

[Demo] NLP Dataset for Customer Service Automation

Company Type	Health Insurance Companies
Inquiry Category	Dental, vision, or ancillary service plan inclusions
Inquiry Sub-Category	Coverage for alternative medicine
Description	Questions regarding coverage for acupuncture, chiropractic care, or naturopathic treatments.
Data Size	5,007 paraphrases
Want to buy data?	Please contact nlp-data@gross.me via your business email address.

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

____ there ____ or limitations on ____ for ____ types ____ services, such ____ number ____ visits ____ year?

____ me if there are ____ limits ____ many times I ____ a ____.

Is there ____ limit ____ visits made annually?

____ want ____ know if there are any conditions regarding ____ the service or ____.

____ your ____ limited per year ____ services?

____ any limitations on ____ of visits or ____ of ____?

____ visits annually ____ like these ____ limits?

Let ____ know if there ____ limits ____ frequencies ____ visit ____.

Is ____ a limit to how ____ I can avail ____ a year?

____ how many ____ a year I ____ use this service?

The number of ____ a year ____ be ____ of ____.

Is ____ a limit ____ the ____ covered ____ for the ____?

____ limitations apply to ____ number ____?

Can there ____ like ____ yearly visit cap?

____ a cap on ____ year ____ that ____ for ____ services?

Does ____ to the ____ visits?

____ whether there are ____ conditions ____ to the coverage of ____ service ____ limit ____ visits.

There can be restrictions ____ the ____ type of service.

Can coverage plans ____ limits on ____ for ____ a year?

Do ____ have limitations ____?

Does ____ a limit to the ____ year?

There ____ restrictions ____ of visitors that ____ have ____ a service

I ____ to know if ____ are ____ conditions ____ to ____ or a limit on ____.

There could be ____ visits to this ____ of ____.

____ number of yearly service ____?

____ services have ____ as how ____ a year?

Should ____ be ____ on ____ like a ____ visit ____?

____ you tell me if ____ on ____ eligibility ____ visits within this ____?

Can coverage ____ visits ____ certain services within ____?

____ possible that ____ my visits per ____ these services?

____ may ____ restrictions ____ number ____ that ____ be covered annually for ____ services.

____ may ____ on coverage for ____ services, like ____ on ____.

Is it ____ that you might ____ visits ____ services?
 ____ services have ____ the number ____ visits a year.
 ____ that ____ be restrictions ____ the number of visits ____ year.
 ____ number ____ visits a year may ____ this ____ of ____.
 ____ how often one can get ____ services?
 Can ____ be ____ visits ____ certain ____?
 ____ any ____ on ____ visits that ____ my ability to get ____ coverage ____ these services?
 For ____ kind ____ service ____ may ____ restrictions on the ____.
 ____ we ____ any limits ____ of visits?
 There could ____ restrictions on ____ many ____ service ____.
 There ____ be ____ how ____ visitors you ____ a ____ service.
 A ____ year ____ limited on certain services.
 Is there ____ on coverage ____ to the ____?
 ____ limitations in ____ of yearly visits ____ my ____ for these services?
 Is ____ a ____ on ____ frequently one ____ get ____?
 ____ may ____ on the ____ visits ____ year for ____ kind of ____.
 ____ there are any conditions that ____ the ____ number of ____ visits.
 ____ there any ____ on ____ like ____ yearly ____ cap?
 I ____ like to know if ____ are ____ constraints ____ coverage eligibility ____ annual ____ scope.
 ____ might be restrictions on ____ number of visitors that you ____.
 ____ there exist ____ restrictions on ____ visits ____ year?
 ____ on ____ number of visits done annually?
 There may ____ restrictions ____ number ____ visits ____ can offer.
 There ____ be ____ number of ____ year for ____ kind of ____.
 ____ a ____ the ____ of visits?
 ____ restrictions on ____ for annual visits in ____ service?
 Is ____ any specific ____ regarding ____ number ____ visits?
 Do ____ limitations ____ covers like ____ amount ____ appointments ____?
 ____ a ____ number of ____ a ____ can ____ for such services?
 Tell ____ there are ____ on ____ number of ____ I ____ be ____ in a ____.
 Do there any ____ number ____?
 Can ____ restrictions or ____ visits ____ types of ____ within a ____?
 Is there a ____ on how ____ a ____ I can ____ of ____?
 ____ you ____ me ____ there are ____ on ____ eligibility for yearly ____?
 ____ you ____ visits ____ may ____ my ability to get ____ for these services?
 Is ____ any ____ on ____ number of visits ____ the ____?
 ____ there any ____ coverage for certain ____ maximum ____ of yearly ____?
 There may ____ the number of ____
 Do there ____ any limitations ____ visits?
 ____ may ____ on the ____ of visitors ____ are ____ particular service.
 Do ____ yearly visits ____ services ____ the ____ of me to ____ coverage?
 ____ limits ____ services like ____ count?
 Can there ____ a limit on the ____ of ____?
 Do you ____ on how many ____ can ____ in ____ year?
 Any curbs ____ accesses?
 ____ number ____ yearly ____ be restricted.
 There ____ on the number of ____ a ____
 ____ me ____ are ____ service frequencies ____ visit numbers.
 ____ constraints on how ____ one ____ services?
 ____ tell if ____ any ____ on coverage eligibility ____ annual ____?

____ you ____ yearly visits for these ____ that affect ____ of ____ proper ____?
 ____ want to ____ there are conditions relating to ____ coverage ____ service ____ a limit ____.
 I want ____ there are ____ the number of ____ visits ____ can ____ covered.
 Are there ____ on ____ number of ____ are accessed ____?
 Is there ____ maximum number ____ can be ____ in such ____?
 ____ if there ____ limits ____ like a ____ visit cap.
 I ____ if there ____ limits or restrictions ____ of visits.
 There ____ limits on coverage ____ on visits per ____.
 I ____ know if ____ are any ____ for the service or ____ is ____ visits.
 Tell ____ are limits on ____ times ____ in a year.
 Is ____ any ____ about coverage for certain ____ like the ____?
 ____ there be any ____ on the ____ visits ____?
 ____ services like this ____ of ____?
 Do ____ any limitations on the ____ of ____ that ____ for these ____?
 I ____ there are any ____ on the ____ visits.
 ____ there ____ guidelines for ____ certain services, ____ number of ____ visits?
 ____ would like ____ know if there are any ____ for ____ the ____ number ____.
 ____ want to know if ____ are ____ for the coverage ____ or a limit ____.
 ____ want ____ know ____ conditions ____ the coverage of the maximum number of ____.
 Say a ____ visit ____?
 ____ limit ____ the ____ of visits per year for these ____?
 ____ number of annual visits that ____ can cover ____?
 ____ may ____ some ____ on ____ visits ____ are covered annually.
 Is ____ on the ____ visits that can be ____ these ____?
 ____ the number of ____ that could be covered?
 Is ____ guidelines or conditions ____ coverage for ____ number ____ annual ____?
 ____ may ____ on the number of ____ have ____ particular service.
 The ____ of ____ is offered may be restricted.
 There ____ limitations ____ the ____ of visitors ____ you can have ____ particular ____.
 There ____ on ____ like ____ yearly visit cap.
 ____ there ____ on ____ service accesses?
 I want ____ know if ____ any conditions ____ the ____ number ____ yearly ____.
 Is there any ____ or ____ regarding ____ number of ____ services?
 Can ____ often one ____ avail of these services?
 Do you have ____ the amount of ____?
 ____ it ____ is ____ cap ____ visits per year?
 ____ like ____ know ____ any ____ on the coverage ____ the ____ or a limit on ____.
 I ____ know if ____ any conditions ____ the ____ or if ____ is ____ limit ____ visits.
 ____ there ____ limit ____ of ____ per year for ____ services?
 Is it ____ will ____ my visits per ____ these ____?
 Is there any specific ____ regarding ____ annual ____?
 ____ may ____ on the ____ of visitors ____ have ____ a particular ____
 ____ there a limit to ____ many times ____ service per ____?
 Tell ____ if there ____ any ____ many ____ get treated ____ a year.
 Can there be ____?
 ____ are some conditions related ____ coverage ____ maximum ____ of annual visits.
 Is ____ any limits ____ the ____ of ____?
 Can ____ plans ____ these ____ services within a year?
 ____ limitations when it comes to the number ____?
 ____ if there ____ any ____ coverage eligibility ____ annual ____ within this service ____?

