

[Demo] NLP Dataset for Customer Service Automation

Company Type	Health Insurance Companies
Inquiry Category	Mental health/substance abuse treatment provisions
Inquiry Sub-Category	Out-of-network mental health care
Description	Customers may need information about coverage for mental health treatment received outside the insurance company's network. They may inquire about reimbursement rates, deductibles, and copayments, as well as any additional steps required, such as obtaining prior authorization.
Data Size	7,683 paraphrases
Want to buy data?	Please contact nlp-data@qross.me via your business email address.

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

_____ there copayments _____ I seek treatment _____ an _____?

_____ mandatory _____ treatment from out-of-network _____?

If _____ see an _____ of _____ will _____ have _____ pay _____?

_____ may be a _____ requirement for _____ care from _____.

Do I have _____ pay _____ is not in the _____?

_____ you know _____ copays for _____?

Do copays _____ out-of-network _____?

_____ copayment obligations _____ visits _____ are beyond my _____?

_____ may be necessary for _____.

Will I have _____ pay more to _____?

There may be _____ partner _____.

Is _____ for _____ from out-of-network _____?

Is _____ necessary _____ pay extra _____ provider?

_____ are _____ obligations for visits _____ my network _____?

copays for _____?

_____ might _____ out-of-network providers.

_____ co-pays apply when _____ doctors _____ aren't _____ list?

_____ it necessary _____ more when using _____ unaffiliated _____?

Is it required to pay co-pays _____ the _____?

_____ would _____ to know _____ should expect _____ choosing _____ off-net service-provider.

_____ it possible _____ have _____ with out-of-network _____?

_____ I have _____ with providers other _____?

I want _____ from non-participating providers will _____ me more _____.

Is _____ for _____ copayment _____ be paid _____ out-of-network doctors?

_____ it necessary _____ to copay _____ out-of-network provider?

Will _____ be _____ an _____ of network doctor?

There are _____ with _____.

Is a _____ required _____ from _____ of network doctors?
 _____ for a _____ the network?
 _____ costs _____ I _____ out-of-mesh physicians?
 _____ there _____ copayment _____ with out-of- _____?
 Do I have _____ not in my network?
 When receiving _____ outside of _____ established providers' _____ any extra?
 _____ it _____ me to pay extra when _____ alternative _____.
 Is _____ possible _____ fees _____ out-of-plan clinics?
 _____ of network treatment _____?
 _____ out-of- _____ doctors?
 Would _____ needed with _____?
 _____ I _____ more when using _____ doctor who _____ plan?
 _____ there copayment _____ network care?
 Will _____ treatment _____ more money?
 _____ be _____ associated with selecting services from _____ my _____.
 Do _____ pay more _____ doctors' treatments?
 If _____ care _____ of _____ network, _____ I responsible for _____?
 Can there be _____ off _____ services?
 _____ I pay copayment _____?
 _____ it necessary _____ to _____ when I _____ independent provider?
 Do _____ have to _____ when using _____ doctor _____ is not _____?
 _____ pay more _____ in plan?
 _____ for _____ my network coverage are _____ known.
 _____ I make copayments with _____?
 _____ I _____ to include _____ use out-of-mesh physicians?
 _____ need to _____ copayments _____ get treatment from an _____?
 _____ cost for _____ out-of-Network providers?
 _____ the doctor _____ in _____ do I _____ anything?
 Is there _____ copayments _____ out-of-network providers?
 _____ I _____ for _____ non-affiliated doctors?
 Potential copayment _____ are beyond my network _____.
 If I _____ a doctor who _____ have any expenses?
 Does _____ a _____ for _____ out-of-network _____?
 _____ it costs to see _____ outside _____?
 _____ for _____ out-of-network provider?
 Does any _____ for _____ network _____?
 Do I _____ to _____ when _____ different provider?
 _____ I _____ required to pay _____ providers?
 Any _____ involved _____ a physician _____ coverage?
 Do _____ pay _____ I see _____ out-of-network doctor?
 _____ necessary for _____ pay _____ when I _____ an _____ provider?
 _____ pay co-pays if I _____ services?
 Do _____ copayment with _____ out-of-network _____?
 When visiting doctors _____ are not _____ can _____ be _____?
 Is the _____ I leave my _____ for _____?
 _____ services load _____ with co-pays?
 _____ I _____ co-pays _____ I _____ services?
 If I _____ care _____ outside of _____ approved network, _____ for any _____?
 _____ my co-pays _____ up _____ out-of-plan services?
 Do I have to pay _____ out-of-mesh _____?

_____ have to pay co-pays _____ to _____ of plan _____?
 Is there any _____ for receiving medical _____ outside _____ established _____?
 _____ there _____ costs _____ using _____ doctors?
 Is _____ seeing out _____ doctors?
 Will I have _____ pay _____?
 Is a _____ required _____ receiving _____ from non-participating _____?
 If _____ from _____ out-of-network provider, are _____ required?
 If you visit a doctor _____ your _____ do _____?
 What copayments _____ needed _____?
 Copayments _____ an out of network _____.
 Is _____ pricey copays or out _____?
 Will _____ treatment from an out-of-network provider?
 I don't know _____ pay more for using _____.
 _____ I _____ copay _____ out-of-network specialist?
 _____ have _____ an _____ when using a different provider?
 Is it mandatory for _____ for out _____?
 _____ using _____ of _____ doctor cost _____?
 Do I _____ to _____ a _____ that _____ in the plan?
 _____ there a _____ when _____ network for _____ care.
 _____ pay _____ when using an unrelated provider?
 _____ copays _____ there _____ treatment?
 Do _____ pay _____ if _____ use a _____ who isn't _____?
 _____ be copayment _____ for services _____ in the _____?
 If _____ seek treatment _____ out-of-network _____ do I have _____?
 _____ do not know _____ have to _____ anything _____ doctor _____ not _____ my _____.
 Can _____ copayment charges?
 _____ obligations for visits beyond _____ network?
 _____ pay more when _____ a doctor who is _____?
 _____ make co payments _____ provider?
 _____ need _____ pay _____ fix _____ outside the network?
 _____ required _____ I _____ from an out of network _____?
 Should cost _____ be _____ when _____ out _____ doctors?
 _____ charges with _____ of network _____.
 _____ I _____ more to use _____ doctor that isn't _____?
 Is going _____ the _____ network _____?
 Is _____ when _____ from _____ doctors?
 _____ you _____ using off-plan _____ services?
 Is _____ charges _____ healthcare?
 When _____ plan's network _____ required?
 _____ be copayment obligations for visits _____?
 There _____ copayments _____ treatment from _____ out-of-network provider.
 Is _____ copay applicable for _____?
 Should _____ pay _____ if I _____ treatment from _____ network _____?
 _____ a copayment _____ I _____ my network for _____ care?
 If I are treated by _____ non-approved _____ have _____?
 _____ I _____ more money _____ treatment from non-participating _____?
 Does _____ an _____ doctor cost _____?
 _____ additional costs for _____ provider outside _____ network?
 _____ I have _____ include added costs _____ I _____?
 _____ much do _____ for treatment by _____?

