments ____?

Can you give me ____ list of ____ I ____ for?

____ list of treatments ____ to be pre-authorization ____?

____ I need ____ approval ____ certain treatments ____ my ____ covers ____?

____ to ____ a list of ____ that need ____ under my plan.

Is ____ possible to ____ a list ____ and medications ____ to be approved ____?

____ there a ____ of ____ and pills that ____ be approved ____ under ____?

I ____ if there ____ listed medications that ____ initial ____ from ____.

____ possible to provide ____ detailed listing of ____ or ____ prior ____ under ____ plan?

____ I ____ authorization to ____ prescribed therapies?

____ specific remedies ____ they are ____ in my policy?

Before ____ for ____ what ____ medical treatments ____ pre-authorization?

Do I ____ to get special permission ____ plan to ____?

____ list of ____ and drugs ____ need approval before they ____ be ____ plan?

____ I ____ to get approval before I ____?

____ any ____ that ____ approval before ____ insurance ____ cover them?

____ need pre-approval?

____ required ____ listed medications?

____ there ____ list of drugs that have ____ approved ____ being ____ by ____?

____ know if ____ plan requires advance ____ certain ____.

____ remedies ____ be approved first ____ order to be ____?

____ want ____ list of ____ advance permission.

Do you ____ a list ____ treatments ____ need ____ be approved ____?

Do I ____ to get ____ to have ____ plan?

____ to get the ____ plan to pay for certain ____?

____ drugs and therapies ____ require advanced consent ____.

____ policy ____ prescribed remedies ____ need clearance before ____ used?

____ get ____ list ____ procedures and medications ____ need ____ be pre-approved ____ insurance ____?

If certain ____ need ____ on ____ plan, ____ would ____ to ____.

I want to ____ required ____ and ____ under my ____.

Is ____ necessary for ____ specific treatments ____ cover them?

Are you ____ give ____ a list of ____ need ____ be ____?

_____ of _____ I need to _____ first under _____ insurance plan?

_____ drugs _____ pre- approved _____ under _____?

Which _____ must _____ first _____ included?

Which treatments _____ need to _____ pre-approved _____ for my _____ cover _____?

Does _____ have _____ pre-approved for _____ treatments?

Does my _____ for _____ treatments?

Does _____ require advance _____ any _____?

What _____ to _____ pre-approved under _____ plan?

_____ should be _____ for specific _____?

Can _____ me _____ list of treatments _____ to _____ under my plan?

_____ there _____ requirement _____ of certain _____ before they are _____ by my _____?

I _____ a _____ need prior _____ under my plan.

_____ there _____ drugs that need _____ approved before _____ by my plan?

I am looking for _____ that _____ to be _____ covered.

_____ there a list of _____?

What _____ remedies need _____ approval first _____ included _____ policy?

I want _____ details _____ any _____ approvals for _____ medication coverage under _____.

_____ it _____ give me _____ of treatments _____ medications that need _____?

_____ possible to access a _____ of procedures and _____ that _____ be _____ insurance?

_____ the _____ preauthorization for medication _____ treatment?

_____ remedies need _____ approval first to _____?

I am looking _____ a _____ treatments _____ consent.

_____ may _____ specific therapies _____ require _____ for coverage.

Which specific _____ have _____ get _____ they _____ included?

_____ approved prior to coverage?

Do I need permission _____ drugs _____ scheme?

Which specific _____ need to be _____ order _____?

_____ that need _____ under _____ plan?

Will my _____ cover any specific _____?

Are _____ medical plan acceptance?

_____ medications _____ must be _____ consent _____ be included in coverage?

Which treatments _____ to be _____ before they _____ by _____?

Will I _____ receive certain _____?

Is _____ a _____ of _____ need prior approval for _____?

Is _____ medicines required _____ prior _____?

_____ any _____ consent _____ be covered?

Can _____ me _____ list _____ treatments _____ medications _____ I need _____ approve?

Before _____ covered, can you _____ treatments that _____ preapproval?

Is _____ insurance _____ specific medicines?

_____ need _____ to use certain treatments _____ in _____ plan?

I would _____ to _____ on _____ for treatment _____ medication _____ my plan.

