

[Demo] NLP Dataset for Customer Service Automation

Company Type	Pet Insurance Companies
Inquiry Category	Coverage details and policy options
Inquiry Sub-Category	Policy limits
Description	Clarification on the maximum amount the insurance will pay for different types of treatment, including annual limits, per-incident limits, and lifetime limits.
Data Size	8,524 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.)

_____ there _____ conditions or _____ excluded from coverage _____ policy?
_____ for certain _____ or conditions?
There _____ some _____ can't _____ covered by _____ plan.
Which _____ procedures are not covered _____?
Can _____ policy _____ any _____ coverage?
Is _____ any _____ options or _____ by this _____?
_____ were _____ covered _____ the policy?
Will _____ policy _____ conditions _____ coverage?
_____ some medical conditions that _____ not covered _____.
_____ services _____ weren't covered _____ insurance _____?
_____ the _____ do _____ include _____ for special _____?
_____ this plan _____ treatment _____?
_____ the _____ exclude any _____?
_____ are _____ the policy?
_____ treatment _____ for _____ plan?
Can you describe _____ covered by _____ policy?
What kinds _____ conditions _____ included _____ the coverage?
Are there _____ that are _____?
_____ restrict _____ or conditions?
_____ medical _____ are _____ from _____ policy's coverage?
Will some medical _____ surgeries, and _____ be _____ from _____ with _____ terms?
There are _____ or _____ that _____ not _____ this policy.
Some _____ not _____ this policy.
_____ and _____ included in the _____?
_____ the conditions _____ covered _____ policy be _____?
What _____ included in _____ plan?
_____ specific situations _____ certain _____ being _____ by insurance?
Which medical _____ are not _____ of _____.

Any _____ are _____ by the policy?
 _____ are not in _____ coverage _____?
 Do _____ exceptions _____ plan?
 Is it _____ to _____ conditions or treatments _____ by _____?
 What medical _____?
 _____ there _____ that _____ covered by _____ policy?
 What _____ or _____ this policy?
 There _____ some medical _____ that may _____.
 _____ conditions or _____ not covered _____?
 _____ that therapies _____ illnesses are _____ from the _____?
 Is there _____ medical interventions that _____ under this _____?
 Is _____ policy limits _____ treatments _____?
 There might _____ treatment restrictions _____.
 There _____ exceptions to _____ plan _____ illnesses.
 _____ conditions _____ treatment _____ not _____ this policy?
 Do _____ exist _____ treatment _____ this _____?
 _____ possible _____ certain conditions or treatments _____ excluded?
 _____ or treatment _____ are _____ included in the _____.
 _____ medical circumstances fall _____ of _____?
 _____ or _____ can not _____ in insurance coverage.
 Does _____ not include _____?
 _____ provide _____ or _____ that are _____ covered by _____ policy?
 Some _____ by the policy.
 Specific _____ might _____ coverage.
 Are _____ specific _____ for certain conditions or _____ this _____?
 There may _____ on _____ under _____.
 Is _____ treatments and conditions?
 Some _____ of the plan.
 _____ conditions or treatments that _____ not covered under _____?
 _____ involve _____ on treatments?
 Does the _____ exclude _____?
 _____ any _____ conditions _____ treatments that _____ not covered by _____?
 _____ are not covered _____ this _____?
 _____ plan _____ restrictions on _____?
 Any _____ or _____?
 It's _____ treatments or conditions aren't covered _____.
 _____ are _____ by insurance here?
 Is _____ therapies and _____ are _____ in coverage?
 _____ is _____ clear _____ treatments are _____ covered by _____.
 _____ certain conditions _____ that may be excluded _____ this _____.
 _____ it _____ that _____ medical cases, _____ be excluded _____ support with _____ terms?
 Any _____ or _____ that _____ this policy?
 Is it _____ that insurance _____ excludes _____ treatments _____?
 What _____ things excluded from _____ under _____?
 _____ plan have _____ on some _____?
 Which _____ not covered in _____?
 _____ conditions _____ treatments _____ covered?
 _____ it _____ that there _____ exclusions for specific _____?
 Does _____ treatments or _____?
 Do _____ options not _____ policy?

Some illnesses _____ are _____ coverage.
 _____ treatments _____ in my policy's _____?
 _____ any _____ under this policy?
 What _____ in _____ plan.
 _____ there any _____ excluded from _____?
 Is _____ plan restrictive _____ or _____?
 Will _____ treatment exceptions?
 _____ interventions _____ not covered _____ this _____?
 _____ you _____ me the conditions that _____ not _____ this _____?
 _____ are the _____ medical issues the _____ does _____?
 Some illnesses and therapies _____ this _____?
 Is _____ any medical interventions _____?
 Is there any _____ you _____?
 The _____ may exclude _____ conditions _____.
 _____ certain _____ covered by this _____?
 Do _____ have to be aware _____ certain _____ in my _____?
 Is _____ not _____ certain _____?
 Can _____ what _____ not _____ by the policy?
 _____ policy _____ cover any specific _____ issues?
 Can _____ certain _____ or conditions?
 What _____ some _____ the plan?
 _____ could be excluded from this _____.
 Shall we _____ any _____ concerns _____ are _____ covered?
 Does this _____ options?
 _____ won't _____ by this policy _____ it exists?
 _____ I _____ out if the _____ any _____ conditions?
 Is _____ any treatment _____ from this _____?
 _____ don't cover _____ things?
 Any _____ that _____ not _____ altogether?
 What treatments _____ Conditions are not _____?
 _____ treatments _____ not _____ in this _____?
 _____ want _____ if _____ are _____ exclusions in this policy.
 _____ specific _____ excluded _____ coverage _____ this policy?
 Is there any _____ to _____ or treatments _____ this _____?
 Some _____ issues _____ not _____ by _____ policy.
 What _____ wouldn't _____ covered _____ the _____?
 Is there anything _____ certain conditions _____ treatments?
 Does policy _____ certain _____?
 _____ medical conditions _____ included in coverage?
 Is _____ coverage denied for _____?
 What _____ conditions are not _____ for _____ the _____?
 _____ treatments _____ covered in _____?
 Does the _____ treatments _____ conditions?
 Is there _____ regarding _____ or treatments in _____?
 Is _____ exclusion _____ certain conditions _____?
 Which _____ or _____ not included _____?
 _____ there _____ specific thing _____ coverage?
 What _____ aren't _____ in _____?
 _____ or treatments are not included in _____ coverage _____
 _____ you _____ more _____ policy's specific exclusions?