____ a ____ when I leave ____ network ____ care?
 ____ if I ____ to ____ copayment ____ beyond my network ____?
 Is there a ____ outside the plan's ____ area?
 If ____ treatment ____ an ____ provider, ____ copayment required?
 Do ____ exist copays ____?
 ____ there be ____ when using ____?
 ____ it ____ if I receive care from ____ outside my ____?
 ____ there ____ additional ____ for ____ treatment?
 ____ treated ____ doctor, will ____ be any expenses?
 ____ it possible ____ pay ____ I see an ____ doctor?
 Is there ____ copayments ____ seeking treatment ____ an ____?
 ____ anyone know ____ for out-of-network treatment?
 Do I ____ for ____ outside of ____ network?
 Is ____ for a ____ for ____ out-of-network doctors?
 ____ payments for ____ physicians?
 There ____ obligations ____ of my network coverage.
 ____ be saddled with ____ access out of plan ____?
 Is anyone ____ of a cost ____?
 ____ a ____ requirement ____ treatment from ____ doctors?
 ____ be ____ out-of-network treatment?
 Cost ____ out- of-network ____?
 How ____ should ____ pay to ____ of my network?
 Is there ____ for ____ of-network ____?
 Copayment obligations for visits ____ coverage are ____.
 Do ____ extra ____ I see an ____ doctor?
 ____ copays ____ for ____ of network ____?
 ____ be needed ____ non-partner ____?
 Is ____ me ____ make ____ with out-of- network ____?
 ____ any additional costs ____ an ____ doctor?
 Are ____ fees for ____ non ____?
 ____ I have to ____ to ____ myself ____ outside of ____?
 ____ you charge ____ extra ____ receiving medical services ____ of ____?
 ____ I go ____ of ____ network, is ____ a ____?
 ____ to pay additional ____ off-net ____?
 ____ you seek ____ out-of-network provider, do ____ have ____ pay ____?
 Is it a ____ with an ____?
 Can ____ charges be ____ care?
 ____ to ____ an outside coverage ____?
 Is ____ pay copayments ____ see ____ doctor outside my network?
 Is ____ my ____ to pay ____ if ____ care ____ of ____ network?
 Will ____ be ____ out-of-network specialist?
 Is ____ copays ____ treatment ____ is ____ network?
 ____ I have to ____ with ____?
 Can ____ of ____ care ____ copayment ____?
 ____ you receive ____ your established ____ do ____ charge any extra?
 Will ____ have to ____ co ____ non-network ____?
 ____ there ____ any expenses ____ I ____ by a ____ doctor?
 ____ to pay ____ the doctor ____ out of my ____?
 There ____ co-pays ____ going ____ area.
 Is ____ necessary ____ me ____ pay extra ____ using an _____.

Will _____ to pay _____ an out of network _____?

_____ copayment required for treatment from out _____?

Is receiving _____ a _____ requirement?

_____ I have _____ an out-of-network _____?

_____ be copayments when seeking _____ an out _____ network _____?

Do _____ pay copayments _____ seeing an _____ network doctor?

While _____ from out-of-network _____ is _____ copayment _____?

_____ copayment required when _____ treatment _____ out-of- _____ doctors?

_____ cost involved in seeking _____ treatment?

Paying copayments _____ network _____?

Is _____ required for treatment from _____?

_____ it cost me _____ see healthcare _____ my _____?

_____ I pay _____ visits _____ network _____?

_____ don't know if _____ have to _____ the doctor _____ network.

There _____ be copayment _____ for visits _____ network _____.

_____ seeing out-of-network doctors?

Isn't a copayment _____ treatment _____?

How much should _____ have to _____ see _____ outside _____ network?

Will _____ pay for _____ specialist's services?

Can _____ pay _____ going _____ an off-net provider?

I _____ need to pay _____ using another provider.

Should I _____ for _____ beyond _____?

_____ it my responsibility _____ pay _____ I _____ someone _____ the _____ network?

Do I _____ pay _____ to _____ outside of _____ network?

_____ be _____ for out-of-network care?

What are _____ copayments when _____ from an _____?

Is there _____ out-of-network _____?

Do you have copays _____ out of _____?

_____ I _____ I see a _____ who is _____?

_____ necessary to pay _____ using an _____ provider?

Is _____ for using an _____ of _____ doctor?

_____ have to _____ visits _____ my network coverage?

Co-pays _____ for going _____ the network _____.

Do I have to _____ more _____ treatments _____?

If you _____ an _____ provider, _____ have _____ pay copayments?

Sharing _____ when _____ doctors?

_____ from _____ outside of _____ network, do I have _____ pay for _____?

_____ a treatment from _____ more?

I don't _____ if _____ make _____ with providers _____ my _____.

If _____ receive _____ someone other than the _____ network, am I _____?

When I _____ of _____ network for medical _____ there _____?

Will _____ out-of-plan services _____ co-pays?

_____ there be any expenses _____ treatment _____ non-approved doctor?

_____ a requirement to _____ copayments with _____ out-of-network _____?

_____ coverage doctor involved in _____ payments?

Does _____ anything extra _____ services outside of _____ established _____ list?

If _____ from an out of network provider, _____ copayments?

Is it necessary _____ to pay _____ using a _____?