There _____ drugs that _____ for coverage

I want to _____ roster _____ treatments need prior approval _____.

Which _____ before they can _____ paid _____?

Can _____ with _____ of _____ that require pre-approval?

_____ would _____ approval under _____ plan?

_____ it necessary _____ to approve specific _____ before _____ them?

_____ there a list of drugs or _____ need _____ before _____ my plan?

_____ list of _____ or medications that need _____.

Is _____ list _____ drugs that _____ to _____ approved _____ I can _____ them?

Does my plan ____ to ____ advance ____ some ____?

____ my ____ pre-authorization for ____ treatments?

I am wondering if you ____ give me ____ list of ____ be ____ being ____.

To have ____ plan cover certain ____ be ____?

Which ____ to ____ given advance ____ be ____ in coverage?

Do ____ a list ____ that need prior ____?

Are there ____ treatments ____ first?

____ special ____ to have certain ____ paid ____ by my plan?

____ any prescribed procedures ____ that ____ to be ____ in ____?

Special ____ needed ____ certain ____ be ____ by my plan.

Do ____ to get permission ____ under this insurance ____?

Am I ____ get ____ list ____ treatments that require ____?

Is there ____ list ____ need advance ____?

____ need to get green light ____?

I ____ know ____ I ____ to ____ prior approval for ____ are covered ____ my plan.

Do ____ need ____ get special ____ treatments to be ____?

If certain treatments ____ on my ____ would ____ to ____.

____ clearances under the plan?

____ service ____ need ____ clearance under this plan?

____ roster of which medical ____ clearance?

____ need ____ being covered?

____ need to get approval ____ treatments?

____ medical treatments require pre-authorization ____ are eligible ____?

____ plan ____ consent for ____ certain treatment?

____ you give me ____ detailed ____ treatments ____ medications that ____ to be ____?

____ I need ____ to ____ insurance for ____?

Can you ____ treatments that ____ to be approved before ____?

____ it necessary ____ my ____ approve specific treatments ____ cover them?

____ and drugs ____ approval under ____?

____ pre-approval for certain treatments?

____ treatments need prior ____ on ____?

Is ____ of drugs ____ that ____ before my plan will cover them?

____ want ____ know ____ I ____ to get prior ____ for certain ____ before they ____ my ____.

Is it ____ get ____ get particular treatments?

____ treatments requiring ____ my ____?

Is ____ list of treatments and ____ to ____ first ____ insurance plan?

Does ____ plan ____ advance ____ some specific ____?

Is it possible ____ give me a ____ of ____ to ____ being ____?

____ there a roster ____ treatments ____ need ____ approved?

____ list ____ and medications that need to ____ by ____ insurance company?

Is ____ list ____ treatments ____ meds that need ____ coverage?

____ to get prior ____ for certain ____?

____ necessary for ____ to get pre-approved ____ before they are ____ plan?

Does my ____ consent for ____ treatments?

____ a list of ____ that ____ consent?

Can ____ list of ____ that need ____ be approved before ____ use ____?

Do ____ need prior approval ____ treatments ____ medicines ____ covered by my ____?

What ____ requirements pertaining ____ pre-authorized ____ and ____?

____ you ____ a ____ need to be approved before I'm ____?

Are ____ specialized ____ prior ____ plan acceptances?

_____ for _____ insurance to _____ specific treatments before it will _____?

_____ specific medicines _____ insurance _____?

_____ the _____ require _____ for some _____?

I need _____ list _____ treatments that _____ approved before _____ be _____.

_____ certain treatments _____ plan, _____ would like to know _____ it.

_____ there _____ drugs that _____ advanced _____ coverage?

Is it _____ access a _____ of procedures _____ drugs _____ need _____ approved _____ my insurance _____?

_____ treatments or _____ that need to _____ okay _____?

Can you give me a list _____ that need _____?

Before they're _____ plan, are _____ any _____ or _____ need prior _____ for?

Do you have _____ list of _____ that _____ to be _____?

_____ they're covered _____ are _____ any specific _____ I _____ approval for?

Before insurance _____ be required _____?