Are there _____ with the _____?

Are _____ things _____ are _____ coverage?

We don't know _____ treatments _____ conditions _____ the policy.

_____ issues are _____ covered in _____ policy.

_____ any _____ treatments not be _____ this policy?

What _____ conditions _____ of coverage?

_____ you _____ if _____ services are left out _____?

Which _____ treatments _____ from _____?

Can you _____ me _____ you _____ pay _____?

Are _____ any _____ conditions excluded _____?

What _____ aren't _____ details?

_____ the policy _____ specific _____ or _____ options?

Do _____ situations _____ some treatments _____?

Does _____ any particular _____ for conditions or _____?

_____ the policy not _____ issues.

_____ I find _____ if _____ covers _____ the conditions?

Specific _____ from _____?

Do _____ circumstances fall outside _____ coverage _____ policy?

_____ treatment _____ excluded from _____?

_____ medical _____ therapies _____ included in _____?

Can any _____ interventions _____ by this _____?

_____ medical _____ therapies not _____ of _____?

_____ policy excludes any _____?

Specific conditions _____ were _____ coverage?

_____ certain _____ exclude remedies from _____?

_____ treatments _____ aren't _____ the policy?

_____ medical _____ treatments _____ not covered _____ the policy?

_____ you tell me _____ exclusions?

_____ treatment _____ happen _____ this _____?

Is _____ treatment exceptions with _____?

Do you have a _____ of _____ wouldn't be _____?

I _____ curious if _____ restricted _____ in my _____.

_____ specific conditions _____ this coverage?

_____ aren't _____ in my _____?

_____ are _____ issues that may _____ be _____ by _____.

_____ treatments that aren't _____ by this _____?

Any _____ out of insurance?

Some services _____ not _____ in _____.

_____ the plan _____ and conditions?

Can you tell _____ more _____?

Does _____ policy fail _____ medical _____?

_____ you _____ about specific exclusions in this _____?

_____ and _____ are not included _____ the coverage _____ the _____.

_____ conditions _____ not included _____ policy?

_____ are _____ things _____ in this here policy.

Does _____ policy have any _____ certain treatments _____?

Should _____ any limitations on _____ treatments _____ my insurance?

_____ the plan _____ about _____?

Do you _____ list _____ treatments _____ aren't _____ by this _____?

Some _____ fall _____ the coverage _____ by this policy.

Is there anything _____ is _____ ?
Is _____ any medical issues _____ ?
I _____ to find out _____ covers _____ specific _____ .
What specific _____ the policy?
Any specific treatments _____ for?
_____ are _____ covered in _____ plan?
_____ refuse to cover _____ medical _____ .
_____ this _____ certain things _____ coverage?
The policy may _____ health _____ .
Which medical conditions _____ ?
Any medical issues _____ cover _____ ?
Does the _____ limits _____ certain _____ ?
Is _____ that some _____ and therapies _____ ?
Is there _____ for _____ and _____ ?
What _____ and _____ not covered by _____ ?
_____ not _____ insurance _____ here?
Certain _____ not _____ in the _____ ?
Does the _____ conditions or _____ ?
_____ are not covered _____ policy.
_____ are not _____ coverage.
_____ aren't included in _____ coverage _____ ?
Does _____ from insurance coverage?
_____ excluded from _____ ?
Any _____ issues _____ does not _____ entirely?
What _____ conditions or treatments are _____ in _____ ?
_____ I find out _____ this policy _____ conditions?
_____ are any _____ treatments that _____ not _____ .
There _____ some illnesses _____ that are _____ in this _____ .
_____ policy have any _____ on _____ ?
_____ restrict certain treatments?
Specific _____ excluded from _____ ?
_____ are _____ included in the coverage _____ this _____ ?
_____ you _____ a _____ or _____ aren't covered by this _____ ?
I _____ know _____ any _____ medical _____ will _____ covered _____ my policy.
_____ medical _____ exempt from coverage?
_____ treatment exceptions _____ this _____ ?
I want _____ are not covered _____ plan.
The coverage _____ this policy does _____ circumstances.
_____ medical conditions aren't _____ coverage?
Any conditions _____ treatments _____ by _____ policy?
I _____ if _____ specific medical _____ be included in _____ .
What _____ conditions or treatments _____ from _____ ?
Are _____ or treatments _____ ?
_____ illnesses are _____ in _____ plan.
_____ conditions _____ treatments _____ covered by this policy?
Specific _____ that _____ included in coverage?
_____ treatments and _____ covered in _____ policy?
What treatment _____ not _____ provided _____ ?
There _____ specific _____ not covered _____ this policy.
_____ treatments are not covered in _____ ?

Will there _____ are excluded?

I'm _____ this policy covers _____.

_____ any _____ on _____ in your insurance _____?

Are _____ any _____ treatments not _____?

Should _____ be _____ of _____ healthcare _____ aren't included?

I am curious, are there _____ my _____?

I _____ which _____ procedures will be included _____ policy _____.

Can _____ surgeries, etc., _____ excluded _____ support _____ current contract _____?

Do they _____ medical _____ and _____ from coverage?

_____ certain treatments _____ are not _____ the policy.

_____ medical circumstances fall outside _____?

_____ for _____ conditions or treatments?

_____ restrictions _____ certain treatments under _____ policy.

Some diseases _____ forms _____ restricted under _____ policy.

_____ treatments are not _____ proposal?

_____ are _____ conditions to be _____ of _____?

_____ policy _____ or treatments.

_____ health _____ covered under _____ policy.

what _____ by this policy?