_____ going _____ of _____ for medical care, is _____ a _____?

_____ anyone _____ are any fees when choosing _____ out-of-network _____?

If _____ doctors, _____ I pay _____?
 _____ there be _____ for visits _____ my network _____?
 _____ cost _____ seeing _____ of network doctors?
 Is there _____ for me to _____ copayments _____ provider?
 _____ seek _____ from an _____ provider, are _____ necessary?
 Do I need _____ using an alternate _____?
 I would like _____ know _____ is a copayment _____ I _____.
 _____ I leave my _____ medical care, am _____ for _____?
 _____ copayment _____ for visits that are _____ my _____ coverage.
 _____ I have to _____ I see a _____ of _____ network?
 If I _____ a non-approved doctor, _____ I _____?
 Do I _____ to _____ copayment when _____ leave _____ network _____ medical _____?
 If I receive _____ of the approved network, _____ expenditures?
 _____ co-pays apply when _____ physicians _____ aren't _____ your _____?
 _____ if I will have _____ use _____ non-approved doctor.
 _____ any copays applicable _____ network providers?
 _____ receive _____ from someone _____ than my _____ I responsible for _____ expenses?
 _____ I _____ to pay copays _____?
 _____ for _____ out-of-network provider.
 There may be _____ obligations _____ beyond _____.
 _____ copays be _____ out-of-network _____?
 When looking _____ out-of-network provider, _____ there be _____?
 _____ it _____ for out-of-network _____ to _____?
 _____ you _____ any copays for _____?
 _____ any copays for _____?
 Will _____ to _____ copayments _____ treatment from _____ out-of-network _____?
 _____ outside the plan's network _____ co-pay _____?
 If _____ visit _____ of your network, _____ I _____ for dough?
 _____ to pay _____ nonaffiliated treatments?
 _____ have _____ pay _____ if I see _____ that's out of _____?
 When _____ receive _____ services outside _____ do you _____ any _____?
 Is there _____ an _____?
 When _____ leave my _____ for _____ is there _____ copayment _____?
 Will _____ with co-pays when accessing _____ services?
 _____ I be charged more _____ if I _____ from _____?
 Is there _____ for _____?
 _____ have _____ pay _____ if _____ is outside my network?
 Will there _____ for _____?
 Should _____ when visiting _____ are not on _____?
 _____ are copays for _____.
 _____ there _____ copayment _____ network care?
 _____ you visit _____ isn't on your _____ do _____ apply?
 Will I have _____ providers?
 _____ copayment obligations _____ beyond my _____ are _____ asked.
 When I leave _____ care, _____ a copayment _____?
 Is _____ an additional cost _____ a _____ outside _____?
 _____ I _____ to pay _____ beyond my _____ coverage?
 Have _____ of copays _____ out-of-network _____?
 _____ copayment be _____ care?
 _____ pay _____ with non-network _____?

Shouldn't _____ visiting _____ who aren't on your _____?

Will _____ have _____ pay copayments for _____?

_____ pay more _____ a doctor that _____ in my _____?

_____ I pay _____ for _____ from an _____ network _____?

When you receive _____ outside _____ providers' _____ you charge anything _____?

When _____ an out-of-network _____ any fees?

Do _____ charge _____ extra to _____ medical _____ your _____?

_____ applied when visiting doctors who _____ on _____?

Is _____ a _____ out _____ network _____?

Is _____ cost _____ using _____ out _____ network doctor?

_____ copayment mandatory for _____ of _____?

Are _____ applicable _____ out _____ providers?

What _____ are there for _____ network coverage?

Does there need _____ a cost-sharing _____ doctors?

_____ a _____ that _____ I have to pay extra?

Do I have _____ I _____ someone out-of-network?

_____ of copayments with non-network _____?

_____ involved _____ a doctor outside _____?

_____ it necessary for _____ to _____ an out-of-network provider?

_____ it mandatory _____ to pay _____ if I _____ an _____?

_____ I have to _____ for _____ from non-affiliated _____?

Should _____ pay _____ if _____ go _____ out of _____ doctor?

_____ have to pay _____ see _____ out-of-network doctor?

_____ co-pays _____ who aren't on your list?

_____ necessary _____ out-of-network doctor?

Are there _____ fees for _____ by _____?

_____ I _____ certain payments when _____ service provider?

_____ it compulsory to _____ copayment _____ out-of-network doctors?

_____ be _____ seeing out-of-network doctors?

Does _____ know _____ are copays _____ treatment?

Should co-pays _____ aren't on your list?

Will _____ be _____ when _____ outside _____?

_____ a copayment _____ for treatment _____ doctors?

Does _____ cost _____ to seek treatment _____ non-participating _____?

What are the _____ visits _____ my _____?

Do _____ more if _____ doctor that _____ the plan?

Is there _____ required copayments for _____ an _____ provider?

_____ know _____ copays for _____ treatment?

Is _____ costs _____ an _____ doctor?

Will _____ to _____ with non- _____ providers?

There may _____ you visit _____ specialist.

Does there have to _____ for getting _____ from _____?

Will there be _____ I _____ a _____?

_____ seeing _____ doctors possible?

Is a copayment _____ network for medical _____?

I want to _____ is _____ leave _____ network for medical care.

_____ receive _____ services _____ providers' list, do _____ charge _____ extra?

Is _____ to _____ for out-of-network treatment?

Is _____ possible _____ have co-pays _____ visit _____ specialist?

_____ I _____ pay more if I use a _____ outside _____?

_____ when visiting doctors _____ aren't on _____ list.

_____ may be additional _____ for _____ out _____ network _____.

When _____ who _____ on _____ list will _____ apply?

_____ I have to _____ an _____ when _____ alternative provider?

Do _____ to pay copayments with _____?

_____ if you visit a _____ who isn't on _____?

_____ a _____ required when you _____ out of network _____?

There _____ potential _____ obligations _____ visits beyond my _____.

_____ be _____ for out-of-network _____?

Will there be fees _____?

Do you _____ pay _____ when _____ an out-of-network _____?

Does it _____ healthcare specialists _____ my coverage?

_____ to pay a copayment _____ out of _____ network for _____ care?

_____ there a _____ requirement when _____ care _____ doctors?

Fees _____ non-network doctors?

_____ payments involved seeing a doctor _____?

_____ have _____ pay _____ if the medical _____ is out _____ my _____?

_____ the copays for out-of-network _____?

_____ saddled _____ co-pays _____ I access out-of-plan services?

Should copays be _____?

Will _____ have copayments _____ providers not _____?

Is it necessary _____ me to _____ use an _____?

_____ be _____ for _____ to _____ specialists.

_____ copayment obligations _____ visits _____ my _____?

_____ a _____ required when getting _____ from _____ doctors?

_____ I _____ to pay _____ see an _____ doctor?

Is _____ when choosing _____ out-of-network _____?

_____ copays _____ treatment out-of-network.

Do _____ to _____ more for _____ from _____ doctors?

_____ more _____ selecting services from _____ provider _____ my network?

_____ I _____ to _____ myself outside of this network?

_____ I pay additional _____ to _____ specialists _____ my _____?

Do I have to _____ for a _____ in my _____?

Will _____ to seek treatment from non-participating _____?

Will _____ out-of-network care?

_____ apply when _____ doctors _____ on _____ list.

Does it cost _____ more _____ outside _____ network?

_____ there be _____ for _____ out-of-network _____?

_____ much _____ to see a doctor outside _____ network?

Should copayments _____ required for _____?

_____ there a copayment if _____ leave my _____?

_____ use _____ physicians, _____ should _____ pay?

Do _____ to pay copayments _____?

_____ have to _____ when _____ from an out-of-network provider?

Do _____ to pay copayments _____ I _____ treatment _____?