Is there a roster _____ that _____ clearance?

_____ there any _____ therapies _____ that need _____ for coverage?

Can _____ tell _____ of treatments that need _____ be _____?

_____ get the permission _____ my plan to _____ for _____ treatments?

I _____ about _____ required approvals _____ and medication coverage _____ plan.

Is _____ treatments _____ approval _____ order to be covered by my _____?

Before _____ there needs to be _____ approval _____ certain treatments.

_____ wonder if _____ to get _____ my plan to _____ treatments.

How _____ required _____ for treatment and medication _____ under _____?

Can you _____ a _____ treatments that _____ consent?

Is there a _____ of procedures _____ I _____ to _____ under _____ insurance plan?

Which drugs _____ given advance consent _____ them _____ be _____?

_____ a list of _____ need pre-authorization?

_____ a list _____ and drugs that _____ to be approved _____?

Do I _____ get _____ for _____ drugs?

Is there _____ requirement _____ prior _____ for _____ prescribed _____.

Which treatments _____ for coverage?

_____ to know _____ required approvals for _____ under my _____.

Is there a plan _____ requires _____ and _____?

Is _____ to _____ approval _____ receiving certain treatments?

Does _____ plan need to _____ advance _____ for _____ drugs?

_____ there _____ listed medications that _____ authorization from the _____.

_____ may be specific _____ that _____ approval.

I _____ to know _____ details of _____ for treatment _____ coverage _____ plan.

_____ have to _____ approval before receiving _____?

Do _____ procedures _____ medicines _____ to _____ advance of my _____?

Is there any treatment _____ drug _____ coverage?

Is _____ any medicine _____ treatment _____ has to _____ the _____?

_____ possible _____ a detailed listing _____ require prior _____ under my plan?

Do _____ permission to access drugs _____ this _____?

_____ drugs need _____ get prior _____ plan?

Specific _____ pre-approval?

_____ a particular treatment _____ requires approval _____ insurance _____ cover _____?

_____ a list of treatments _____ advance _____?

Any list _____ treatments _____?

What _____ the _____ that _____ to _____ approved _____ insurer?

What _____ treatments that _____ prior authorization from _____?

Before they're covered ____ my ____ there need ____ prior ____ certain ____.

Is there ____ list ____ to ____ first ____ covered by my plan?

Which drugs need to be ____ under ____ plan?

____ would like ____ if ____ a ____ treatments that need advance ____.

____ find a ____ medications ____ need ____ be approved by ____ insurance plan?

Before they're ____ by my plan, ____ specific ____ that need to ____?

____ a list of ____ and medications that ____ to ____ will cover them?

____ give me ____ list of treatments ____ will ____ approved?

____ the ____ of treatments ____ require approval ____?

____ to ____ a list of ____ that need pre-authorization?

Is ____ treatments ____ meds ____ require approval before ____ cover them?

Is ____ list ____ the drugs ____ need ____ under my insurance?

____ it possible ____ provide me with ____ list ____ treatments ____ be ____?

Is ____ a ____ and treatments ____ before they ____ be covered by my ____?

____ want a list of ____ need to ____ approved ____ can ____.

Is there any specific ____ advanced consent ____?

____ you have a ____ that ____ be approved before being ____?

____ are the specific drugs that ____ approval ____?

Is ____ possible to ____ of ____ treatments ____ need to be ____ my plan?

Is ____ necessary for ____ to ____ special ____ for ____ to ____ paid ____?

Do ____ a list ____ treatments ____ require ____ consent?

Which ____ need ____ approved first to be ____ in ____?

____ possible ____ to ____ me ____ of treatments ____ require advance consent?

____ there any ____ treatments that need ____ my ____ pay ____?

____ possible to ____ of procedures or medications that ____ to be approved ____ plan?

____ need to get special ____ before I pay ____?

Does ____ pre-approval for ____?

Is ____ necessary to get ____ approvals for ____ this ____?

Is ____ necessary ____ certain treatments ____ medications ____ plan?

Is there a ____ that shows ____ require prior ____?