_____ be _____ of any healthcare _____ that _____ included?

_____ illnesses _____ are not included in _____.

_____ there _____ specific _____ that _____ covered by _____ insurance?

Do _____ to be aware _____ any _____ certain _____ conditions?

Is _____ the policy excludes _____ treatments or _____?

There _____ be services that are left _____.

Specific _____ are not _____ policy.

Some medical circumstances _____ fall _____ the _____ provided _____ this _____.

There _____ about _____ illnesses _____ this plan?

There _____ questions regarding the policy _____.

_____ policy include _____ certain treatments?

Does _____ policy _____ certain _____?

Which _____ conditions and _____ isn't _____?

_____ policy _____ any specific _____?

_____ services _____ included _____ insurance _____ here?

_____ excludes any treatments?

Is _____ specific treatment options _____ covered _____ policy?

I wonder if _____ are _____ in this _____.

What _____ medical _____ are not _____ plan?

Does this _____ of the _____?

I _____ this _____ covers specific _____.

Is _____ true _____ included _____ this plan?

_____ some services _____ not covered by _____ here.

_____ medical circumstances aren't _____ this _____.

_____ restrictions _____ in _____ plan?

_____ policy might have _____ on _____.

What _____ the _____ not _____ the policy?

What specific _____ the coverage?

Want _____ about what treatments aren't _____?

There may _____ restrictions on certain types _____.

_____ the things that _____ included _____ the coverage?

____ you ____ the ____ that are not covered ____ ____ ?
 ____ if certain ____ exclude certain ____ from insurance ____ .
 Which medical ____ and therapies ____ ____ ____ coverage?
 ____ are ____ this plan?
 Is it ____ that some treatments and ____ ____ covered ____ ____ ?
 Did the policy ____ ____ ____ ?
 Is ____ treatment that ____ covered by ____ policy?
 Should ____ conditions not be ____ under ____ ?
 Is ____ any medical ____ that isn't ____ under ____ ?
 Do you ____ what ____ treatments ____ ____ by this insurance?
 ____ therapies and illnesses ____ not covered ____ ____ .
 There are certain ____ that ____ covered under ____ ____ .
 I ____ know ____ any medical procedures ____ included ____ ____ ____ coverage.
 Does this ____ any ____ ?
 ____ certain ____ therapies ____ coverage in this plan?
 What ____ that ____ leave out ____ ?
 Is ____ an ____ for specific ____ the ____ ?
 Does anyone know if ____ are ____ coverage?
 Does ____ covering ____ specific medical issues?
 Is ____ a ____ treatment ____ pay ____ ?
 ____ medical circumstances ____ not fall within ____ ____ by ____ policy.
 ____ are ____ issues that may ____ ____ .
 ____ coverage exclude ____ conditions?
 ____ policy do ____ allow certain ____ ?
 Does ____ cover ____ left ____ ?
 ____ any services out ____ ?
 ____ the ____ on certain ____ ?
 Is ____ that ____ are excluded ____ ?
 ____ exemptions exist ____ this ____ ?
 Is ____ therapies are not ____ in the plan?
 Are ____ treatments ____ from ____ ?
 ____ the conditions that ____ covered by ____ policy.
 ____ conditions ____ have been ____ coverage.
 ____ any ____ be ____ out of ____ ?
 Does ____ policy ____ any ____ ?
 Does ____ prohibit certain ____ ?
 What ____ are ____ the plan?
 ____ medical ____ by the plan?
 There might ____ restrictions on certain ____ ____ policy.
 ____ if the policy covers any ____ ?
 Is ____ exclusion ____ or treatments ____ this coverage?
 ____ coverage ____ certain ____ issues?
 What ____ specific ____ or treatments excluded ____ this ____ ?
 ____ treatment ____ be paid for ____ ?
 ____ policy may not cover ____ ____ .
 ____ any exclusion relating ____ treatments?
 ____ there any specific ____ to ____ treatments?
 Is ____ any ____ relating to ____ or ____ ?
 Are ____ treatment ____ not ____ by ____ ?
 Is ____ any ____ condition ____ treatment not ____ this ____ ?

_____ medical _____ covered under _____ plan?
 _____ treatments _____ aren't covered _____ policy?
 _____ some _____ removed _____ the covered _____ list?
 What treatment won't _____ the _____?
 _____ there _____ that are not _____?
 Do you have _____ conditions _____ that aren't _____?
 What treatments can't be _____?
 _____ there _____ or treatments _____ covered by the _____?
 What treatments _____ conditions _____ the _____?
 Is the _____ certain _____ or _____?
 _____ may be some _____ that _____ not covered _____ the _____.
 There _____ medical conditions that aren't _____ policy.
 Is _____ coverage _____ certain _____ conditions?
 _____ and _____ options may not _____ covered by _____.
 _____ excludes some illnesses _____.
 _____ are any _____ that _____ covered by this _____.
 Is _____ treatment _____ condition not _____ this _____?
 What _____ are _____ the _____ of this policy.
 There are _____ treatments not covered _____
 _____ if this _____ covers any _____.
 Can _____ specify _____ and _____ are not _____ by this _____?
 Can any conditions _____ treatments _____ covered _____ policy?
 What conditions _____ are _____ in the _____?
 Is _____ that is _____ in _____ coverage.
 What treatment will _____ policy if there is _____?
 _____ the conditions or treatments _____ not _____ this policy?
 _____ need _____ know if there are _____ on _____ treatments _____ plan?
 Does the coverage provided _____ this _____ medical _____?
 Did _____ which medical conditions _____ are _____ covered?
 What _____ treatments are not _____ in the _____ of _____?
 There _____ any conditions or _____ covered by _____.
 _____ true that therapies _____ illnesses _____ covered in _____?
 _____ exclude _____ medical care?
 Which _____ therapies _____ of coverage?
 _____ us more _____ the specific exclusions _____ this _____?
 _____ or _____ are not _____ in coverage?
 _____ the policy _____ any _____.
 _____ treatment _____ exist with _____?
 Is there a _____ certain _____?
 _____ are not in _____?
 _____ conditions not covered?
 There _____ conditions that aren't _____ this _____.
 _____ be any medical conditions _____ not covered by _____?
 _____ policy limit _____ treatments or _____?
 I want to _____ will be _____ by my policy.
 Is it _____ the _____ not covered _____ the policy.
 Are _____ any _____ or treatments that _____ covered _____ policy?
 _____ any specific _____ that are _____ covered under _____?
 Which medical _____ coverage?
 _____ some _____ or treatments _____ not included.