_____ copays _____ out-of-network providers?

_____ using out-of-network doctors?

Do I _____ to _____ the doctor _____ in the _____?

_____ copayments _____ made for seeing _____?

Will there be any _____ for visits _____?

Is _____ payments _____ out-of-network provider?

Have _____ been necessary _____ an _____?

_____ I have to _____ for _____?

Does _____ copays _____ to _____ providers?

Do I _____ pay _____ an _____?

_____ there _____ cost _____ a provider out-of-network?

Will co-pays _____ required _____ outside _____ the _____ area?

Is it _____ requirement _____ pay _____ non-participating doctors?

When _____ move out of _____ network _____ is _____ copayment involved?

When _____ of the _____ network area, _____ co-pays _____?

_____ necessary for _____ provider?

Do I have to _____ more if a _____?

_____ be _____ if _____ out-of-plan services?

Is _____ copayment when I leave _____ healthcare?

Does _____ to pay copayments for treatment _____ an _____?

_____ see _____ doctor who isn't in my network, _____ pay _____?

_____ be _____ for an _____ provider?

_____ copayment _____ requirement _____ treatment from _____?

_____ there _____ out of network _____?

_____ use out-of-network physicians, _____ the _____ be included?

I _____ if there is _____ when _____ leave my _____ for medical _____.

_____ plan healthcare services, _____ there be _____?

_____ ok _____ pay copayments _____ I see _____ out of _____ doctor?

_____ going outside of the _____ required _____?

Can copays _____ out-of-network _____?

_____ I _____ more _____ a doctor _____ is not _____ the _____?

Will I be _____ copayment _____ of _____ specialist?

Do I have _____ pay _____ have a _____ provider in _____?

Does _____ cost me _____ money to _____ treatment _____?

_____ from out-of-network _____ are there required _____?

_____ fees towards visiting _____ outside _____?

_____ out-of-plan services load _____ co-pays?

_____ apply for out _____

_____ there _____ extra _____ when _____ get _____ services outside your _____?

Are there _____ copayment _____ beyond my network _____?

Out-of-network _____ have _____?

Will _____ be charges _____ using _____ services?

When I leave my network _____ medical _____?

_____ co-pays _____ visiting doctors who aren't _____ your _____?

Will _____ be charged a _____ use an _____?

Is going outside the plan's _____ required _____?

Potential copayment _____ for _____ my network _____?

When going _____ the _____ network area, _____ co-pays _____?

When using _____ provider, do _____ to pay _____?

_____ by not-network doctors?

_____ any _____ apply _____ out-of- network _____?

Is _____ treatment from out-of-network _____?

Should _____ to _____ for healthcare specialists _____ my _____?

If _____ go _____ provider, _____ need to pay copayments?

Do you _____ there are any fees _____ choosing _____?

____ I ____ extra if ____ see ____ provider ____ is out ____ ____?
 ____ for ____ of ____ healthcare?
 Is ____ necessary ____ ____ ____ an unaffiliated provider?
 Is ____ payments necessary for ____ ____ ____?
 ____ I use ____ physicians in ____ policy, ____ ____ ____ more?
 ____ it ____ ____ to pay ____ ____ I seek treatment from ____ ____ doctor?
 ____ ____ pay more ____ I ____ ____ doctor ____ isn't in my ____?
 There ____ be ____ ____ seeing out-of-network ____
 ____ ____ charged a ____ for ____ out-of-network specialist?
 ____ there ____ to see ____ ____?
 If ____ seek treatment from ____ ____ ____ will ____ be ____?
 ____ ____ have to pay ____ ____ see an ____ provider?
 Do ____ ____ when using ____ ____ services?
 Can I ____ ____ ____ visits beyond my network ____?
 ____ ____ ____ going ____ out-of-network doctors?
 ____ anyone know ____ ____ for ____ out-of-network ____?
 Do I ____ ____ ____ for ____ doctor I ____ ____ in plan?
 Do I have ____ pay ____ I ____ a ____ ____ network?
 Is there any ____ for ____ physicians ____ ____?
 ____ ____ treatment ____ copays or gotchas?
 ____ non-network providers ____ ____?
 Should I ____ ____ when ____ an off-net ____?
 Sharing ____ ____ by ____ doctors?
 Will my ____ ____ when ____ ____ services?
 Can ____ be levied ____ using ____ ____ ____?
 ____ I ____ to pay ____ ____ fix ____ outside this ____?
 I ____ ____ ____ is involved when I leave my ____.
 ____ ____ ____ pay ____ copayment for out-of-network doctors?
 ____ ____ ____ to pay for ____ doctors?
 Are out ____ ____ copayments ____?
 ____ I ____ ____ someone outside ____ ____ network, ____ I responsible for ____ costs?
 ____ I have to ____ ____ to use a ____ ____ is ____ ____ with ____?
 ____ ____ have ____ ____ extra if I ____ ____ provider outside ____ my network?
 ____ ____ required copayments ____ treatment ____ ____ out-of- network provider?
 ____ ____ to pay anything ____ the doctor isn't in ____ ____?
 ____ I ____ to pay ____ when I use ____ ____ ____ in the ____?
 Should ____ ____ with ____ ____ of network ____?
 ____ ____ to ____ network providers?
 Does it ____ more ____ see a ____ outside ____ ____?
 Is it ____ to ____ ____ copayment when ____ ____ from ____ doctors?
 Do I have ____ pay ____ for ____ ____ ____ who ____ in my ____?
 ____ I ____ ____ pay ____ to use an ____ provider?
 ____ I pay ____ ____ I ____ a ____ ____ not ____ the plan?
 If someone outside ____ the ____ network ____ ____ ____ me, will ____ ____ ____ for expenses?
 Is ____ ____ for non-group ____?
 If ____ physicians are used in ____ policy, should ____ ____ ____ ____?
 ____ ____ ____ for ____ out-of-network provider to have ____?
 ____ ____ cost ____ ____ use ____ out-of-network doctor?
 Do ____ ____ ____ ____ if the ____ isn't part ____ my network?
 Will I ____ ____ a ____ ____ ____ services?

Can _____ for out-of-network _____?

There are _____ for _____ treatments.

How _____ should I pay _____ specialists outside _____?

_____ a requirement for _____ when seeking _____ from _____ out-of-network _____?

Is _____ to _____ copayments for _____ out of _____?

Do I _____ doctor who _____ in my _____?

_____ care from someone _____ the approved _____ have to pay any _____?

_____ I see _____ that _____ my network, do I _____ to _____?

_____ for seeing out-_____ doctors.

Can _____ be a _____ care from non-participating _____?

Should _____ extra costs _____ see specialists _____ network?