_____ any limitations apply in _____ number _____?

Is there a _____ number of trips _____?

Is _____ a limit on _____ visitors per _____?

_____ are limits to service _____ visit numbers.

_____ a _____ that restricts _____ number of yearly _____?

_____ any _____ coverage for _____ services, _____ maximum number of Annual Visits?

I _____ know _____ there are any conditions pertaining _____ the _____ of the _____ or the _____.

The _____ for this type of service _____ restricted.

Any _____ frequently one _____ get _____ services?

I'm wondering if _____ are any _____ pertaining to _____ visits.

I want to _____ if _____ any _____ coverage of the service _____ the max _____ visits.

_____ there limits on _____ times someone _____ access these _____?

Is there _____ regarding _____ like maximum number _____ annual visits?

_____ to know if _____ are any restrictions _____ the _____ service _____ on the number _____.

_____ there _____ the _____ visits _____ be covered for these services?

_____ you _____ a _____ on how many visits you _____ year?

_____ you tell _____ if _____ any constraints _____ eligibility for _____ visits?

_____ know any limits _____ many times _____ get treated in _____?

_____ me _____ any _____ how many times _____ treated a year.

Is there _____ visits that _____ covered _____ these services?

_____ if _____ is _____ limits _____ how _____ I can be treated _____ year.

There might be restrictions _____ the _____ you can _____ particular _____.

How many _____ do _____ services have limits _____?

_____ services, _____ the number _____ a year, _____ have _____ coverage.

I want _____ are any _____ surrounding the _____ of _____ visits.

The number _____ visits _____ type of _____ be limited.

_____ it possible for _____ plans _____ set limits _____ for _____ of services within _____?

Do _____ limitations _____ yearly visits for _____ that affect _____ proper coverage?

_____ me if there _____ many times _____ can be _____ in a _____.

_____ they _____ limitations regarding _____?

_____ any _____ about coverage _____ certain _____ the maximum number _____ Visits?

_____ you _____ any _____ on _____ that affect the ability _____ coverage?

Are there _____ on the number _____ service _____?

I _____ like to _____ there _____ restrictions on _____ of the service _____ a _____ visits.

_____ some _____ service coverage per _____?

_____ limitations on coverage, _____ a yearly visit _____?

Are _____ limitations on coverage _____ it _____ the _____ of _____?

Is there _____ related to _____ visits or _____?

_____ may be limits _____ the _____ visitors _____ you can _____ for a _____.

_____ minimum number of yearly visits _____ certain _____?

_____ a limit or restriction _____ visits per year?

_____ any _____ on _____ for _____ services _____ affect my ability to receive _____ coverage?

I want to know _____ any _____ to _____ of the service _____ on _____.

_____ might be restrictions on _____ have for a _____.

Were there any _____ coverage eligibility _____ service scope?

_____ you know _____ there are _____ on coverage _____ for _____ visits _____ service _____?

There may _____ limits on the _____ can _____ a service.

Do there _____ limits _____ visits?

_____ impose _____ on yearly _____ that affect the _____ me to _____ coverage?

_____ be applied to _____ of _____?

Is there _____ on how _____ visits you'll _____ one _____?

Is _____ the number of _____ that can be _____ for _____?

_____ a _____ number _____ annual visits for _____ services?

_____ to _____ there are _____ conditions _____ the coverage of the _____ limit on visits.

_____ any limitation to _____ visits each year?

_____ there be restrictions _____ limitations _____ the _____ visits per _____ for _____?

_____ know _____ there _____ any restrictions on _____ number _____ visits.

_____ limit on number of _____ per _____ for _____ types of _____?

_____ want to know if _____ are any conditions _____ maximum _____ of _____.

_____ set number of visits that _____ be _____ for these _____?

_____ may be limits _____ restrictions _____ the number _____ visits _____.

I need _____ there _____ any _____ service or visit _____.

_____ restriction _____ like visit caps?

_____ restrictions _____ the number of _____ covered _____ these services?

Is _____ a restriction _____ of visits per _____?

_____ on how many visitors _____ can have _____ service.

_____ any coverage _____ annual visits within this service _____?

I would _____ know if _____ have _____ limits _____ the _____ visits.

_____ any restrictions _____ visits _____ my _____ to get proper coverage for _____ services?

Do any restrictions _____ the _____?

_____ may be _____ the number of visits _____ type _____.

_____ any _____ regarding coverage of _____ services, _____ of yearly visits?

Is there _____ on the _____ of _____ per _____ for _____?

Tell _____ if there are _____ on _____ I _____ doctor in a _____.

_____ there any _____ on _____ the ability to get proper coverage?

_____ might _____ on _____ number _____ covered _____ for these services.

_____ it _____ for visits to _____ per year _____ certain _____?

_____ visit _____ or coverage _____?

_____ limit _____ many times I can get _____ in _____ year?

Is there _____ limit _____ number _____ year?

I _____ to know _____ there are any _____ maximum _____ of annual _____.

Constraints on _____ visit _____?

Is _____ any _____ on _____ yearly visit cap?

_____ on _____ visit caps?

Are there _____ yearly visits _____ affect my ability to _____ proper _____ services?

_____ would like _____ conditions for _____ or _____ limit on visits.

_____ of _____ may be restrictions _____ this type _____ service.

Is _____ possible _____ will be _____ for these services?

_____ there any _____ for the maximum _____ of _____ visits for _____?

Tell _____ there _____ a limit _____ visit numbers.

_____ there _____ limits _____ like _____ cap on visits?

_____ limit _____ amount of _____ can _____ for a particular service?

_____ there any _____ about _____ maximum number _____ yearly visits _____?

I _____ to _____ if _____ are conditions _____ maximum number _____ annual visits.

Will _____ the _____ of visits made _____ under _____?

When _____ the number _____ visits per year, _____ be _____ limitations or _____?

_____ the _____ limitations pertaining to _____?

There _____ be restrictions _____ visitors _____ can _____ a service.

Is there a specific _____ visits that can be _____?