Is ____ for ____ to ____ approval ____ any treatments before ____ are ____ my plan?

Is it ____ for ____ specific ____ I pay for them?

Can you give ____ a list of ____ have ____ pre-approval ____?

What ____ inventory of ____ need ____ approval first?

Does ____ plan ____ to go through ____ treatments?

____ are ____ specific ____ to approve under my ____?

Are ____ specialized ____ on obtaining prior ____ plan ____.

____ permission ____ to certain ____ required ____ insurance policy?

____ specific remedies ____ approved before they ____ included?

Will ____ to give ____ a list of treatments ____ to ____?

Is ____ to ____ information about the drugs that ____?

Is there ____ of which ____ treatment ____ needs ____?

____ are ____ for ____ of ____ and treatment?

Do ____ permission ____ getting insurance ____ treatments?

____ treatments ____ drugs ____ be pre-approved before ____ covered under ____ plan?

Are ____ any ____ that need to get ____?

____ plan ____ for certain treatments?

I ____ know if there is ____ for ____ medication under ____ plan.

____ I ____ a list of ____ or ____ need to ____ my ____ plan?

Do I ____ get permission ____ drugs under my ____?

____ my insurance policy ____ permission ____ certain ____?
 Do any treatments ____ medicines ____ the okay ____?
 Are ____ able to give me a list ____ treatments that ____ be ____?
 ____ and services demand ____ this ____?
 Is ____ a list of treatments ____ need to be ____ for ____ to ____ by ____?
 Will ____ get approval ____ receive certain treatments?
 ____ need approval before ____ some ____?
 Is ____ procedures and medications that ____ be approved under ____ plan?
 Do ____ permission to ____ certain treatments covered ____ my ____?
 Can ____ a list ____ treatments ____ to be approved?
 ____ plan require pre-approved clearances ____ any ____ or ____?
 Which ____ get ____ they ____ be ____ in my policy?
 ____ a requirement of my ____ for ____ secure permission for ____?
 I ____ to know ____ of ____ or ____ that need pre-approval.
 ____ to ____ required approvals for treatment and ____ under ____.
 ____ I ____ list of ____ that ____ be pre-approved under my ____ plan?
 I am ____ details on ____ approvals ____ and medication ____.
 ____ are ____ for pre-authorized medication and treatment ____ policy?
 Do I ____ to get permission for ____ to ____?
 ____ list available ____ treatments?
 There ____ treatments that ____ prior authorization ____ my ____.
 I'd like to ____ if ____ are ____ approvals ____ under my ____.
 Does ____ plan ____ of certain ____?
 Do I have ____ permission for ____ treatments ____ be covered ____?
 I need ____ list of treatments that ____ to ____.
 ____ plan ____ some ____ must they be ____?
 ____ I ____ to get ____ certain ____?
 Any ____ of ____ would ____ pre-authorization?
 ____ you ____ me ____ list of ____ need advance ____?
 ____ list of treatments that ____ advance consent.
 ____ there a list ____ procedures ____ need ____ pre-approved ____ my insurance?
 Do ____ need ____ before ____ certain ____ this ____ scheme?
 ____ a list ____ treatments and medications ____ to ____ approved ____ my insurance?
 Can you give ____ detailed list ____ treatments ____ prior ____ plan?
 Does ____ plan require ____ certain treatments or ____?
 ____ my ____ advanced ____ certain treatments?
 ____ they ____ eligible for ____ what medical ____ to be ____?
 ____ require ____ to be covered?
 ____ there certain medications ____ prior ____?
 What ____ treatments ____ have to be ____ my ____?
 I don't ____ prior ____ specific treatments or medicines ____ they're ____.
 Do ____ need ____ drugs to be ____ by my ____?
 ____ I ____ get permission from the ____ company ____ using ____?
 Does ____ insurance ____ to certain ____?
 Does ____ plan ____ pre-approved clearance ____ and ____?
 Do ____ prior authorization for certain ____?
 Can I ____ a list ____ that ____ to be pre-approved under ____?
 Do you have ____ treatments or ____ to ____ approved ____?
 Is it ____ me to get prior approval ____ they ____ by my plan?
 Do ____ need ____ approval ____ before they are covered?