_____ exceptions to _____ in this _____?

Some treatments may _____ insurance.

_____ conditions/treatments that _____ not covered _____?

A _____ some _____?

_____ treatments _____ excluded _____ this coverage?

_____ any exceptions for _____ or therapies _____ this _____?

_____ are _____ in the plan?

_____ treatment restrictions _____ the _____?

_____ you know _____ are not _____ by this insurance?

There _____ restrictions _____ this _____?

Does _____ exclude _____ for certain _____?

Is _____ treatment or _____ excluded _____ policy?

_____ or _____ isn't covered _____ policy?

That _____ excludes _____?

Is there _____ covered in _____?

_____ or _____ by this policy?

_____ have a list of treatment _____ covered _____ insurance?

_____ are _____ in _____ policy's coverage?

_____ specific thing not _____ policy?

Do _____ situations exclude _____ insurance _____?

Does _____ not _____ specific treatments?

_____ have restrictions on _____?

Does _____ cover certain _____?

_____ you _____ list _____ treatment that _____ not _____ by _____ insurance?

Any _____ interventions that are not _____ plan?

There might _____ restrictions _____ treatments in _____.

Will _____ any _____ excluded from coverage?

_____ there any _____ or _____ covered?

What _____ not be _____ by _____.

_____ many medical _____ and _____ not covered _____ this _____?

Does _____ certain _____ treatments?

_____ conditions or treatments _____ covered _____ the policy?

_____ specify _____ conditions or _____ that _____ covered?

_____ know what treatments _____ covered _____ this _____?

_____ to _____ if _____ treatment exceptions _____ this plan?

Some illnesses _____ covered _____ plan.

_____ way to _____ or treatments from this _____?

Which medical _____ therapies _____ part _____ their coverage?

Do you _____ conditions that _____ not covered _____ insurance?

_____ treatment options are _____ covered

What _____ haven't been _____ in _____?

There _____ medical _____ covered by this policy?

Is _____ particular exclusion _____ to conditions _____ treatments _____ coverage?

_____ interventions not _____ covered under _____ plan?

_____ treatment exceptions _____ during _____?

Can you _____ the _____ or treatments _____ this _____?

_____ options aren't covered _____ this _____.

What _____ that _____ exempt from coverage under this _____?

Are any services _____ covered _____?

_____ any _____ will _____ pay for?

_____ are the _____ and _____ are not covered?
 Is it _____ that _____ not covered in _____ plan?
 Does _____ cover certain _____ care?
 _____ medical _____ not _____ by the _____?
 Are _____ medical conditions or treatments _____ not _____?
 _____ any _____ things _____ this policy?
 Is _____ possible to _____ or treatments not covered _____?
 I need to know _____ specific medical procedures _____ my _____.
 _____ provided by _____ policy _____ not cover _____ medical _____.
 Which medical _____ therapies _____?
 Is there _____ exclusion _____ conditions?
 What _____ count under _____?
 Do any _____ exist _____ this _____?
 _____ policy _____ cover _____ or conditions.
 Is _____ any _____ for _____?
 _____ treatments are _____ this _____?
 _____ illnesses or remedies _____?
 There _____ any _____ or _____ covered _____ this policy?
 _____ medical circumstances _____ not fall within _____ coverage _____ by _____.
 _____ treatment _____ exist with _____?
 What _____ or _____ not _____ the policy?
 _____ it possible _____ this _____ excludes _____ or conditions?
 _____ the _____ exclude _____ therapies?
 What medical _____ or therapies aren't _____?
 _____ medical interventions are _____ covered _____ this _____.
 Which _____ conditions _____ not _____ coverage?
 Is _____ to certain _____ in this _____?
 _____ treatments _____ be covered _____ plan?
 Do I _____ to _____ any limitations on certain _____ the _____?
 Specific conditions _____ treatments _____ the _____.
 _____ things not covered _____ the _____?
 Does the _____ treatments?
 Does _____ plan _____ any _____ on _____?
 _____ there _____ exclusions for conditions _____ treatments in _____?
 _____ conditions not covered _____ this _____?
 _____ the _____ restrictions on _____?
 _____ limit _____ use of _____ treatments?
 Is _____ any exclusion _____ or _____?
 _____ would like _____ find out _____ policy covers any _____.
 _____ there _____ that aren't covered under _____ policy?
 _____ are any _____ left _____ of _____?
 _____ there _____ will be _____ from coverage?
 What treatments _____ covered in _____?
 _____ policy _____ certain conditions _____ treatments?
 _____ restrict certain treatments?
 _____ there _____ specific conditions that _____?
 There _____ medical conditions _____ covered _____ the _____.
 What _____ medical _____ not _____ completely?
 Does _____ conditions from _____?
 _____ you explain the _____ that are not _____ by _____?

_____ you _____ me the _____ or treatments not _____ policy.

What _____ or treatments _____ this _____?

_____ not cover certain _____?

_____ certain treatments _____ removed _____ items?

_____ treatments or _____ covered _____ the _____?

Does the policy _____?

I am _____ any _____ medical procedures will be included _____.

_____ specific _____ you _____ pay for?

Is _____ policy _____ certain treatments _____?

Does this _____ exclude _____?

There are some health _____ covered _____.

What _____ the _____ not _____ in this policy?

Do _____ of _____ or treatments _____ don't have insurance?

Does _____ policy exclude _____?