_____ there _____ specific _____ regarding the number _____ and the _____ services?

I _____ whether there _____ any conditions for _____ of _____ visits.
 _____ me _____ there are _____ on how many times _____ I _____ get _____.
 _____ be _____ the number _____ or service types?
 Is _____ cap on _____ like a _____ cap?
 _____ be restrictions on _____ of visits _____ for _____ types of _____?
 _____ guidelines _____ maximum _____ of _____ visits for certain services?
 I _____ to _____ there _____ relating to _____ number of visits.
 _____ there _____ or _____ number of annual visits _____ certain services?
 Are _____ guidelines _____ for _____ services, _____ the _____ number _____ yearly visits?
 _____ any limitations apply _____ to _____ number of _____?
 _____ you have limitations _____ yearly _____ that _____ the ability _____ proper _____?
 Do you have _____ these _____ that _____ the ability _____ to receive proper coverage?
 _____ there be _____ to _____ of _____?
 _____ you _____ there _____ restrictions _____ coverage _____ for annual visits?
 _____ you _____ limits _____ how _____ times I _____ get _____ a year?
 Are there any guidelines _____ coverage _____ services, _____ as _____ maximum _____ yearly visits?
 _____ rules restrict _____ yearly _____ access?
 _____ on _____ visitors you can have for _____ particular service?
 Are there _____ limitations _____ that might affect _____ get proper coverage _____ services?
 _____ to know _____ are any conditions regarding _____ number _____ annual _____.
 _____ be _____ coverage for certain _____ like the number _____ year.
 _____ restrictions on _____ of visits?
 _____ plans _____ limits on _____ for these _____?
 _____ limit on visits _____ year?
 Some _____ number _____ visits _____ year may _____ be covered.
 _____ there _____ cap on the _____ of visits _____?
 _____ there any _____ regarding _____ number of annual _____?
 Is there _____ limit _____ how _____ avail _____ this type of _____?
 _____ of visits _____ be _____ this kind _____ service.
 Are there _____ on _____ visits that _____ affect my _____ proper _____ for _____ services?
 Do _____ apply for the number _____?
 _____ know if there _____ restrictions _____ amount of _____ you can _____?
 _____ there any limitation _____ coverage _____ the number _____ visits _____?
 Is _____ on _____ of times a _____ can access _____ services _____?
 I _____ to _____ any limitations to _____ visit numbers.
 Do you _____ visits _____ services _____ the ability _____ me _____ proper coverage?
 I want _____ are conditions _____ of the service or a _____.
 I _____ to _____ there _____ any _____ coverage of the service or _____ on visits.
 _____ include annual visit count?
 _____ plan _____ capping my visits _____ year for _____?
 When it comes to _____ number _____ visits, _____ there _____?
 _____ services have _____ limitations about the _____ of _____?
 Is there _____ on coverage relating _____ or _____?
 Is _____ on the _____ accessed each year?
 _____ limitation apply to _____ of _____?
 _____ be _____ rules _____ the number of _____ visits?
 _____ a _____ to _____ times I _____ use the _____ each year?
 _____ restrictions _____ the number of _____?
 _____ limits _____ the number of _____?
 _____ there limits on _____ like _____ count?

Do there ____ limitations ____ visits?

Is there ____ of ____ that ____ be covered annually?

____ coverage relating to the ____ of visits?

Are ____ any ____ coverage for certain services, ____ as ____ number of ____?

____ there a ____ on the ____ of ____ services ____ accessed?

Are there ____ guidelines for ____ certain services, ____ number ____ yearly ____?

____ am wondering if ____ any conditions ____ the ____ number of ____.

I ____ to ____ if there are conditions for the ____ of ____.

____ there ____ the number ____ times ____ can ____ these services?

Can you tell me ____ caps on ____?

I want ____ know ____ there ____ conditions ____ coverage of ____ service or a ____ visits.

____ there ____ on the ____ visits?

The number ____ may be restricted ____ sort ____.

____ may be ____ coverage ____ services, like ____ number ____ a year

Is ____ a limit ____ number of ____ per ____ for these ____?

There could be restrictions ____ number of visits ____.

Is ____ number ____ visits ____ yearly ____?

Is ____ guidelines ____ for the maximum ____ yearly ____ in certain ____?

Tell ____ if ____ are ____ times I ____ go ____ treated in ____ year.

Is ____ any ____ coverage eligibility ____ yearly ____?

____ be restrictions on the ____ of visitors that ____ have, ____.

Tell ____ if there ____ limits ____ how many times ____ in a ____.

____ would ____ to ____ are any conditions related ____ the number of ____.

Certain ____ the number ____ visits a ____ may have ____.

____ would ____ there are ____ on visits per year.

Services ____ annual ____ limits on coverage.

____ me if ____ are any limitations ____ service ____ numbers.

____ a ____ on ____ number of ____ that are covered ____ for ____?

I want to know ____ there are ____ the coverage ____ the service ____ a maximum ____.

Is ____ related to the number ____?

I need ____ are limitations ____ service or visit ____.

I want ____ know ____ are ____ on ____ number ____ visits.

____ there ____ limits on the number of ____ year for ____?

____ there limitations ____ number of ____ covered ____?

____ there ____ on coverage eligibility for ____ within ____ service ____?

____ guidelines relating to coverage for certain services, ____ maximum ____ of ____?

____ it ____ limit coverage ____ these services, ____ on ____ per year?

____ it possible that there ____ for ____ visits within this ____ scope?

____ limitations on coverage ____ visits?

____ services ____ restrictions per year.

____ there a ____ on the number of ____ can ____?

Will there ____ a ____ on ____ of ____ year?

____ you ____ restrictions ____ visits for ____ that affect the ____ to get proper ____?

Do ____ have any ____ yearly ____ might affect my ability ____ coverage for ____ services?

I would ____ to ____ are any ____ surrounding the coverage ____ the ____ or a ____.

Is ____ a ____ the ____ visits that need to ____ covered?

Does anyone ____ there ____ on visits for ____?

____ want ____ know ____ there are any conditions ____ the ____ of the ____ on visits.

____ there ____ visit ____ or restrictions ____ coverage.

There could be ____ on the number ____ you ____ for a ____.

I _____ know _____ there are _____ conditions _____ the number of _____.
 _____ the services have _____ of number of ____?
 _____ there _____ guidelines or _____ coverage _____ services, like the maximum _____ of _____?
 Can _____ caps on _____ such ____?
 _____ would _____ know if there are any _____ the _____ number of _____.
 _____ there _____ limit _____ how _____ visitors _____ can _____ for a ____?
 _____ restrictions _____ number of visits _____ each year.
 There _____ be limits on _____ number _____ a _____ service is _____.
 _____ there any limits on _____ a yearly _____?
 _____ constraints on coverage _____ for _____ this service scope?
 Does there _____ limit on _____ of _____ year?
 I would like _____ if _____ conditions associated _____ maximum _____ annual visits.
 _____ limit services like _____ visit ____?
 Can _____ limits on visits _____ these services _____ a ____?
 Is there any _____ on _____ yearly _____ cap?
 _____ tell me _____ any _____ to service _____ visit numbers.
 _____ a cap _____ the number _____ per _____ for _____ services?
 _____ you _____ a limit on how _____ you will _____ a ____?
 _____ there _____ the _____ visits or service types?
 I _____ like _____ know if _____ conditions _____ a limit on visits.
 Is _____ a maximum number _____ annual _____ that _____ coverage?
 _____ guidelines _____ conditions _____ of certain _____ like _____ maximum number _____ yearly visits.
 Is _____ a limit _____ how many _____ I _____ of _____ year?
 _____ on services like an _____?
 Is _____ limit to _____ services _____?
 Do _____ limitations on yearly _____ that _____ the _____ to receive _____?
 _____ are the _____ the number of _____ the _____ services?
 _____ the coverage limited on _____ count?
 Inform _____ if there are any _____ how _____ times I _____ a _____.
 Do you _____ limits on how many _____ can _____ year?
 _____ be _____ on _____ of visits
 _____ if there _____ any conditions _____ coverage of the service or the _____ yearly.
 I'd like to know _____ for the maximum _____ visits.
 Is it _____ plans to _____ visits _____ certain services _____ year?
 I _____ know _____ are _____ on the _____ or if there _____ a _____ on _____ number _____ visits.
 Is there a limit _____ number _____ times _____ use _____ service _____?
 _____ you impose _____ limits _____ yearly _____ for _____ the ability to get proper ____?
 _____ there _____ on _____ may _____ my ability _____ proper coverage _____ these services?
 Are there _____ specific _____ about _____ of yearly ____?
 Is _____ any _____ or _____ about the maximum _____ of _____ visits _____?
 _____ a limit _____ coverage _____ to _____ number of ____?
 Are _____ on _____ for annual _____ in this _____ scope?
 _____ there _____ on the _____ of _____ per year in _____?
 _____ a _____ of annual visits _____ needs _____ be _____ for such ____?
 _____ a _____ on the _____ visits made annually?
 _____ limits on coverage _____ for _____ visits?
 Are _____ on _____ number of _____ you can have _____ particular ____?
 Is there any _____ limitations _____ of _____ per year?
 _____ any specific _____ that apply _____ certain _____ of annual ____?
 _____ want _____ know if there _____ restrictions on _____ visits _____ can be _____.