Are _____ charges when _____ healthcare _____?

_____ are _____ for out-of-network _____.

_____ have to _____ more _____ non-affiliated doctor's _____?

_____ medical _____ in my network, do I have to _____?

Will it _____ with _____ access out-of-plan _____?

Is _____ for _____ to _____ when using an _____ provider.

_____ copayment _____ treatment _____ out of network doctors?

Do _____ pay _____ using a _____ not _____ the _____?

If I _____ do I have _____ pay _____?

_____ seeking treatment _____ an out-of-network _____ you need _____?

I'm not _____ pay anything if _____ doctor _____ not in _____ network.

Do you _____ copayments when seeking _____ out-of-_____ provider?

If I _____ a provider _____ not in my _____ do _____?

When _____ off-plan _____ can _____ charges?

Do _____ apply _____ visiting _____ doctor who _____ your _____?

_____ I pay copayment _____ beyond _____ network _____?

_____ be _____ specific payments _____ choosing an off-net _____ provider?

_____ looking for _____ from _____ are there required _____?

Is it necessary _____ copayments _____ treatment _____ an out _____ network _____?

_____ the plan's network area, are there _____?

Is _____ have _____ when I _____ my network for medical _____?

_____ I _____ for treatments that aren't _____ me?

Do I need to _____ network _____?

Co _____ seeing out-of-network _____?

_____ about copayments _____ doctors?

_____ payments for seeing _____ coverage _____?

_____ from an _____ are there any required copayments?

_____ I _____ pay _____ if _____ a non-network provider?

When _____ my network _____ care, is _____ copayment _____?

_____ required if I _____ outside of _____ network?

Will I _____ to _____ copayments _____?

Is _____ fee _____ non-network doctors?

_____ copays _____ applicable _____ providers?

_____ it _____ to pay _____ I see _____ outside my _____?

Are _____ required _____ out-of-network providers?

Do _____ have to _____ doctor _____ not in my _____?

Is it _____ when _____ healthcare _____?

_____ have to pay _____ if _____ see _____ provider _____?

Can _____ copayment charges _____ out-of-network _____?

Do copays _____ out _____ providers?
 Is there copayments _____?
 Are there _____ costs _____ selecting _____ provider _____ of my _____?
 _____ any _____ involved if _____ out-of-mesh physicians?
 Is there any _____ using _____ outside my network?
 Will there _____ for _____ doctors?
 _____ a copayment _____ when receiving _____ out of _____.
 Do I _____ to pay copayments _____ else?
 Will _____ me more money to _____?
 _____ necessary to pay _____ using _____ non-affiliated provider.
 Can there _____ out-of-network _____.
 Is _____ added _____ I _____ out-of-mesh _____.
 Is _____ necessary to _____ I seek treatment _____ of _____?
 Is _____ for _____ providers?
 Can _____ tell _____ if _____ any fees _____ an _____ provider?
 _____ you charge _____ extra when _____ receive _____ outside of _____?
 _____ using off-plan _____ what are _____?
 Is there _____ when _____ healthcare _____?
 _____ required when _____ outside of _____ network area?
 Copayment obligations _____ visits _____ network _____?
 _____ for going _____ of _____ doctors?
 _____ appropriate to include added costs if _____?
 _____ using _____ should there _____ charges?
 Is _____ copayment _____ from out of _____ doctors?
 _____ could be _____ care.
 _____ be _____ charges for _____ care?
 _____ copayment obligations _____ beyond _____ coverage were asked.
 Do I _____ more _____ I _____ in the plan?
 _____ there a copayment _____ when I _____ for _____ care.
 Do _____ pay _____ costs to _____ specialists _____ my network?
 Does _____ a _____ requirement for non-participating doctors?
 Is _____ copayment mandatory _____ from out _____ doctors.
 _____ are _____ obligations for _____ beyond _____ coverage?
 _____ I _____ my network for medical _____ copayment?
 _____ a copayment _____ an out-of-network _____?
 _____ required when _____ the network _____.
 Copayments _____ seeing _____ that _____ your _____?
 _____ I _____ to _____ co-pays when _____ of plan _____?
 _____ we need _____ pay copayments for _____ from _____?
 Is _____ for _____ out-of-network _____ have copayment?
 Do _____ extra _____ getting medical _____ your list?
 _____ there _____ copayment obligations for visits _____ my _____?
 _____ I _____ more _____ to an _____?
 If _____ by _____ non-approved _____ there be expenses?
 _____ there _____ involved if I use _____?
 Is _____ an _____ associated _____ a provider outside my _____?
 _____ I have to pay copayments _____?
 _____ off-plan _____ services, are _____ any _____?
 If I _____ doctor _____ is _____ my network, do _____ have _____ pay _____?
 _____ there additional _____ using an _____ of network _____?

Are ____ charges ____ using ____ ?

____ medical ____ is ____ in my network ____ providers, ____ to pay?

____ expenses if ____ go to a non-approved ____?

Is it ____ to ____ copayments ____ network providers?

____ going ____ plan's network area, ____ required?

Is ____ ok to pay ____ I see ____ ?

____ providers, will it cost me more money?

____ copayments required if ____ treatment from ____ out-of-network ____?

Is ____ to ____ a copayment when ____ leave ____ network for ____ ?

Should ____ expect ____ selecting an ____ provider?

____ I pay ____ if ____ see ____ provider?

Do ____ have ____ pay ____ an out-of-network doctor?

Can ____ for ____ care.

____ are needed ____ out-of-network ____.

What ____ copayments ____ treatment?

____ a ____ required when receiving ____ from ____ ?

____ seek ____ an ____ will there be copayments?

Do ____ have to ____ more when ____ provider?

____ going ____ plan's network area, are ____ necessary?

____ it ____ cost-sharing ____ receiving care ____ doctors?

I ____ know if there ____ non-participating doctors.

____ I ____ treatment ____ an ____ provider, are ____ necessary?

____ be ____ for treatment ____ an out-of-network provider?

Is a ____ an out-of-network ____?

____ have to pay ____ copayments with ____ ?

Will ____ co payments with non network ____?

Will I ____ to ____ specialists outside my ____?

____ I ____ more if ____ use ____ doctor who ____ not ____ the ____?

If ____ doctor ____ my ____ do I have to ____ copayment?

Does the cost ____ to receiving ____ from ____?

Is it mandatory to pay ____ when ____ treatment ____?

____ get treatment from ____ non-approved ____ I ____ expenses?

____ it necessary for ____ to make copayment ____?

____ copayment ____ for ____ of network care.

If ____ doc outside your ____ I going to pay ____ ?

____ treatments or ____?

If I ____ isn't in the ____ have ____ pay more?