_____ the policy _____ certain _____ conditions?

_____ policy has any _____?

_____ there any exception _____ therapies?

Specific _____ are _____ covered by this _____.

_____ illnesses _____ aren't _____ in _____ plan.

_____ there any _____ specific _____ in the _____?

Can treatments _____ be _____ from _____ covered items?

_____ the policy _____ for _____ diagnoses?

_____ any _____ relating to _____ or _____?

_____ medical _____ not covered _____ plan?

Does the _____ exclude _____?

_____ there exceptions for _____ or _____ in the _____?

_____ tell me the _____ or _____ that _____ covered?

Is _____ plan that restricts _____?

Some treatments and _____ be _____ insurance.

Is _____ policy not covering _____?

_____ exceptions _____ this _____ for specific treatments _____ conditions?

Which _____ are not _____ in _____?

_____ exceptions _____ of _____ plan?

_____ exclude _____ medical issues or _____?

Does _____ or remedies from _____ coverage?

Does _____ policy not _____ or _____?

Are _____ or _____ not covered _____ policy?

Do _____ exclude _____ from insurance _____.

Can _____ things _____ from this _____?

_____ are _____ medical _____ not _____ the plan.

Does this policy _____ medical _____ aren't _____?

_____ you tell _____ conditions _____ are not covered _____ this _____?

Are _____ any _____ or _____ not _____ by _____ policy?

Any specific _____ issues _____ ignores?

_____ it true _____ are excluded _____ coverage _____ this _____?

Are there any limitations _____ treatments in _____ plan?

Is _____ true _____ therapies and _____ are excluded _____?

What are the treatments _____?

Some medical _____ of _____.

_____ list _____ conditions that _____ covered by this insurance.

____ you ____ what treatments aren't ____ this ____?
 Is ____ specific exclusions ____ conditions or ____ this coverage?
 Can ____ plan ____ certain ____ or ____?
 ____ are not included ____ insurance coverage.
 ____ are ____ that ____ not ____ by the policy?
 Is there ____ conditions that ____ by the ____?
 Is ____ a ____ intervention ____ is not covered ____ this ____?
 Do you ____ any treatments ____ are ____ insurance?
 Are ____ treatment under this ____?
 ____ conditions and treatments excluded ____ coverage.
 ____ curious if there ____ restricted treatments in ____.
 ____ that some illnesses are not ____ the ____?
 ____ there any ____ would ____ the coverage?
 Does ____ policy ____ certain ____?
 ____ conditions or treatments ____ coverage?
 Can treatments ____ removed ____ of covered items?
 ____ the plan limited ____ conditions?
 ____ what treatments are ____ covered in this ____?
 What ____ treatments would ____ be covered under ____?
 ____ to ____ treatments ____ covered.
 ____ you ____ a ____ not ____ by this insurance?
 Some treatments ____ remedies ____ not ____ coverage
 ____ not available in ____ policy?
 ____ the plan ____ certain treatments?
 ____ there ____ excluded from the ____?
 ____ it possible that ____ remedies ____ not ____ in insurance ____?
 ____ exceptions to ____ illnesses ____ the plan?
 Is there any ____ the ____ cover?
 ____ health issues that ____ not covered ____ policy.
 Some ____ don't fit ____ with ____.
 ____ there any conditions ____ aren't ____ by ____ insurance?
 Do medical ____ outside ____ the coverage ____ this ____?
 Do ____ policy ____ medical issues?
 Specific ____ covered ____ this policy.
 Can ____ conditions or treatments ____?
 Is ____ denied ____ condition?
 ____ and ____ are not included in ____ of ____.
 What ____ in this ____?
 ____ be any ____ excluded ____ coverage?
 Are ____ things that ____ the ____?
 ____ conditions may ____ covered ____ coverage.
 Will ____ policy exclude ____ from ____?
 Specific conditions/treatments ____ coverage.
 ____ there ____ exclusion ____ to conditions ____ treatments?
 ____ me to know about any limitations ____ in my insurance ____?
 Some health ____ under ____ aren't ____.
 Is there ____ specific ____ in this coverage?
 ____ this ____ have any ____?
 ____ are certain ____ and treatments that ____ in this ____.
 ____ specific ____ issues that the ____ does ____ cover ____?

_____ medical _____ treatments _____ are not covered by this _____.

Is there _____ the policy?

Does _____ plan contain _____?

Do _____ are _____ exceptions _____ plan?

Which _____ and _____ not _____?

I _____ certain situations _____ or remedies _____ insurance _____.

_____ the policy not _____ for _____ conditions?

Can any _____ medical _____ be covered by _____?

_____ you _____ a _____ of treatment _____ isn't covered _____?

_____ you _____ me _____ not covered by _____ policy?

_____ treatments, _____ conditions, _____ covered _____ the _____?

_____ you _____ of _____ or treatments that the insurance _____?

_____ coverage _____ for some _____ treatments?

_____ medical conditions _____ aren't _____ of _____ plan?

_____ or treatments _____ not covered _____ policy?

_____ there any _____ relating to _____ or treatments?

Is _____ medical circumstances _____ provided?

_____ didn't cover _____ diagnoses?

_____ conditions and _____ covered?

Some medical _____ could _____ excluded _____ with _____ contract terms.

_____ you _____ if _____ are _____ restricted _____?

Is _____ any treatment _____ by this _____?

_____ of any _____ concerns not included?

_____ say _____ medical conditions and therapies are _____?

Are there _____ that are _____ covered _____ this _____?

Is coverage _____ available _____ conditions?

_____ there _____ you can _____ any specific exclusions?

_____ any specific _____ treatments excluded?

Specific _____ are _____ by _____ policy.

Is _____ known _____ medical _____ and therapies _____ not _____?

_____ details _____ treatments aren't covered in _____.

What _____ will _____ be _____ by _____?

_____ there _____ medical _____ that _____ not covered under _____?

_____ there any treatment _____ covered _____ this _____?

_____ and _____ not _____ in the policy.

_____ a list of _____ options that _____ covered _____ insurance?

What _____ not included _____ my _____?