Is there _____ coverage _____ annual visits within this _____?

_____ there _____ number of _____ visits _____ can be _____ in _____ coverage?

_____ there any _____ on coverage _____ for _____ visits _____ scope?

There could _____ limits _____ the number of _____ for _____ of _____.

Tell _____ are _____ the number of _____ can _____ treated a year.

Is there _____ on _____ number _____ visits that are covered _____?

Tell _____ there _____ any _____ to visiting or _____.

_____ the _____ limitations on the number _____?

Is _____ any restrictions on _____ for _____ visits _____ this _____?

_____ many _____ a year can services _____ these _____?

Do _____ services have _____ the number _____ visits?

Can _____ be curbs _____ service _____?

Are there any _____ about _____ of _____?

_____ there a _____ on the number _____ done _____ these _____?

_____ visits to certain services within _____ year?

Is there _____ coverage for _____ as _____ maximum number of yearly _____?

_____ may be _____ regarding _____ number of _____ that _____ covered _____ services.

Is there _____ on the _____ annually for _____ service?

I want to _____ are any conditions _____ the _____ service _____ limit on _____.

There _____ restrictions _____ number of visits that _____ covered _____ services.

Do _____ whether _____ limitations to _____ frequency _____ visit numbers?

_____ there any _____ on _____ number of visits _____ service _____?

Is there _____ on how often _____ of these _____?

Can _____ plans restrict _____ visits _____ these _____ a year?

Let _____ know _____ are restrictions _____ service or _____.

_____ there _____ a limit _____ the _____ made annually under this _____?

_____ on the number _____ visits that _____ have every year?

_____ think _____ are _____ limitations _____ the number of _____?

I _____ if there are any _____ on the coverage _____ service _____ a _____.

Do they _____ any _____ the _____ visits?

There _____ be _____ the _____ visitors _____ you _____ for a service.

Is there a _____ to how many _____ I _____ year?

_____ maximum number _____ that are _____ to the coverage of such _____?

_____ on _____ visits per year exist?

Limits _____ coverage _____ be similar to a cap _____ per _____.

_____ if _____ is any _____ the _____ times I can _____ treated in a _____.

_____ there _____ any limits on _____ many times I _____ in a _____.

The number _____ visits _____ year _____ limited on _____.

I want to _____ if _____ conditions _____ to _____ the service _____ a maximum number _____ yearly.

_____ to restrict my _____ per _____ these services?

_____ be restrictions _____ of visits _____ service can offer.

Is _____ any limits on yearly visits _____ to _____ proper coverage _____ services?

There may _____ on _____ number _____ visits _____ covered for these _____.

_____ could be restrictions on _____ number of _____ you _____ service

_____ limits _____ service access?

Are there restrictions on _____ of _____ for _____ service?

_____ want to know _____ any _____ coverage of the _____ or a _____ on visiting.

There _____ restrictions on _____ number of _____ you have _____ service.

Is _____ applied to _____ visits?

_____ limit _____ the number of _____ visits for certain _____?

Is there _____ on _____ visits or services?
 _____ this type _____ there may be _____ the _____ visits.
 _____ would like _____ know if there are any _____ coverage _____ service or a _____ yearly _____.
 _____ there any _____ the number _____ that can _____ covered?

Is there _____ visits per _____?

Is _____ eligibility _____ for _____ within this _____ scope?
 _____ limits on the number of _____ the service.
 _____ have _____ limits on the _____ yearly visits _____ I can _____ for _____?

Is _____ on how many _____ you'll _____ a year?

I _____ to know _____ is _____ number of visits.
 _____ you tell _____ if there _____ restrictions _____ visitors you _____ have?

Are _____ limitations on _____ of visits _____ you can _____?
 _____ may _____ on _____ number of _____ these services can _____ accessed _____.

I _____ know _____ you will _____ visits per year for _____.

Is there _____ visit cap _____ restrictions on _____?

Do _____ put _____ on covers _____ of _____ per year?
 _____ a cap on _____ of _____ you will cover _____ year?
 _____ there any _____ related _____ number of visits?

Is _____ any limitations _____ restrictions _____ number of _____?

Is there a _____ of annual _____ that could _____?
 _____ limits on the amount _____ visits or services?

Do I _____ set _____ on how many _____ I _____ avail _____ of this _____?

Are there _____ limitations _____ number of visits _____?

I _____ know whether there are _____ to _____ or _____.

I want to know _____ there _____ to _____ visit _____.
 _____ any _____ apply _____ a _____ of annual visits?

Do there any _____ in _____ number _____ visits?

Is _____ any _____ of coverage _____ certain _____ the _____ yearly visits?

Can _____ any limits _____ number _____ visits _____ can be covered?
 _____ you have any _____ yearly visits for _____ services _____ affect the ability _____?

Do _____ have a limit _____ how _____ avail myself of _____ service a year?

Is _____ any limits on the _____ visits _____ affect my _____ to _____ proper _____ these _____?
 _____ have any limitations _____ how _____ I _____ receive these _____?

Can _____ have _____ limit _____ the _____ of visits?

When it comes _____ the _____ year, do I have _____ any _____?
 _____ be caps _____ number of visits _____ services.

Do _____ have any _____ on _____ visits _____ services that _____ coverage?
 _____ there _____ on _____ number of _____ certain services?
 _____ these _____ in _____ of number of visits?
 _____ limit on _____ number of visits each _____ for _____?
 _____ there constraints on coverage _____ for _____ within this _____?

Do you _____ yearly _____ for these services that affect _____ ability of _____?

I _____ to know if there are _____ of the _____ or _____ number of _____

There _____ some restrictions on _____ of visits _____.

There may be restrictions _____ the number _____ a _____ service
 _____ if there are any limits _____ numbers.

Are there any _____ amount of _____ that _____ be _____?

There _____ the number of _____ be _____ annually _____ certain services.
 _____ there _____ a _____ annual _____ that are covered?

I want to know if _____ are _____ conditions _____ to _____ coverage of _____ limit _____.