____ I seek treatment ____ an out-of-network ____ a ____ required?

Is ____ for seeing ____ outside of coverage?

Will it cost me ____ from ____ providers.

____ have to ____ if the doctors ____ not ____ network?

Can ____ me ____ of seeing ____ providers?

Is copayments ____ provider?

Do I ____ to pay ____ see ____ outside of ____?

____ there be ____ healthcare?

____ I be ____ co-pays if ____ access ____ services?

____ I ____ an off-net service?

When ____ doctors ____ aren't ____ your ____ does co-pay ____?

When ____ who are ____ the list, do ____?

____ there ____ charges ____ out-of-network ____?

_____ be _____ for treatment _____ an out-of-network _____?
 _____ charged _____ with out-of-network specialist?
 _____ I be forced _____ with non- network _____?
 _____ there _____ to pay _____ is not in _____ network of providers?
 _____ a _____ that is out-of-network do _____ pay more?
 Is _____ costs associated with _____ services _____ provider _____ my network?
 _____ I receive care from someone who _____ in the _____ responsible for _____?
 Any cost _____ out-of-network _____?
 If _____ see an _____ network _____ do _____ have to _____?
 Will _____ services _____ me _____ co-pays _____ I access _____?
 _____ I have _____ pay _____ I use a _____ not _____ plan?
 _____ have to pay at all if _____ doctor is _____?
 _____ are copays _____ out-of-network _____
 _____ is paid _____ out-of-network doctors?
 _____ pay to see _____ specialists _____ my network?
 _____ receiving _____ non-participating _____ cost sharing?
 If _____ from an _____ provider _____ copayments required?
 If I _____ treatment _____ provider, _____ copayments required?
 _____ to _____ if a copayment _____ I leave _____ network for medical _____.
 _____ applied when visiting doctors _____ your list?
 _____ cost _____ seeing out-of-network providers?
 Out-of-network treatments _____?
 Is _____ co payments _____ seeing _____?
 There _____ copays for treatment _____ in _____.
 _____ out of _____ necessary?
 _____ to pay for _____ from an _____ provider?
 _____ when you _____ out-of-network _____?
 Is it _____ me to _____ more _____ from _____ doctors?
 I'm _____ from non-participating providers _____ cost me more _____.
 Will _____ be _____ out- _____ providers?
 Will _____ have to pay _____ out-of-network specialist?
 There _____ some fees _____ an out-of-network _____.
 Can _____ any _____ involved in _____ treatment?
 When using _____ in _____ plan, do I pay _____?
 Is _____ copayments when _____ treatment _____ an out-of-network _____?
 _____ for out-of-network care?
 _____ co-pays affect _____ if _____ services?
 If I visit a _____ outside _____ I _____ pay?
 I _____ I will _____ copayments with _____ providers.
 _____ be charges for _____ care.
 _____ charges be _____ out-of-network care?
 _____ extra _____ using an out-of- network doctor?
 _____ copayment obligations _____ visits beyond _____ coverage, _____ are _____?
 Do _____ pay copays for _____ out-of-network doctor?
 _____ any _____ be required when seeking _____ provider?
 Is _____ for _____ providers?
 _____ you know if _____ are _____ an _____ specialist?
 Will _____ be _____ seeing _____ providers?
 _____ to pay copayments if I visit _____?
 _____ have to pay _____ when _____ use a doctor _____ in _____?

_____ extra costs associated with choosing a _____ outside _____?
 _____ any extra _____ selecting services _____ a _____ outside _____ network?
 _____ question about _____ for treatment _____.
 Is _____ copayment _____ get _____ from out-of-network _____?
 Will I _____ I access _____?
 How _____ it _____ see _____ doctors?
 Is _____ me to _____ an out _____ network provider?
 Is it _____ to _____ out-of-network _____.
 _____ to pay _____ if I _____ a _____ that's not _____ network?
 _____ it _____ me to _____ if I see a doctor _____ of _____?
 _____ for _____ my _____ coverage, what are they?
 _____ don't _____ I'll _____ copayments _____ non-network providers.
 _____ there be copayment _____ for _____ is out _____?
 I _____ if I need _____ when _____ an _____ provider.
 Is _____ copayment required _____?
 Will _____ pay copayments with _____ than _____?
 Do I have _____ anything if _____ my network?
 Is copayments _____ partner _____?
 _____ the charges for treatment _____?
 Are there costs _____ using _____ doctor?
 If _____ care from someone _____ the approved network, _____ I _____ pay _____?
 Does any _____ apply _____ network _____?
 Do _____ pay _____ when _____ doctor who is _____ plan?
 When _____ medical _____ your providers' list, do you charge _____?
 Can _____ pay for _____ costs _____ see healthcare _____ of _____?
 Is _____ applicable _____ out _____ network _____?
 Will _____ visit _____ outside specialist?
 For _____ provider, _____ necessary?
 _____ apply when _____ doctors _____ are _____ on _____ list?
 _____ out-of-network physicians?
 _____ charges to see _____ providers?
 Is _____ any additional _____ with _____ services _____ network?
 Do I need _____ for _____ network coverage?
 If _____ are _____ non-partner _____.
 Are there any _____ or _____?
 _____ leave _____ network for _____ is _____ a copay?
 Will there be charges for _____ network?
 _____ about bills _____ you _____ outside?
 _____ seeking _____ an _____ provider, is _____ any required _____?
 Can there _____ out-of- _____ care?
 _____ I have _____ pay _____ provider is out _____ network?
 _____ it _____ choose services from a _____ outside _____ network?
 _____ you have _____ out-of-network treatment?
 _____ the copayment involved when I _____ for _____?
 If I _____ from _____ out-of-network _____ are there _____?
 _____ I _____ pay more for using a _____ in _____ plan?
 _____ there a copayment _____ of my network.
 _____ I have to _____ co-pays _____ access out _____?
 _____ copays for out of _____?
 If _____ treated by _____ non-approved _____ will I _____?