____ specific ____ need consent ____ ?
 ____ treatments need to ____ approved ____ covers them?
 What ____ do ____ get ____ for to ____ covered under ____ plan?
 ____ it ____ for ____ plan to ____ treatments or drugs?
 ____ I need to get prior ____ ?
 Is there a ____ and treatments ____ need ____ first?
 ____ there a ____ of ____ need to be ____ my insurance?
 I want to know if there ____ a ____ that ____ be ____ first.
 Is ____ a roster ____ medical ____ or ____ clearance?
 ____ any ____ advanced consent ____ coverage?
 There are ____ that need ____ for coverage.
 ____ authorization required ____ certain ____ therapies?
 ____ must ____ given advance ____ to be included ____ coverage?
 ____ like to know ____ treatments need prior authorization ____ .
 Which ____ need ____ coverage?
 ____ there a list ____ prescriptions ____ to be approved?
 ____ need to get ____ for ____ be covered ____ my plan?
 Do ____ have ____ of ____ that need ____ be ____ they can ____ covered?
 Do ____ need to ____ permission ____ certain ____ ?
 ____ require ____ clearance for any services ____ drugs?
 Is ____ a list of treatments ____ approved ____ before ____ can use ____ ?
 I ____ to know details of any required approvals ____ and ____ .
 Is there any ____ of ____ ?
 Are ____ specific medications ____ need ____ ?
 Do any ____ need ____ pre-approved ____ this ____ ?
 I ____ know if my ____ me to ____ prior to ____ .
 Is ____ a ____ of ____ drugs ____ need to ____ approved first ____ ?
 Which ____ to ____ advance consent to ____ included in ____ ?
 ____ need to ____ permission ____ get ____ for treatments?
 ____ drugs have to ____ plan?
 What are ____ drugs that ____ plan?
 ____ of pre-authorization treatments ____ ?
 ____ list of ____ that need to be ____ for ____ insurance?
 I'm in need ____ a list of ____ .
 Do ____ have to be ____ before my ____ cover ____ ?
 ____ I need approval ____ receiving ____ ?
 ____ prescriptions need ____ for ____ ?
 Which treatments ____ need ____ be approved ____ can ____ used?
 ____ specific medications ____ prior approval under ____ plan?
 Do I ____ to get ____ permission for ____ to ____ some ____ ?
 I ____ like ____ details of required ____ for ____ under my plan.
 ____ need ____ obtain permission from ____ to pay for ____ ?
 Do ____ approval ____ have ____ treatments covered ____ my plan?
 ____ any ____ remedies that require ____ being ____ by my ____ ?
 Can ____ me a list of ____ need ____ ?
 Any treatments that ____ approved ____ ?
 ____ specific therapies that ____ consent for coverage?
 I ____ to know details ____ approvals ____ treatment ____ medication ____ plan.
 I need ____ know ____ required approvals for treatment ____ my ____ .
 What is ____ of ____ need ____ be ____ first?

_____ there a list of _____ drugs _____ to be approved _____ for _____?

_____ drugs need _____ clearance _____ this _____.

_____ for certain _____ is _____ my _____.

Will I need to _____ first _____ get _____?

What _____ requirement for pre-authorization _____ medication _____ treatment _____ coverage?

_____ require approval _____ get _____ treatments?

_____ by _____ insurance policy for me _____ get _____ prior to doing _____?

_____ I have _____ get _____ from _____ for certain _____?

_____ there a _____ of _____ need to _____ approved _____ being _____?

_____ should have _____ approval for _____?

What _____ pre-authorization _____ policy?

_____ want to _____ details about _____ treatment under my _____.

_____ a roster _____ medical treatment or medication _____?

Do _____ have _____ of treatments _____ to _____ approved?

_____ there _____ procedures and _____ that _____ be pre-approved _____ my insurance?

_____ drugs _____ be approved before they _____ be _____ my _____?

_____ a list of _____ to be _____ in advance?

_____ certain _____ that require approval _____ insurance will _____ them.

_____ drugs need the _____ plan?

_____ the roster showing _____ treatments _____ coverage?

Which _____ need the approval _____?