The ____ of visits ____ year, ____ restrictions ____ the ____ these services?
 Are there guidelines ____ coverage ____ certain ____ the maximum ____ visits?
 ____ it ____ to ____ visit restrictions ____ services?
 ____ on the amount ____ visitors you ____ for ____ particular service.
 Is ____ on the number of ____ I ____ receive this ____ of ____?
 ____ any guidelines or ____ certain ____ maximum number of yearly visits?
 There can ____ limits ____ like ____ yearly visit ____.
 ____ be limits ____ coverage, ____ a yearly ____ cap.
 Can ____ be ____ like ____ cap on visits?
 I ____ know whether ____ are ____ to ____ visit numbers.
 ____ there ____ limits ____ the number ____ visits ____ year for ____?
 When ____ to the number ____ per ____ are ____ any ____?
 There ____ guidelines ____ to coverage ____ services, like ____ maximum number ____ annual ____.
 There ____ that apply to ____ certain ____ of annual ____?
 ____ it ____ limit my visits per ____ these ____?
 There ____ be constraints on the ____ of ____.
 ____ be rules against ____ number ____ yearly service ____.
 Is ____ any ____ coverage of certain ____ the ____ number of ____?
 Do you ____ limits ____ yearly visits ____ the ____ of me ____ receive ____ coverage?
 ____ can ____ restrictions on the ____ type of service.
 Do ____ have any ____ times someone can visit ____ for coverage benefits?
 ____ coverage ____ visit caps?
 ____ there ____ on coverage for certain services, ____ the ____ number ____?
 Is coverage ____ like ____ cap?
 Are there ____ the amount ____ visitors that ____ had ____ service?
 Does ____ limit ____ visits per ____?
 ____ there any limits ____ the number ____ year?
 ____ might be ____ on ____ like ____ yearly visit ____.
 Is there ____ restrictions on ____ can have for ____ service?
 Is there ____ limits ____ coverage ____ a ____ cap?
 Do you plan ____ visits ____ these services?
 ____ want to ____ if ____ for the maximum ____ of ____ visits.
 ____ like to know ____ there ____ conditions ____ the ____ annual visits.
 I ____ if ____ are ____ conditions related to ____ coverage ____ the ____ or ____ max number ____ yearly
 ____ any restrictions on ____ related ____ the ____ of ____?
 ____ you going to ____ number of ____ visit for ____?
 ____ me if ____ limits on how ____ times I ____ treated ____ year.
 ____ any ____ on how much visitors ____ have for ____ service?
 Is ____ limitation on yearly ____ for these services ____ affect ____ proper ____?
 ____ there any ____ in ____ of ____ visits that affect my ____ to ____ for these ____?
 ____ a ____ on ____ of visits made each year?
 ____ number ____ covered each ____ limited?
 I want to know ____ a limit ____ a ____ the service.
 Do ____ on yearly ____ for these services that ____ the ability of ____ coverage?
 ____ there a ____ to ____ year?
 Are there ____ limits ____ yearly visits ____ ability ____ receive proper ____ for ____ services?
 ____ there ____ limitations ____ visits or services?
 Is ____ any limit ____ number ____ visits covered ____?
 Do any ____ apply ____ regards to ____ number ____ visits ____?
 There ____ on the number ____ visits for ____ of _____.

I want to ____ if there are any conditions ____ to ____ of annual _____.
 ____ there ____ on the number ____ visits ____ such ____?
 Is there any ____ amount of ____ you can have ____?
 Is there a limit ____ many times ____ can ____ service ____?
 ____ any restrictions on the number ____ visits ____ can ____?
 ____ you restrict yearly visits for certain services ____ of ____ to ____?
 ____ limitations on ____ visits that ____ affect my ____ to ____ proper ____ for ____ services?
 ____ want to know if ____ restrictions on ____ service ____ there is ____ limit on ____.
 There may be restrictions ____ visitors you ____ have ____ a ____.
 ____ there ____ any constraints ____ coverage eligibility ____ annual visits.
 Is ____ limits on ____ annual ____ count?
 Is there ____ limitations ____ yearly ____ that may affect my ____ coverage ____ these ____?
 ____ the ____ about ____ number of visits?
 ____ want ____ know if there ____ on ____ number ____ visits ____ the coverage ____ the service.
 ____ be ____ on the number ____ a ____ for ____ type of ____.
 ____ there a rule ____ number of ____ other services?
 Can ____ if limits ____ the number of ____ affect ____ coverage?
 ____ want to ____ there is ____ conditions pertaining ____ the maximum ____ visits.
 There is ____ the ____ of ____ covered ____ for certain ____.
 ____ may be ____ number of visits the ____ provide.
 Is ____ any restrictions ____ limits on ____ of ____ year?
 ____ there constraints on ____ for annual visits ____ service ____?
 Is there a maximum ____ of ____ visits ____ can be ____?
 Do ____ on ____ my visits ____ for the ____?
 Is ____ a limit to ____ one can ____?
 ____ want to ____ if ____ a ____ on visits ____ the coverage of ____ service ____ limited.
 ____ be restrictions on ____ number ____ you can ____ for certain ____.
 ____ on yearly ____ for these ____ that affect the coverage ____ receive?
 ____ on how many times a ____ access these ____?
 ____ coverage ____ visit caps?
 ____ wondering if ____ any conditions ____ to ____ maximum ____ annual visits.
 ____ want to ____ if ____ conditions regarding the ____ of ____.
 Is there ____ limitations ____ terms ____ that ____ my ____ to receive proper coverage for ____?
 Is the ____ yearly ____ access ____?
 ____ many visits each ____ like ____ have limits?
 ____ services ____ have limited ____ number of visits.
 Can the ____ plans restrict the ____ services within ____?
 ____ you ____ yearly visits ____ may affect ____ ability to receive proper coverage ____ these ____?
 ____ don't know if there ____ any ____ on ____ number ____.
 ____ many ____ annually can ____ like ____?
 Is ____ for coverage ____ like ____ number of annual visits?
 Is there ____ annual ____ visits ____ services?
 Are ____ rules ____ to the ____ annual visits?
 ____ know if ____ are conditions regarding ____ maximum ____ annual visits.
 I ____ to ____ if there ____ any conditions ____ limit ____ of ____.
 I want ____ if there are any conditions ____ the ____ the ____ or ____ visits.
 I'm wondering if ____ coverage eligibility for annual ____.
 Is there ____ these ____ in ____ of visits?
 Are there ____ coverage ____ for ____ visits ____ this ____ scope?
 ____ there ____ times ____ can get ____ of service each year?

Is there _____ regarding a _____ number _____ annual _____?

_____ maximum _____ annual visits _____ is included in _____ for such _____?

Is there any _____ per _____?

Are _____ any limitations _____ of yearly visits _____ might affect my _____ coverage _____ services?

Is _____ any _____ coverage for _____ or _____ types?

_____ want to know _____ a limit _____ the _____ of yearly _____.

_____ services like annual visit count?

_____ any guidelines regarding coverage for certain _____ the maximum _____ of _____?

Some _____ may _____ limited _____ like the _____ of _____ per _____.

_____ limiting _____ number _____ visits _____?

I _____ know _____ there _____ any conditions _____ with the _____ of _____ service _____ a _____ on visits.

_____ there _____ on the _____ visits for certain _____?

_____ you _____ limits _____ of _____ visits that will affect _____ coverage?

_____ there _____ constraints _____ how _____ one can get such _____?

_____ have _____ limit _____ number of visits per _____?

_____ there _____ guidelines _____ conditions for coverage _____ the maximum _____ of _____ visits?

_____ yearly visits that will affect _____ to _____ proper coverage _____ these services?

The number _____ visits _____ of service _____ be _____.

Is _____ specific _____ the _____ of annual visits _____ can be _____?

How many times _____ can _____ such _____ have _____?

Can you _____ there are constraints _____ annual visits _____ service scope?

There _____ be _____ number _____ the service is offered.

_____ on _____ like _____ visit count.

I _____ like _____ know if _____ any _____ pertaining _____ the coverage of _____ service _____ a limit _____.

_____ there _____ limitations on _____ related to _____ number of _____ or _____?

_____ it _____ to _____ number of _____ per _____ I have to _____ restrictions?

_____ there any _____ the _____ number _____ Visits _____ certain services?

_____ any _____ rules _____ to the number _____ annual _____?

Is _____ a limit on the _____ that _____ each _____?

Are _____ any limits _____ coverage _____ within _____ service scope?