Is _____ mandatory _____ doctors?
 _____ there _____ network treatments?
 Is a _____ getting treatment from _____?
 _____ non-network _____ for treatment?
 Do copays _____ out _____ providers.
 Do _____ have _____ pay _____ extra fee _____ non-affiliated _____?
 _____ any expenses _____ are _____ by a non-approved _____?
 _____ I have _____ if _____ medical provider is _____ network?
 _____ there _____ I have _____ pay if the doctor _____ network?
 _____ I _____ pay co-pays if _____ out _____ services?
 Will _____ get saddled with _____ access _____ services?
 _____ going outside _____ network _____ of the plan, _____?
 _____ there _____ for _____ providers out of _____?
 Is _____ possible to _____ for using _____ services?
 Do I _____ pay _____ if _____ isn't _____ my network of _____?
 _____ I pay copayments when _____ seek _____ provider?
 _____ I see an out-of-network provider, _____ to _____?
 Should _____ be a copayment _____ I _____ my _____ medical _____?
 _____ be charges _____ seeing _____ outside _____ network?
 _____ there _____ copayment _____ with out _____ network _____?
 _____ might _____ for seeing _____ specialist.
 copays _____ doctors
 _____ there any fees _____ non network _____?
 What _____ copayment _____ out-of-network visits?
 _____ visiting physicians _____ network?
 _____ I _____ copays if _____ see an _____ of network _____?
 _____ copayment required when going _____?
 There _____ be _____ associated with _____ services from a _____ my _____.
 If I _____ care from someone _____ the _____ I _____ for _____ cost?
 If _____ visit a _____ outside of _____ network, _____ I _____ for _____?
 Are there _____ to _____?
 Do _____ apply _____ visiting doctors _____ on your _____?
 When going _____ network area, do _____ be _____?
 Will _____ services _____ me?
 _____ receive _____ from someone outside _____ network, _____ responsible for _____ costs?
 _____ use out-of-mesh physicians, do _____ need _____ costs?
 _____ pay _____ for _____ doctor not in plan?
 Will _____ charges _____ seeing _____ providers?
 _____ I have _____ if I _____ out-of-plan services?
 _____ treatment from out-of-network _____ a _____ mandatory?
 When you _____ outside of _____ do you charge any _____?
 Cost needed _____?
 _____ there _____ copayment involved when _____ a network for _____?
 _____ I pay _____ I _____ a doctor that is _____ the _____?
 Do _____ have to pay _____ for the _____ plan?
 Is _____ out-of-network care?
 Is there a _____ sharing _____ non-participating doctors?
 Is copayments required _____ treatment from _____ provider.
 If I _____ doctors, _____ to pay _____ costs?
 Can I pay _____ costs to _____ healthcare _____ my _____?

Sharing cost _____ visiting _____?

_____ a _____ involved when _____ my _____ for medical care?

_____ more to choose services _____ a _____ outside of _____?

_____ I _____ copayments to see _____ out _____ network _____?

Is it necessary _____ me _____ extra if _____ provider?

Is there _____ you charge _____ you receive _____ list?

_____ I _____ added _____ if I _____ out-of-network physicians?

Will _____ from non-participating providers cost _____?

_____ I _____ care from someone who _____ not _____ the _____ network, am _____ expenses?

_____ copays _____ to _____ providers?

Is there _____ requirement for _____ make _____ with _____ out-of-network _____?

_____ a _____ not in _____ do I pay _____?

_____ I have to _____ costs to _____ healthcare specialists _____?

_____ it possible _____ out-of-network care _____?

_____ copayments _____ with _____ partner providers?

_____ if I use _____ doctor who _____ not _____ my plan?

_____ there _____ extra _____ an out-of-network doctor?

_____ going _____ non-participating providers _____ money?

_____ I pay _____ use a _____ who _____ in my _____?

_____ me more _____ seek treatment from non-participating providers?

If _____ from someone _____ of _____ network, do I have _____ for _____?

_____ don't know if _____ if I _____ non-approved doctor.

Will seeking _____ providers _____ money?

_____ to see _____ outside of my network coverage?

Do _____ have to _____ for _____ unrelated provider?

Does _____ need _____ be _____ for receiving _____ non-participating doctors?

Is there an _____ treatments?

Can _____ extra costs _____ healthcare _____ my network?

Sharing costs _____ doctors?

_____ copays _____ to out-of-network _____?

Should _____ visiting _____ aren't on your list?

Will _____ have expenses _____ go _____ a doctor who _____ an _____?

Do _____ have to _____ doctor is not in _____ network _____?

Will _____ services _____ co-pays?

Is _____ me to _____ extra when using _____ other _____?

_____ you have _____ out-of-network _____?

_____ out-of-network providers?

_____ I have _____ pay if the doctor _____ my _____?

There may _____ additional _____ a provider outside my _____.

Is there _____ to _____ care _____ non-participating doctors?

Is _____ additional costs _____ using _____ outside _____ my network?

_____ I be _____ copayment for _____ network coverage?

_____ might _____ copayment _____ for _____ care.

There are _____ out-of-network _____.

Do _____ pay more _____ use a _____ the plan?

_____ out-of-plan services _____ co-pays?

Are _____ copayment _____ for out _____?

_____ I have _____ copays _____ see an out _____ doctor?

Should I _____ for _____ who isn't in the _____?

Should I _____ copayments if _____ treatment _____ out-of-network _____?

Are there ____ costs for ____ network ____?

____ costs ____ seeing ____ physicians?

____ there ____ copayment ____ for out-of-network ____?

____ there ____ copayment when I ____ my ____ for ____?

____ for ____ doctors

____ be required ____ for ____ from ____ out-of-network provider?

____ the ____ is ____ in ____ network of providers, ____ I have ____?

If I ____ doctor ____ my network, ____ to pay copays?

Will ____ to ____ a copayment ____ out-of-network specialist?

Will I end up ____ co-pays ____ access ____?

I wonder ____ face ____ non-network ____.

Do I have ____ the ____ is outside of ____ providers?

____ outside ____ network ____ are co-pays ____?

____ I ____ when I see an ____?

Do you ____ to receive ____ services outside ____ your ____ list?

____ the ____ in ____ network, will I have ____ anything?

Will ____ have to ____ co-pays ____ use ____?

Will ____ if the doctor is not ____ my ____?

Is ____ a ____ requirement in ____ to ____?

Should I pay ____ I ____ a provider ____ in ____?

____ out-of-network providers ____ necessary.

____ there any ____ see healthcare ____ my network?

Will ____ when ____ out-of-network providers?

I ____ to know ____ I ____ to ____ anything if the doctor ____.

When visiting doctors that ____ not ____ list ____?

Can ____ be ____ charges ____ network care?

If I ____ do I have ____ co-payments?

Copayments ____ be ____ if ____ seek ____ an ____ provider.

____ you ____ for treatment ____ network?

Does ____ know ____ involved ____ an ____ doctor?

____ I ____ provider, will ____ to pay more?

____ to ____ treatment from non-participating providers ____ more ____?

____ if I ____ to ____ copayments with out-of-network ____.

There ____ potential ____ for visits outside ____ network.

Do you know ____ there ____ copays ____?

____ are potential ____ obligations for ____ network coverage.

____ necessary ____ pay ____ out-of-network provider?

copays ____ out-of-network ____

____ I have ____ pay ____ see healthcare ____ outside my ____?

____ can ____ I use out-of-mesh physicians.

____ I see an ____ I pay ____?

Is ____ necessary for ____ pay an ____ when using an ____?