I _____ to know _____ I need _____ for certain _____ medicines _____ are covered _____ plan.

_____ it necessary for _____ have _____ certain therapies?

Is _____ any drug or therapy _____ coverage?

_____ requiring _____ consent _____ some treatments?

_____ of the treatments or _____ to _____ the _____ first?

Do _____ need _____ pre-approved clearance?

Do any of the medicines _____ to _____ first?

_____ wonder if _____ need to get _____ certain _____ to be _____ by _____.

Is it possible _____ a _____ of _____ and _____ that need _____ approved _____ my _____ plan?

_____ want _____ if you _____ a list of treatments _____ medications that _____.

_____ it necessary for _____ for certain _____ be covered by my _____?

Do _____ special _____ treatments to be covered _____ my _____?

_____ I need _____ authorization _____ therapies?

Which _____ need _____ first under my _____?

_____ must be approved before _____?

_____ my plan need pre-approval _____?

_____ need permission from my _____ for _____ be paid _____?

Which drugs _____ the plan?

_____ are the medications that need _____ plan?

_____ want to _____ if any _____ in _____ policy.

What _____ must be _____ plan?

Will I have to _____ before I _____?

_____ I _____ for certain treatments?

_____ to _____ approvals for treatment and _____ under my plan.

_____ I _____ to _____ permission _____ using drugs under _____ insurance _____?

_____ the requirements _____ medication and treatments?

Do _____ get _____ for _____ therapies?

_____ covered by _____ are there _____ treatments or medicines _____ need _____?

_____ give me a list of _____ to _____ approved before _____ are _____?

Is there ____ list ____ or ____ to be approved ____ they are ____ my plan?

Are ____ remedies reliant ____ prior ____ acceptance?

____ authorization ____ certain therapies?

Can you give ____ of treatments that ____ authorize?

____ possible ____ give me ____ list ____ treatments that require ____?

Is ____ for me to ____ before ____ services or ____ under ____ scheme?

____ need to ____ of ____ need advance consent.

____ remedies ____ acquiring prior medical ____ acceptance?

My policy may ____ a list ____ pre-authorization.

____ some specialized ____ on acquiring ____ plan acceptance?

____ need ____ of ____ need to be approved ____ I am ____.

____ some specialized ____ rely on ____ prior ____ acceptance?

What are ____ need prior authorization ____ my ____?

____ are the ____ of ____ and treatment?

____ I ____ to get ____ use drugs ____ this ____ scheme?

Do some treatments need ____?

____ medicines ____ insurance consent?

Do any procedures ____ be ____ in advance by ____?

____ you ____ me which treatments ____ meds ____ for coverage?

Were you ____ to give me ____ of ____ approvals ____ plan?

I ____ on any ____ approvals for treatment and ____ coverage ____ my ____.

____ to know if you ____ a ____ of ____ drugs ____ need to ____.

____ need to be approved ____ my insurance will cover ____.

____ it necessary ____ prior authorization ____ prescribed therapies?

____ treatments that need ____ get ____ okay ____?

Is it ____ my ____ to give advance ____ certain ____?

____ drugs need ____ be ____ prior ____ my plan?

____ it ____ for prior insurance ____ for ____?

Do ____ to get prior authorization ____?

____ plan require ____ consent ____ treatments?

To be ____ under ____ policy, certain ____ must ____.

Which medications and ____ given ____ consent ____ be included?

____ need the ____ of my ____?

Do ____ to ____ before ____ covers certain treatments?

____ remedies require approval first to be ____?

Are ____ to ____ list of ____ that ____ be approved for coverage?

____ my plan require ____ consent for ____?

____ you able ____ give me a ____ treatments ____ medications that ____ to be ____?

I need a ____ Treatments ____ advance ____.

____ covered ____ my ____ do ____ need prior approval ____ specific ____?

Is ____ a ____ medical treatments ____ need ____ approved?

____ a ____ medical ____ that need approval?

____ need to ____ to use certain services ____?

Do ____ need ____ pre-approved for ____ before ____ are ____?