_____ rules restrict the number _____ service _____?

_____ intend _____ my _____ year for these services?

Can _____ caps on visits _____?

Let me _____ if _____ to service or _____ number.

_____ be limited coverage on certain _____ example the _____ year.

_____ a rule _____ the number _____ yearly service _____?

_____ any guidelines for coverage _____ certain _____ like _____ number _____ yearly _____?

Can there be _____ the _____ visits _____?

Does _____ any _____ number _____ visits?

_____ any _____ in terms of _____ of _____?

_____ any limitations _____ number _____ visits?

There _____ be limited _____ for certain _____ of visits.

Is there _____ limitation _____ the _____ that _____ be covered?

_____ there _____ limit _____ number of _____ that I _____ have _____ year?

Is there any _____ on how _____ services?

Are _____ any _____ or _____ coverage _____ services like the _____ of _____ visits?

_____ are _____ conditions _____ coverage _____ certain services like the _____ number _____ visits.

_____ there _____ visits that might affect _____ to get _____ for these services?

Will _____ limitations _____ the number _____ visits or _____ types?

_____ you impose any _____ affect _____ ability to receive _____ coverage for these services?

Can there be _____ visits _____?

_____ there a _____ of _____ visits that should _____ covered _____ the _____?

Will _____ be _____ limit _____ of visits _____ this service?

_____ there _____ any restrictions on _____ number _____ per _____?

_____ any _____ yearly visits _____ could affect _____ ability to _____ for these services?

Is there _____ on _____ visits that can be _____ per _____?

_____ your _____ have _____ times someone can visit _____ a year?

_____ guidelines or conditions for coverage of _____ like _____ annual visits?

_____ to _____ there _____ a _____ on the number of _____ or if the coverage _____.

Does anyone _____ if there _____ limit _____ number _____?

_____ a _____ limit _____ how _____ I can avail myself of this _____ of _____ each _____?

_____ there any restrictions on _____ visitors when _____ these services?

Is there _____ on _____ of _____ one _____ access _____ services?

Does _____ yearly visits _____ receive proper coverage for _____ services?

_____ restrictions on the _____ of _____ that you can _____ for a _____?

Is there _____ about _____ number of annual _____?

_____ may _____ the amount of _____ have for a _____ service.

Do you _____ on yearly _____ for _____ affect the _____ get coverage?

Limitations like _____ caps _____?

_____ limitations _____ regards to _____ number of visits?

_____ may _____ on _____ number _____ visits _____ this type of service.

_____ restrictions _____ coverage like visit _____?

_____ can _____ on coverage, _____ yearly visit cap.

_____ of visits a year _____

_____ a limit _____ how many _____ can receive _____ of service?

Can _____ tell _____ limits are on _____ number of _____ that _____ affect _____ coverage?

Do _____ any _____ times I will _____ treated _____ a year?

_____ any limitations on _____ visits _____ that affect the _____ of me _____ receive proper _____?

_____ be _____ on the _____ of visitors that _____ for a _____ service.

Is _____ to _____ many _____ can _____ this type of _____ every year?

_____ there _____ about _____ certain services, like the maximum _____ of yearly _____?

_____ any limitations _____ the number _____ every year?

_____ have _____ limit _____ the number of visits _____?

Is _____ limit on the _____ services _____ a _____?

_____ it possible _____ maximum _____ of _____ visits _____ certain services?

Is _____ a _____ the _____ of visits that _____ for these _____?

_____ many _____ can _____ service _____ this have limits?

_____ need to _____ if there _____ conditions _____ the maximum _____ of _____.

Does _____ policy _____ on _____ many _____ someone is _____ to visit _____ a _____?

_____ like _____ know _____ are any conditions relating _____ number of annual _____.

I would _____ to _____ there are _____ to the _____ of _____ service or _____ visits.

Can you clarify if there _____ coverage for _____ visits _____ this _____?

I want _____ if _____ limitations to _____ or _____ number.

Let me know if _____ to _____ or _____.

There might be _____ on _____ a year

Can _____ be limits on the _____ can access _____?

_____ there a _____ to the _____ per year?

_____ there a limit _____ how _____ can _____ myself _____ this type of service each _____?

_____ to _____ if _____ are any _____ regarding the coverage _____ or a _____ on visits.

_____ be _____ the number of annual _____ for certain _____?

_____ there limits on _____ a _____ visits _____ year?

_____ coverage plans _____ the number _____ visits _____ these services within _____ ?

_____ may _____ coverage, _____ number of visits a _____.

_____ there _____ limits _____ number of _____ each year?

I would like _____ know _____ there _____ any _____ to _____ maximum _____ annual _____.

Is _____ possible _____ caps on the _____ of _____ per _____ ?

_____ there any _____ or _____ relating _____ certain _____ like the _____ of yearly visits?

_____ number of visits _____ year _____ limited _____ certain _____.

_____ there any limits on coverage _____ number _____ visits _____ ?

Can _____ be _____ on the _____ visits _____ the _____ service?

Is there _____ limitations _____ the _____ of _____ ?

Are there _____ the _____ of visitors _____ can have for _____ ?

_____ if _____ limits on service or visit _____.

Do the _____ in _____ number _____ visits?

_____ me know _____ how many times I can get treated in _____.

_____ you mean a _____ on _____ year _____ these _____ ?

I want _____ know if _____ any conditions _____ the coverage _____ the service _____ max _____ of _____.

_____ there a limit on _____ times _____ can be _____ yearly?

Limits _____ like _____ visit count?

_____ number _____ visits a year can _____ limited _____ the _____ services.

There may _____ restrictions _____ guidelines _____ the _____ of _____ are covered _____.

_____ it _____ coverage plans to _____ limits _____ visits for _____ in _____ year?

_____ any _____ on _____ can avail of such services?

_____ possible _____ services to have caps _____ visits per _____ ?

There may _____ of _____ services _____ the number _____ visits.

_____ there be any _____ on how _____ avail of _____ ?

I _____ like to _____ if there are _____ conditions to _____ service or _____ visits.

There may be _____ on the _____ have for a _____.

Is there _____ number of annual visits _____ ?

_____ there any limitations _____ number _____ or services?

_____ you have any limits _____ yearly _____ that may _____ my ability _____ for _____ services?

_____ have any _____ in terms of _____ ?

Is there _____ yearly _____ other _____ ?

_____ there a _____ to _____ many times I _____ type _____ service _____ ?

Is there _____ restriction on _____ ?

_____ limits _____ to the _____ of _____ ?

Are _____ any _____ on yearly visits _____ may _____ ability _____ get _____ these services?

_____ know _____ there _____ any _____ that restrict the number of _____.

Is there _____ limit _____ restriction _____ the number of _____ services?

_____ to know if there are conditions _____ maximum _____ annual visits.

_____ apply _____ the number _____ visits?

Tell _____ if _____ are on how _____ can _____ in a year.

_____ to _____ if there are _____ conditions for _____ coverage of _____ number _____ visits.

I want _____ know if _____ conditions _____ a max _____ of yearly _____.

Is _____ on _____ number of _____ ?

_____ you impose limits on _____ visits for _____ services _____ ability _____ proper _____ ?

Is _____ the _____ of _____ you can have _____ a service?

Tell _____ there are limitations _____ service _____ visit _____.

Is it possible _____ visits for these types _____ in a _____ ?

Do you have _____ how _____ I'll be _____ in a _____ ?

Is there ____ on ____ like ____ visits?

Do you ____ any limits ____ many times I ____ in ____?

Is ____ any ____ the ____ visits?

Do you impose ____ on ____ visits ____?

Can there be ____ the ____ services are accessed?

Are ____ coverage, like a ____ visits?

There ____ be limited ____ the number of visits.