____ receive ____ from someone ____ of the approved network, ____ responsible ____ costs?

Will I ____ responsible ____ co-pays if ____ services?

____ out-of ____ services ____ me ____ co-pays?

____ to ____ more if ____ see ____ provider that is out of ____?

____ apply ____ out-of- network providers?

____ co-pays be ____ problem ____ I ____ out-of-plan ____?

If I ____ care from someone ____ network, do ____ have ____ pay ____?

____ you ____ anything ____ when ____ services outside your established providers' ____?

There can ____ copayment charges ____ of ____ .
 Will seeking ____ non-participating ____ more money?
 Are copayments ____ if ____ seek ____ from ____ of network ____?
 If I get ____ someone outside of the ____ are ____ the ____?
 ____ it ____ to ____ anything ____ services outside of ____ established providers' list?
 Is ____ for treatment ____ non-network ____?
 Do ____ to ____ to a doctor ____ of my network?
 copays ____ treatment
 ____ visits beyond my ____ coverage?
 ____ I pay ____ for ____ non-affiliated ____?
 ____ get care from someone outside ____ responsible ____ expenses?
 ____ it ____ me to ____ copayments ____ an ____ provider.
 When ____ the plan's network ____?
 When ____ outside ____ are ____ required?
 If I ____ from a non-approved ____ will ____ have ____?
 Is ____ copayment required ____ getting ____ from ____?
 There may ____ using an ____ doctor.
 Do you ____ non-partner ____?
 Do ____ have ____ pay ____ treatments ____ non-affiliated ____?
 ____ any cost ____ of-network providers?
 ____ there ____ copayments when ____ treatment ____ an ____ provider?
 copays for ____
 Isn't ____ for non-participating doctors?
 ____ be copayment ____ care not in your ____?
 ____ a requirement ____ from out-of-network doctors?
 ____ care from ____ the approved network, am I ____ costs?
 ____ have to pay ____ for ____ treatments?
 ____ copayment charges ____ out-of-network medical ____?
 ____ for ____ out-of-network ____?
 Is there ____ copays ____ out-of- ____?
 ____ visiting ____ who are ____ your list, ____ be applied?
 ____ you ____ when you ____ medical services ____ your list?
 ____ may be ____ costs for ____ out-of- ____ doctor.
 ____ the ____ for out-of-network ____?
 copays ____ out-of-network ____
 ____ copays ____ you have for out ____?
 If I ____ physicians, ____ costs ____ involved?
 ____ I leave ____ care, will there ____ a copayment?
 ____ be charged ____ for ____ to ____ services?
 ____ cost for a ____ needed?
 ____ to ____ with an ____ specialist?
 ____ I ____ if ____ is not in ____ plan?
 Is ____ any copay ____ for ____?
 Do I have to ____ copayments if ____ network doctor?
 ____ treatment from an out-of-network provider, ____ copayment?
 ____ see a ____ doctor, ____ I have to ____?
 ____ copayment obligations for visits beyond ____ .
 Will I ____ copayments ____ providers?
 ____ I ____ more if ____ isn't ____ the plan?
 Is ____ out-of-network service?

Does _____ to _____ copayments when _____ seek _____ from an _____?

There might _____ for _____ healthcare.

There _____ using an _____ doctor.

What about _____ unlisted/outside coverage _____?

_____ there be _____ I _____ my network for _____ care?

_____ to _____ doctors?

Is _____ possible _____ involve _____ if I _____ out-of-mesh _____?

_____ costs to _____ a _____ outside my _____?

_____ it possible _____ charges with out of _____?

_____ co-pay apply when _____ doctors _____ are _____ your _____?

Is there any _____ doctors?

How _____ I have _____ doctor is not in my _____?

When _____ treatment from an out-of-network provider, _____ copayments?

If I _____ someone other than my _____ any expenses?

Will I _____ extra for _____ off-net _____?

copays for _____ network?

Will _____ if I get _____ by a non-approved _____?

_____ with non-network providers?

Potential copayment _____ for _____ network coverage _____ raised.

Is there _____ cost _____ seeing _____?

_____ there extra _____ for using _____?

When going _____ network _____ co-pays required?

Is _____ obligation for _____ beyond _____ network coverage.

_____ a _____ required while _____ out-of-network doctors?

I don't know if I _____ out-of-network provider.

_____ outside doctors?

Will _____ co-payments _____ I _____ services?

_____ unlisted/outside coverage _____ involved _____ payments?

Are there costs for _____ outside _____?

_____ this _____ when _____ off-plan _____ services?

Do _____ have to _____ I use a doctor that _____ not _____?

_____ are copays _____ treatments.

_____ it affect my _____ if I _____?

_____ for out-of-network providers?

Do _____ out-of-network providers?

Is _____ necessary for _____ an _____ fee when using an _____?

_____ I _____ pay copayments for seeing a _____ my _____?

_____ copayment _____ for out of _____ healthcare.

_____ there copays _____ visit _____?

Does it cost me _____ a provider _____?

Is _____ a copay _____ out _____?

Does _____ for using off-plan _____?

_____ for seeing out-of- _____.

_____ there more _____ for using an out _____?

How about _____ for _____ network _____?

_____ owe anything _____ the _____ not _____ my _____ of providers?

When I _____ network _____ care, are _____ any copayments _____?

_____ treated by _____ non-approved _____ I have expenses?

_____ I _____ care from someone _____ the approved network, _____ any expenses?

_____ know if _____ payments _____ an outside doctor?

Is _____ to pay a _____ for out-of- _____ ?
 _____ necessary _____ an out-of-network _____ ?
 _____ I have to pay _____ I _____ an _____ ?
 I don't _____ pay more for _____ providers.
 _____ you _____ anything more _____ receiving medical services _____ providers' list?
 Do copays _____ out _____ network _____ ?
 Is _____ copays _____ providers?
 _____ an out of network _____ ?
 Are there additional _____ out-of-network _____ ?
 _____ have _____ pay if the physician _____ network?
 _____ copayments be _____ non- network _____ ?
 _____ I _____ with an out of _____ provider?
 _____ using a doctor _____ is not in _____ plan?
 Is _____ I go out _____ my network _____ care?
 Are _____ from an out-of- network _____ ?
 Do I pay _____ using a _____ plan?
 _____ there be co-pays _____ specialist?
 Is _____ for _____ provider that is _____ of _____ ?
 _____ any _____ for using an _____ doctor?
 _____ pay _____ for _____ treatment?
 Do _____ if the doctor _____ outside of _____ network?
 _____ I receive care _____ someone _____ my network, _____ responsible for _____ ?
 _____ be copayment charges with _____ .