____ any procedure ____ medicine that needs ____ be ____ by ____ plan?

Is there ____ list ____ specific treatments ____ need ____ being covered by ____?

____ are certain treatments that ____ from ____ insurance?

I am ____ if ____ can give me a list ____ approved.

Is there any treatment ____ to be approved ____ for ____?

____ I need ____ I go ____ certain ____?

Is _____ list of _____ treatments _____ approval before _____ by _____ plan?
 _____ to _____ permission to _____ certain _____ or drugs _____ insurance scheme?

Before _____ my plan, are there _____ treatments or _____ I need _____?

Which _____ some green _____ before _____ for?

Can you _____ me _____ list _____ that require _____?

I want _____ what treatments my _____ approving?
 _____ to _____ you have _____ list _____ treatments _____ that need to be _____.

Is there _____ to be _____?

_____ I _____ permission _____ certain therapies?

What are the _____ drugs and _____?

Is there a list _____ need _____ approval _____?

_____ any treatments _____ medicines _____ need to be _____?

_____ you give me _____ concise _____ of therapies _____?

_____ list _____ treatments exist?

_____ that need _____ be approved _____?

Do I _____ to get _____ for certain _____ my plan?

Are _____ prescribed _____ need prior _____?

Which _____ given advance _____ they are to _____ included _____ coverage?

_____ there a list of _____ and medications _____ I _____ first _____ insurance _____?

What are _____ treatments that require _____?

What _____ of treatments _____ authorization from _____?

Before they're _____ are _____ specific treatments or medicines that _____ approved?
 _____ plan require pre-approval for _____?

Do _____ need insurance _____?

Which _____ approval _____ be included?

There _____ before my _____ will _____ certain treatments.

_____ I _____ a list _____ treatments that _____ consent?

Do I _____ prior authorization _____ therapies?

Is my _____ policy _____ prior _____ for certain _____?

I don't know _____ get pre-approved for certain _____.

Which _____ for coverage?

_____ need _____ get _____ coverage for certain treatments?

_____ there any _____ that _____?

Do _____ special _____ to _____ paid by my plan?

_____ I have to _____ before _____ plan covers _____?

Does _____ plan need to _____ advance _____ certain _____?

_____ specific medicines require _____ insurance _____?

_____ it necessary _____ me to _____ permission _____ accessing _____ under _____ scheme?

_____ a requirement for approval before _____ treatments?

_____ remedies must _____ approved _____ being included in _____?

What is the list _____ first?

What drugs are _____ plan.

_____ there _____ of _____ and _____ that _____ be _____ first by my insurer?

Before _____ covered by _____ there any specific _____ need to get prior approval _____?

Which _____ approved in advance?

_____ give me _____ of _____ that _____ advance approval?

Is it _____ approve specific _____ before they can be _____?

_____ it necessary _____ me _____ approval _____ treatments _____ are covered by my plan?

_____ I have _____ before _____ certain treatments?

Is there a _____ or _____ that requires _____ insurance will _____?

I want ____ know ____ there ____ required ____ for my ____ coverage.
____ to ____ a detailed ____ treatments and medications that ____ prior ____ under my ____?
____ a list ____ treatments that need to ____ approved?
____ are the medications ____ need ____ approval ____ my ____?
Is ____ a list ____ treatments and ____ that ____ approved?
Can ____ give me ____ need to ____ consented to?
Any ____ need ____?
Is ____ specific ____ that require approval ____ will pay?
Is ____ list of ____ that ____ to be approved ____?
Is ____ treatments or ____ need ____ be ____ before my ____ will cover ____?
____ give ____ a list ____ need to get pre-authorization for?
____ it possible to ____ that require advanced ____?
____ remedies ____ to be included in my policy?
Is it ____ to ____ treatments ____ prior approval?
Is it ____ for ____ for ____?
There are ____ medications ____ need ____ approval ____.
There is ____ of procedures ____ need to ____ pre-approved under ____ insurance ____.
Is there ____ drugs that ____ advanced consent ____?
Do ____ have ____ for ____ to ____ for certain treatments?
____ remedies ____ approval first ____ be ____ in the ____?