Is ____ have restrictions on coverage, ____ yearly visit ____?

____ you put ____ like ____ of appointments each year?

Some ____ have limited coverage ____ visits.

I ____ know ____ apply ____ number of visits.

How ____ times per year ____ these have ____?

The ____ visits a year may ____ the ____

Are there any ____ the number of ____?

Is ____ cap ____ for ____ services?

____ a ____ on the number of ____ visits?

Do ____ any restrictions on ____ visits ____ these ____ that ____ the ability to ____?

____ you tell me ____ are ____ on ____ per ____?

____ to ____ conditions for the ____ of ____ service or ____ limit on visits.

____ there ____ on ____ yearly service access?

Some ____ have limited coverage, ____ a year.

____ might be ____ number of visits a ____ for ____.

Is ____ a ____ these services ____ a year?

Do ____ visits for ____ services ____ ability ____ receive proper coverage?

Is there ____ limit ____ the ____ of annual visits ____?

I ____ are any ____ coverage ____ a limit on visits.

Will ____ be a cap ____ many ____ will cover ____ a ____?

Are ____ eligibility for ____ visits ____ this service scope?

Are ____ any limitations on yearly ____ affect ____ these services?

Is there a ____ number ____ annual ____ a condition for ____?

____ restrictions ____ how ____ visits ____ year ____ service is offered.

____ there a limit ____ on the ____ visits?

____ it comes to ____ of ____ per year, ____ there be ____?

When ____ comes to the number of visits ____ consider ____?

____ that limits on ____ visits may affect my ability ____ coverage for ____?

____ limit apply to ____ of visits ____ year?

There ____ on the ____ of times a person ____ services.

I ____ to ____ there are ____ regarding the ____ of the service ____ limit ____ visits.

There ____ be ____ on the number ____ visits the ____.

Are ____ on ____ visit caps?

____ any guidelines ____ coverage of ____ services ____ the ____ number of ____?

Are ____ limits or restrictions on ____ number of visits ____?

____ restrictions on ____ like visit ____.

____ there limitations ____ number ____ covered annually?

I want ____ know ____ there are ____ limits ____ the number of times ____ person ____.

____ the ____ limited ____ visit ____ year?

Tell ____ if ____ any ____ on ____ times ____ can be ____ in one ____.

Is ____ restriction on ____ visits per ____ these types of ____?

Some services, like the ____ visits, ____ coverage.

____ a cap on the ____ you can visit ____?

_____ there _____ number _____ annual _____ related to coverage for such _____?
 Is _____ amount _____ visitors _____ you can _____ for a service?
 _____ want to _____ if _____ are _____ relating to _____ number of annual _____ services.
 _____ don't _____ if _____ on visits _____ such services.
 _____ there are any limits _____ visits per year?
 _____ there be limitations _____ amount of coverage _____ service _____?
 I don't _____ there are _____ limitations on _____ of _____.
 Can _____ be _____ on _____ number _____ visits?
 Does anyone know if there are _____?
 There could _____ on _____ visits a year _____ service.
 Do _____ yearly _____ for these _____ affect my ability to receive _____?
 _____ can a service like _____ have limits?
 _____ have any limits on _____ of _____ visits _____ can receive?
 _____ there _____ to the _____ visits _____ year?
 I need _____ know if there _____ any limits on how many _____ year.
 The number of _____ a _____ be a _____ certain _____.
 _____ constraints on coverage eligibility for annual visits _____ service scope?
 _____ there any constraints _____ coverage _____ for _____ visits _____ service?
 _____ there _____ to _____ often _____ avail of such services?
 Is there any _____ certain _____ such _____ the maximum _____ of _____ visits?
 Do _____ limitations _____ number of _____?
 _____ possible _____ coverage plans _____ limits on _____ for certain _____ within _____ year?
 _____ any _____ on coverage _____ visits or _____ types?
 Is there _____ limit _____ visits?
 _____ clarify _____ there are _____ on _____ for _____ visits?
 _____ there _____ limits _____ to _____ of services within a _____?
 Is _____ possible for coverage plans _____ set _____ these _____ in a _____?
 _____ coverage plans _____ the number _____ visits _____ year?
 Can there be limits on _____ of _____ a year?
 _____ such as _____ number _____ visits a year, may _____.
 Are _____ limiting the _____ of _____ make for _____?
 _____ a _____ to the number _____ visits _____ annum?
 Some services, like _____ number _____ have _____ coverage.
 There may be _____ on _____ number _____ service has.
 Can _____ set limits _____ visits for _____ year?
 _____ a _____ number of annual visits _____ is related _____ the coverage _____?
 Do you _____ limits _____ services _____ affect the ability _____ receive proper _____?
 Is there _____ number _____ visits _____ such services _____?
 _____ on _____ the annual visit count?
 _____ this coverage _____ visit _____ per _____?
 _____ there _____ number _____ be _____ each year for these services?
 _____ would like to _____ if there _____ limits _____ times I can _____ treated _____ year.
 _____ this service's coverage _____ restrictions per _____?
 _____ me if _____ are _____ service or visit _____.
 _____ services have any _____ about the _____ of _____?
 _____ to know if _____ a limit on _____ coverage of _____ service.
 Is _____ a _____ many _____ can access _____ services yearly?
 When _____ to _____ of _____ year, should I _____ or restrictions?
 Do _____ have a _____ limit _____ how _____ get _____ of service each year?
 _____ the number of _____ covered annually for _____ particular services?

Do you impose _____ on _____ these services?

Coverage limits _____ services, _____ annual _____?

What are _____ rules _____ visits and _____ other services?

_____ going _____ be caps _____ cover _____ like these visits?

Is _____ a restriction _____ per _____?

_____ the services have any _____?

_____ there restrictions _____ many _____ have for _____ certain service?

Tell _____ there is _____ service or _____ numbers.

Is there any _____ the _____ of _____ you can _____?

There may _____ caps _____ services.

Is _____ limitations on the _____ or services?

_____ a year can _____ like these be _____?

_____ any _____ on coverage _____ visits _____ this service scope?

_____ have _____ someone can _____ and still _____ eligible for coverage benefits?

Is _____ restriction on _____ visits that may affect _____ ability _____ these services?

_____ to _____ there _____ any conditions related _____ of the _____ or a limit on visits.

There are limits _____ a yearly _____?

Is there any guidelines about _____ certain services, _____ number _____?

_____ there any _____ on coverage _____ services?

Can coverage _____ for services _____ a _____?

_____ it _____ the _____ of _____ are there _____ or restrictions?

_____ cap _____ per year for the services?

_____ to _____ services like annual visit count?

Are _____ any _____ coverage _____ services, like _____ maximum number of _____?

_____ there _____ the amount _____ you _____ have for a certain _____?

_____ there _____ limit _____ how many visits _____ covered _____?

Is _____ any guidelines _____ coverage _____ like maximum number of _____?

I want to _____ to the maximum number _____ annual _____.

_____ me _____ any _____ many times I will _____ treated a year.

_____ limitations to the number of visits _____?

There may _____ regarding _____ of visits _____ can _____ annually.

Is _____ and restrictions on coverage?

_____ conditions regarding the coverage of the maximum number of _____ visits.

Is _____ a _____ of annual visits that can _____ by _____?

Some services _____ limited coverage because _____ number _____.

Is _____ limit on _____ caps?

Does any limitations _____ affect my _____ coverage for these _____?

There _____ be _____ on _____ a cap _____ visits.

Is _____ limits on the number _____ can _____ services?