Can _____ conditions or _____ not covered by this _____?

Is there _____ for specific treatments _____?

_____ policy have _____ on certain _____?

Is there _____ excluded conditions _____?

_____ conditions and _____ covered by _____?

What conditions _____ not included in the _____?

_____ any _____ on _____ in the plan?

_____ cover special diagnoses/ procedures?

There _____ things _____ in this here policy.

_____ this policy _____ any _____?

The coverage provided by _____ policy doesn't _____.

_____ the policy _____ certain _____ or _____?

Does _____ have _____ on _____ treatments?

____ are any exceptions ____ therapies ____ plan?
 ____ am ____ if there are ____ restricted ____ in ____ agreement.
 ____ you ____ conditions or ____ not covered by ____ policy?
 Do ____ need ____ know ____ on treatments ____ insurance plan?
 There are ____ that aren't ____ the plan
 ____ or ____ are excluded?
 There ____ some medical ____ are ____ by ____ policy
 There ____ or ____ not covered by ____ policy.
 ____ there ____ to ____ out coverage?
 ____ some treatments
 Some ____ issues ____ not ____ by ____ policy.
 ____ you ____ the ____ treatments ____ covered by the policy?
 ____ am ____ if ____ any ____ treatments.
 ____ on my policy?
 ____ preclude certain treatments or ____?
 ____ there any ____ excluded ____ this ____?
 Specific conditions/treatments ____ from ____?
 What ____ will not ____ covered ____?
 Is ____ any health issues that ____ policy?
 Will ____ exceptions exist ____ plan?
 ____ and ____ are not ____ of the ____.
 Which ____ part ____ coverage?
 ____ the ____ on some ____ conditions?
 ____ plan limited ____ certain conditions ____?
 ____ there ____ not covered ____ the policy?
 ____ some ____ are excluded in ____ coverage.
 ____ plan ____ restrictions on ____?
 Is coverage ____ treatments?
 Do ____ a list ____ covered by the insurance?
 Will there be ____ with ____?
 Does ____ any ____ of treatments?
 Does ____ leave ____ or therapies?
 ____ some ____ preclude ____ treatments ____ being ____ by insurance?
 ____ there ____ specific ____ for ____ conditions or ____?
 Are there ____ plan ____ certain illnesses?
 Do I need ____ if ____ limitations to certain ____ insurance ____?
 Do ____ have a ____ of ____ or treatments ____ not ____?
 ____ that coverage denied ____ conditions?
 Is there any ____ exclusions ____ treatments in this ____?
 Is ____ conditions ____ therapies ____ part ____?
 ____ treatments aren't ____ the ____?
 What conditions ____ included ____ the policy?
 Does policy prevent ____ medical ____?
 Specific conditions ____ aren't ____ policy.
 ____ treatments, if ____ not ____ the policy?
 ____ there any ____ for conditions ____?
 Do ____ of ____ or conditions that are ____ covered?
 ____ we be ____ of ____ concerns ____ covered?
 Some treatments or ____ included ____ insurance ____ for certain ____.
 ____ medical conditions and therapies ____ part ____ coverage.

_____ are _____ health _____ not covered.

Specific _____ interventions are _____ plan.

Does _____ cover _____ issues?

What specific _____ are _____ covered?

Is there any _____ or _____ the _____?

Will there be _____ from _____?

_____ procedures _____ are not covered _____ my insurance?

_____ treatments _____ not _____ policy?

_____ and ailments _____ removed from the _____ list.

_____ there _____ way to _____ certain _____ or _____?

_____ services not covered _____ insurance _____?

Is there restrictions _____ treatments or _____ the _____?

_____ treatment exceptions _____ plan?

_____ conditions and _____ can't be covered _____ this _____.

Are _____ treatment _____ the _____?

Can _____ illnesses be removed _____ the _____?

Can _____ us more _____ of this policy?

_____ things not included _____ coverage?

_____ any restrictions on _____ diseases _____ treatments under _____?

_____ it _____ that _____ denied for certain _____ conditions?

The coverage provided _____ this _____ some _____ circumstances.

_____ any exemptions _____ conditions?

Can _____ conditions _____ treatments _____ from this policy?

Is this _____ medical conditions?

What _____ conditions or _____ from _____ policy?

_____ treatments and ailments be removed _____ covered _____?

Do you have _____ list _____ conditions _____ not _____ by _____?

There _____ certain _____ treatments _____ are _____ in this coverage.

What treatments _____ conditions _____ not _____ by _____?

Can _____ specify _____ conditions _____ treatments that _____ not _____ by _____?

_____ health _____ not _____ covered

_____ treatments _____ covered _____ this plan.

What medical _____ part _____?

Some diseases and therapies _____ included _____.

I wonder if _____ restricted _____ the agreement.

Is _____ specific exclusion _____ treatments in this _____?

Does the _____ exclude _____?

_____ policy exclude specific _____?

_____ are _____ on my _____?

Do you _____ if the _____ restrictions on _____?

Are there _____ treatments not covered _____ insurance?

_____ medical circumstances _____ fall _____ the _____.

Will _____ be _____ conditions _____ from _____?

_____ able _____ certain treatments or conditions?

_____ diagnoses/procedures _____ be covered _____ policy.

_____ conditions be _____?

Is there exclusions _____ treatments _____?

Does _____ on treatments?

_____ there be any _____ conditions _____?

There _____ any _____ treatments _____ are not covered _____ policy?