_____ there be _____ on _____ coverage _____ year?

_____ there any _____ or _____ regarding _____ maximum number _____ visits for _____?

_____ the coverage _____ on the number _____ service types?

_____ a _____ on visits _____ limitation on _____ for _____ services?

_____ limit to _____ of visits per _____ for such _____?

Is _____ specific rule regarding _____ of _____ and _____ services?

Are _____ any _____ in _____ of yearly visits _____ might _____ my _____ to receive _____ coverage _____?

Can there _____ on how _____ one can _____?

_____ you _____ any limits _____ visits that could _____ ability _____ get proper coverage _____ these _____?

Is there _____ number _____ are covered annually _____ these services?

Can coverage plans _____ or _____ visits _____ of _____?

_____ there any _____ visits _____ may _____ my _____ to receive _____ coverage _____ these services?
 There might _____ coverage _____ services, _____ the _____ of visits a _____.
 Is there a limit on _____ times _____ can _____ services?
 Do you know whether _____ limitations _____ number?
 Are _____ limitations on yearly _____ that _____ affect my ability to _____?
 _____ a _____ number of visits made _____ year?
 _____ want to know _____ there are any _____ to the _____ service or _____ on _____.
 _____ want _____ know if there _____ for _____ of _____ services and if _____ is _____ limit _____ yearly.
 _____ on _____ number of visits?
 _____ there _____ on the number _____ annual visits that _____ be covered _____?
 Is _____ on _____ number _____ visits per _____ for those _____?
 Is there any _____ number of _____ other services?
 _____ are _____ how often _____ can get such _____?
 Is there a limit _____ number _____ can _____ certain services?
 _____ any limitations _____ the _____ of visits per _____?
 Let me _____ limitations to visit _____ or service _____.
 There may _____ on _____ can have for _____ specific service.
 Tell me _____ any _____ to how many _____ get _____ in _____ year.
 There _____ be _____ many times _____ service is offered.
 Does _____ have _____ on the number _____ visits _____?
 _____ me _____ are limits on _____ times _____ get _____ a year.
 Do you _____ there are _____ on _____ eligibility for _____?
 Is there any limitation on _____ that _____ affect _____ coverage for _____ services?
 _____ possible that _____ on coverage _____ for annual visits _____ this _____ scope?
 Are there _____ on _____ number _____ visits or _____?
 Is there _____ limit on _____ of yearly _____ services?
 _____ want to _____ are _____ limitations to service _____ numbers.
 _____ may be _____ regarding the _____ of _____ annually _____ services.
 _____ any _____ in _____ of visits?
 _____ that _____ visits may affect _____ ability to _____ proper _____ for these services?
 _____ there any _____ for certain services, such _____ the _____ number of _____?
 _____ any _____ coverage for certain _____ maximum number of visits?
 Is _____ coverage _____ for annual visits within _____ service _____?
 There could be limits _____ the number _____ year _____ kind _____.
 There _____ be limited coverage _____ services _____ the number _____.
 I _____ if _____ any conditions regarding _____ coverage of the _____ or the _____ yearly visits.
 Are there any limits _____ number _____ year?
 Is there any _____ one _____ get such _____?
 Are limitations applied _____ number _____?
 _____ there any _____ that will affect my ability _____ proper coverage _____ these services?
 _____ could _____ limits on _____ cap _____ visits per year.
 Are _____ any _____ or conditions related to the maximum _____ services?
 Is there any _____ the number _____ visits _____?
 _____ know _____ there are _____ conditions attached _____ the maximum number of _____.
 Do you put limitations _____ covers _____ number _____?
 _____ know if _____ are _____ limitations to service _____ visit _____.
 I want to _____ if there _____ on _____ many _____ I can _____ a _____.
 The number of visits _____ service _____ limited.
 _____ there any _____ on coverage _____ of visits?
 _____ many times a _____ services _____ these _____?

_____ a minimum _____ of annual _____ need _____ covered for _____ services?

Is there _____ about the _____ annual visits _____ services?

_____ restrictions _____ amount _____ you can have for a certain _____?

Does any limitation _____ to _____ number of _____?

Is _____ any _____ for _____ of certain services like the _____ Visits?

_____ there any guidelines _____ covering certain _____ the maximum number _____?

_____ might _____ restrictions _____ how _____ visitors you _____ have for a _____.

There _____ be limited coverage _____ services, like the _____ a _____.

_____ want _____ know _____ related to the coverage of the _____ the limit _____ visits.

_____ any _____ the maximum number _____ visits for certain _____?

_____ may be _____ coverage on certain _____ like _____ number _____.

Does _____ covered annually for _____ services have _____ guidelines?

Are there _____ about the _____ annual _____?

Is _____ guidelines _____ for _____ services, such as _____ maximum _____ of _____ Visits?

_____ there restrictions _____ how _____ visitors _____ can _____ for _____ particular _____?

_____ want to know if _____ on _____ like the _____ of _____.

There might _____ amount _____ visitors _____ can have _____ a certain service.

_____ want _____ if there _____ any _____ on the number of _____.

_____ any limitations _____ it comes _____ the _____ of visits _____?

Is there _____ limit on _____ a _____ on visits _____?

Can _____ tell us if _____ constraints on _____ eligibility _____?

_____ may be rules _____ limit the _____ yearly _____.

_____ many _____ a _____ services like _____ have?

_____ may be restrictions on _____ of _____ can be _____ these _____.

Is _____ on the number _____ visits each _____?

Let me _____ whether _____ limitations _____ service _____ numbers.

How many _____ a year _____ avail _____ these _____?

_____ any specific guidelines regarding _____ visits _____ these services?

The number _____ annually might _____ subject to _____.

_____ the services _____ in _____ of number of _____?

Do _____ have _____ limitations _____ the number _____?

_____ you _____ on _____ per year to _____ services?

_____ limits on the number _____ visits per _____ can be _____?

There may be restrictions _____ how _____ a _____ offered.

_____ have limits on _____ of _____?

Some services _____ have _____ the _____ of visits.

_____ there any limitation _____ of visits _____ for _____ services?

_____ there _____ the number of times _____ services yearly?

I want to know if _____ any _____ certain number _____ visits.

Is _____ the _____ related to the number _____ visits?

_____ the number of visits?

_____ maximum number of _____ need to be _____ for such _____?

_____ like to _____ if there _____ any limitations _____ service _____ or _____.

I _____ to know _____ there are _____ the _____ of _____ service _____ max number of _____

_____ any limitations on yearly visits _____ affect _____ get proper coverage _____ services?

_____ there any limitations _____ of visits that can _____?

_____ may be restrictions on _____ number _____ you _____ for _____ service

Is there _____ of visits _____ each year?

_____ there _____ constraints _____ annual visits within this _____ scope?

Is there a _____ number of visits _____ each _____?

Do _____ on _____ number _____ apply to these _____?

Are there _____ a visit _____?

Are there _____ on _____ for _____?

Is _____ yearly visit _____ restrictions on _____ coverage?

_____ tell _____ if there _____ constraints on coverage _____ for annual _____?

_____ me _____ there _____ any limitation to service _____.

_____ to know _____ there _____ conditions _____ of the services _____ the maximum _____ of annual _____.

_____ you _____ my _____ per year _____ services?

Are _____ specific _____ of annual visits?

Tell me if _____ any _____ times I can _____ treated _____ year.

_____ there _____ on how many _____ a year _____ have?

_____ want to know _____ there are _____ of yearly visits.

_____ any limitation on the _____ visits _____ annually?

_____ the _____ of _____ may have limited coverage.

Is _____ limit on _____ of visits _____ year?

_____ you _____ me if _____ on visits per year?

_____ you impose limitations on yearly _____ that _____ ability _____ receive coverage?

Do _____ limit yearly _____ certain _____ that affect _____ get proper _____?