Does ____ policy ____ things?
 ____ there ____ exceptions ____ the plan?
 ____ not cover any ____ treatments?
 Can you tell me what ____ or ____ covered ____?
 Can you tell ____ any ____ exclusions ____ the policy?
 ____ it possible to specify conditions or treatments that ____?
 Any medical ____ aren't ____?
 Do ____ treatments or conditions that ____ covered ____ the ____?
 Will certain medical ____ excluded from support ____ current ____?
 ____ of any healthcare concerns ____ aren't covered?
 ____ certain medical ____ not ____ the coverage ____ policy?
 ____ not ____ by policy.
 Does the ____ include ____ specific ____ conditions ____ treatments?
 ____ policy deny certain ____?
 ____ exceptions to certain ____ therapies in this ____.
 ____ be exclusions ____ in this policy.
 Specific ____ missed ____?
 ____ conditions ____ options are ____ covered?
 ____ about ____ specific exclusions ____ policy?
 ____ may be ____ forms of treatment under ____.
 ____ are excluded ____ coverage?
 Is coverage ____ particular ____?
 There ____ services left out ____?
 ____ aren't ____ by the ____.
 ____ are ____ will ____ out coverage?
 ____ are ____ included in coverage?
 What ____ or ____ will ____ be covered ____ the ____?
 There are possible ____ treatments ____.
 Any ____ that ____ by ____ policy?
 Does ____ any of ____ or therapies?
 ____ are some ____ that ____ not covered ____ plan.
 There are ____ that aren't ____.
 Is ____ any ____ to ____ or ____ in this ____?
 Specific ____ by coverage?
 Is ____ any other ____ not covered ____ policy?
 ____ are any ____ treatment ____ the ____?
 ____ certain situations ____ certain treatments or ____ insurance coverage?
 ____ medical ____ are not covered ____?
 ____ conditions that ____ this policy?
 Does this ____ treatments?
 Are ____ any ____ that ____ not ____ by this ____?
 What are ____ and ____ covered ____ this policy?
 Some ____ remedies ____ not covered by ____ situations.
 Is ____ any ____ options or conditions ____ policy?
 ____ or conditions ____ by the policy?
 Does the ____ provided by ____ policy include ____?
 ____ conditions ____ not ____ by it?
 ____ that are ____ covered ____ the ____?
 I ____ any ____ medical procedures will be included ____ my ____.
 Is there ____ the coverage?

_____ some medical cases, _____ be excluded _____ the _____ with _____ contract _____?

_____ conditions _____ exclusions _____ in this _____?

Specific treatments _____ conditions _____ excluded _____ this _____.

_____ there any _____ of _____ this _____?

Is _____ true _____ and therapies are not _____?

Is _____ anything _____ not _____ the policy?

Some illnesses _____ are _____ from _____.

What treatments _____ conditions _____ the policy?

_____ there any _____ to the _____ for _____ therapies?

_____ the policy have _____ certain _____?

_____ medical _____ denied _____ coverage?

_____ illnesses and therapies _____ under the _____.

What _____ not covered _____ this policy?

Does _____ exclude _____ treatments?

Which procedures _____ are _____ covered under _____?

_____ certain medical problems?

Is _____ those _____ excluded _____ coverage?

What _____ exist in _____?

Do you _____ a _____ specific conditions _____ that _____ not _____ by the _____?

Which medical conditions _____ excluded _____ the _____?

Is there _____ medical _____ by _____ plan?

Is the _____ conditions?

_____ there _____ this policy for specific _____?

What _____ in _____ are _____ covered?

Is _____ medical circumstances _____ of _____ coverage _____ by _____?

_____ treatments _____ from policy?

Is _____ denied _____ for _____ medical _____?

Some _____ conditions _____ be _____ by _____ plan.

_____ the conditions that _____ out?

_____ you tell me about _____ or _____ the policy?

_____ there any _____ that _____ excluded _____?

_____ this _____ exclude certain _____ or _____?

_____ are _____ conditions _____ that are _____ covered.

Is there _____ denied _____?

Is there _____ of _____ or treatments _____ covered _____ insurance?

Specific treatments or conditions _____ be included _____.

_____ are _____ for _____ treatments _____ not covered _____ this _____.

What _____ not _____ my policy

Some _____ are _____ from _____ coverage.

Some illnesses _____ therapies _____ in _____ of the plan.

_____ conditions and _____ that _____ excluded _____?

_____ covered by the policy.

There could be _____ illnesses _____ the _____.

_____ plan contain _____ exceptions?

Which treatments _____ not _____?

Some _____ not fall under _____.

_____ the policy _____ certain _____?

_____ there _____ that aren't included?

Is _____ that _____ plan excludes some _____ therapies?

What treatments _____ not included _____?

What _____ NOT covered _____ the _____?

_____ the plan exclude _____ or _____

_____ there _____ conditions excluded _____ coverage?

_____ treatments or Conditions _____ policy?

_____ specific medical issues _____ the _____?

What _____ not _____ included _____ my _____ coverage?

Does insurance _____ some _____?

Any _____ that _____ covered _____ this _____.

_____ there _____ excluded _____ policy?

_____ not covered _____ the plan?

_____ this _____ illnesses _____ therapies?

Is _____ excludes _____ specific conditions?

_____ are medical _____ that are _____ the policy.

Is _____ true _____ are _____ from _____ plan?

What _____ that aren't _____ this policy?

_____ illnesses _____ are _____ included _____ coverage _____ this plan.

Can you _____ you won't _____ for?

Can you tell _____ and treatments _____ by _____ policy?

_____ are _____ not _____ by the _____.

Is it _____ which medical conditions _____ therapies _____ coverage?

_____ covered by the plan?

Are _____ specific treatments?

There are _____ or treatments that are _____ this _____.

_____ the policy _____ of the _____?

_____ the plan forbid _____ or _____?

Can certain treatments _____ taken _____ items?

_____ any healthcare concerns _____ are _____?

Does the _____ specific conditions _____?

_____ we _____ of any healthcare _____?

Is there any _____ conditions _____ that _____ covered by _____?

Does _____ coverage provided _____ this _____ include _____ medical _____?

_____ that _____ in the coverage.

_____ us more _____ the specific exclusions _____ the _____?

Any _____ excluded from _____?

_____ treatments aren't _____ policy?

Do _____ a list _____ that are not _____ by _____?

Is _____ exclusions _____ to conditions or _____?

_____ are _____ medical _____ or treatments that _____ not _____.

Does the _____ have _____ treatments?

What treatments are _____ from _____?

Is _____ from insurance coverage?

I am _____ if there _____ in the _____.

_____ health _____ will _____ be _____ by this _____.

_____ certain treatments.

What are _____ medical _____ that _____ by _____ policy?

Are _____ not covered?

Do you know _____ any conditions _____ are _____ covered _____ insurance?

_____ certain circumstances _____ under _____ provided by _____ policy?

_____ excluded conditions or _____ this coverage?

_____ are excluded _____ policy?

_____ any _____ that are not _____ this policy?

_____ policy _____ coverage for _____ procedures?

Treatments and _____ covered by _____?

_____ treatments were _____ from _____.

What are _____ conditions _____ excluded _____ coverage _____ this _____?

_____ there any particular _____ in _____?

_____ the _____ excludes _____ conditions?

_____ does _____ cover certain _____.

_____ are some things that aren't _____?

_____ not cover any _____ medical _____?

There are medical _____ that _____ plan.

_____ this plan _____ restrictions?

Some _____ are not covered _____.

What conditions _____ excluded _____?

_____ any exclusions _____ treatments _____ conditions?

_____ services _____ left _____ of insurance _____?

_____ there _____ treatments not _____ this policy?

_____ not covered by my _____?

Does the _____ have _____ restrictions _____?

Do _____ of _____ conditions or treatments that _____ covered?

_____ are certain conditions _____ can be _____ from _____.

_____ there _____ particular exclusions pertaining _____ conditions _____ treatments _____ this _____?

Any _____ left _____ of _____ coverage?

_____ medical cases, surgeries, etc. _____ get _____ from _____ with the _____.

_____ there any _____ certain _____?

There are _____ conditions that _____ be _____ from _____.

_____ exceptions with this _____?

_____ may be restrictions on _____ diseases or _____ under _____.

_____ conditions _____ covered _____ this policy.

_____ services _____ aren't covered by _____?

Do _____ exclude _____ treatments _____ coverage?

_____ policy _____ cover _____ medical issues.

There are _____ are _____ insured _____?

Which _____ medical procedures _____ excluded _____?

_____ certain _____ exclude _____ insurance?

_____ be certain exclusions relating _____ treatments.

Can _____ be any _____ from _____?

_____ exceptions _____ for the _____?

_____ are the _____ in _____ policy?

What Treatments or Conditions _____ by _____?

Do you have _____ of _____ or _____ that are _____ by _____?

There are _____ services _____ insurance _____?

Will _____ be any _____ included _____ the _____?

Which treatments are _____ my _____?

_____ treatments _____ not encompassed _____ plan?

Do _____ know about any limitations on _____ in my _____?

_____ treatments _____ included in insurance coverage in _____ circumstances.

Does _____ policy _____ certain treatments _____?

_____ are any _____ to certain _____ plan?

_____ restrictions are present _____ plan?

_____ some situations _____ from insurance _____?
 Are _____ specific _____ that _____ from coverage?
 Does the _____ do not _____ special _____?
 I need _____ know _____ procedures _____ be included in _____.
 What _____ are _____ from _____?
 I _____ this policy _____ any specific _____ therapies.
 _____ are some _____ aren't included _____ the _____?
 _____ medical interventions _____ exempt from _____ plan?
 _____ are the treatments or _____ not _____?
 _____ have a list of treatments _____ this insurance?
 _____ aren't included in _____?
 _____ the plan restricted on _____?
 Does the _____ cover certain _____?
 _____ treatments _____ covered in _____ plan?
 Is there _____ certain treatments _____ policy?
 There are _____ or _____ that _____ covered _____ this policy.
 _____ specific therapies _____ included _____ policy?
 Some _____ issues are _____ policy?
 Is there denied _____ medical _____?
 _____ medical interventions _____ this plan?
 Are _____ specific conditions _____ treatments that _____ covered _____ insurance?
 _____ kinds _____ are _____ included in the _____?
 _____ plan exclude _____ diseases _____ therapies?
 Do _____ situations _____ from insurance _____?
 What treatments _____ the _____ of _____ policy?
 Does this _____ specific _____?
 I _____ not sure _____ the policy _____ conditions.
 _____ there any specific conditions _____ under _____ policy?
 _____ and ailments _____ removed _____ items?
 Does _____ plan restrict _____?
 _____ are _____ in this plan.
 _____ there _____ specific _____ or _____ excluded from _____ coverage?
 Which _____ from my coverage?
 _____ health _____ are _____ covered.
 What treatments or _____ aren't _____.
 Does _____ exclude _____ therapies?
 Is _____ true that there are _____ in _____?
 Does the _____ excludes _____?
 What are the treatments _____?
 Can _____ give _____ or treatments not _____ policy?
 _____ any restriction _____ certain conditions _____?
 _____ it _____ that _____ and _____ not included in _____ plan?
 Does the _____ do _____ include _____ or _____?
 _____ any _____ on _____ under this _____?
 _____ might _____ some _____ conditions _____ are not covered by _____.
 _____ the _____ not include _____ conditions _____ treatments?
 _____ will not _____ covered _____ the _____?
 Do treatment _____ in _____
 Is _____ particular treatment?
 _____ treatments are _____ policy.

_____ that are not covered?

This _____ not _____ medical circumstances.

_____ conditions/treatments _____ coverage?

Specific conditions or _____ of _____?

_____ conditions/treatments are left _____.

_____ medical interventions _____ covered under this _____?

Can _____ what _____ you won't pay _____?

Can you _____ the _____ and _____ covered _____ the _____?

What treatments _____ not included _____?

Do certain medical _____ fall under _____ of _____?

What _____ are _____ the insurance _____?

_____ not part of the coverage?

_____ cover specific _____ or treatment options?

Does the _____ include _____ treatments?

Does _____ treatments?

_____ illnesses _____ aren't included?

_____ policy _____ different conditions?

_____ denial of _____ for _____ conditions?

Is _____ interventions _____ are not _____ this plan?

Is _____ the conditions _____ covered _____ this _____?

_____ might have _____ certain treatments.

_____ specific _____ covered by _____ policy?