

[Demo] NLP Dataset for Customer Service Automation

Company Type	Health Insurance Companies
Inquiry Category	Coverage determination and eligibility queries
Inquiry Sub-Category	Prescription drug coverage
Description	Customers seek clarity on the coverage of prescription medications, including formulary lists, copay amounts, prior authorization requirements, or alternatives in case a medication is not covered.
Data Size	5,072 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.)

Is ____ a limit on ____ refills ____ allowed ____ certain ____ under ____ plan's coverage determination ____?

Is ____ for my ____ to set refill ____ medications?

____ coverage determination policy have ____ ceiling on ____ of refills for ____?

Is ____ determination rules set ____ on the ____ refill?

Is there ____ limit on how many ____ year ____ refill your ____ my ____ coverage ____?

____ to my ____ rules, do ____ refill ____ for specified ____?

____ I ____ get a certain number of refill ____ based on ____?

I ____ like to know ____ any ____ on yearly prescriptions ____ covered ____ my ____ policy.

I would like ____ if my ____ plan restricts me ____ set ____ of ____ per ____.

____ to know ____ give me ____ the maximum number of ____ refill ____ in a year ____ to ____ plan's ____

Does my plan include ____ fill quantities?

____ guidelines for maximum ____ refill allowed by ____ coverage ____ not ____.

As per ____ determination ____ the maximum number of ____ allowed?

____ there a ____ of refills allowed ____ my ____ determination ____?

Does the ____ rules impose an ____ volume ____ for ____?

____ the ____ of prescription refill allowed by ____?

Under my ____ plan's coverage ____ is ____ limit ____ yearly prescription refill ____ certain ____?

____ is the ____ refill ____ specific ____ my health ____ determinations?

I ____ to know the ____ per year allowed ____ certain ____ plan.

____ is ____ number of prescriptions ____ renewed under my ____ rules?

____ my ____ determination ____ are there limits ____ drug ____?

____ if ____ can ____ the maximum number of medication ____ allowed according to ____ determination rules.

How many ____ per year ____ medication ____ my ____ guidelines?

Is ____ a ____ on ____ often ____ can ____ prescriptions under ____ rules?

____ are the guidelines for maximum ____ year ____ my coverage ____?

____ coverage ____ any restrictions on ____ of prescriptions ____ can be ____?

____ can ____ only ____ certain number of refill ____ for specific drugs?

____ it possible ____ specific ____ for annual ____ refills under ____ rules?
 Can you clarify ____ number of ____ permitted in a ____ according ____ my plan's ____?
 Is ____ a maximum ____ in ____ rule?
 How many ____ a ____ I ____ a ____ under my ____?
 ____ is there a ____ how often I can refill ____?
 I ____ know ____ you ____ maximum number ____ allowed ____ a year according to ____ plan's coverage ____ rules.
 I would like ____ a year ____ can ____ under the insurance plan.
 Can ____ me how ____ times ____ year ____ can get ____ prescription ____ under this ____?
 Is ____ possible that ____ plan has ____ certain ____?
 Under my ____ coverage ____ what is the ____ on ____ prescription ____ for ____ drugs?
 ____ my plan's rules, ____ only ____ certain number of refill ____ drugs?
 Do ____ insurance plan's rules ____ of medication ____ refill ____ year?
 Do ____ guidelines limit ____ times ____ prescription can ____ renewed for a ____?
 For ____ drugs ____ in ____ health plan's determinations, ____ the limit ____ year?
 I ____ know ____ the refill ceiling ____ specific ____ my plan.
 Is my plan restricted on how ____ prescriptions?
 Under my ____ coverage determination ____ what's ____ per year?
 ____ you ____ number of ____ per year allowed under ____ coverage ____?
 Is ____ a specific limit ____ number of ____ refills ____ coverage ____?
 ____ many ____ a ____ can ____ refill ____ under ____ insurance plan?
 Does ____ plan have a ____ on how ____ my ____?
 How many ____ a year ____ be ____ get a refill ____ plan?
 Does the coverage ____ policy have ____ on ____ total refill ____?
 ____ many times per year can I ____ my ____?
 ____ determination policy ____ ceiling on the total ____ for certain ____?
 Under my ____ insurance plan's ____ is the limit on the ____ prescriptions ____ can ____ every ____?
 What are ____ the ____ refill allowed each year ____ plan?
 What ____ the ____ prescription medication ____ by ____ coverage determination ____?
 ____ my ____ what's the ____ number of medication refills ____?
 ____ coverage rules ____ to refill limits for ____?
 Under ____ coverage ____ rules, ____ limits on the annual ____?
 ____ maximum ____ allowed for ____ year according ____ coverage determination criteria?
 ____ possible to ____ clarification on the ____ of ____ refill allowed ____ a ____ according ____ my ____ coverage determination ____?
 ____ the number ____ times ____ can ____ a specific medicine?
 ____ is the ____ specific drug in my ____?
 Is it ____ that ____ determination rules set ____ annual ____?
 ____ you ____ there ____ on ____ number ____ times I'm allowed ____ refill my prescribed drugs?
 ____ per ____ coverage determination rules, how many times a ____ can ____?
 Is it permissible ____ this policy's ____ guidelines ____ the maximum ____ medication ____?
 ____ a limit ____ many times my plan will ____ to ____ my ____?
 Under my ____ many times a year ____ get ____?
 ____ is ____ refill ceiling for ____ drugs in ____?
 Is ____ the number of ____ be renewed each year according to the policy's ____?
 ____ coverage determination ____ allow ____ a certain ____ of refills per ____ for ____.
 ____ tell ____ number ____ refill ____ year allowed ____ some drugs?
 ____ you ____ me ____ of refill per year ____ certain ____ under my ____ rules?
 What ____ refill ____ for ____ drugs listed in my health ____?
 What ____ the limit ____ per ____ applies to drugs in ____ health ____?
 ____ coverage decision policies limiting ____ many times ____ can ____ a refill for ____?

____ it possible that my ____ restricts the ____ prescriptions ____ can ____ each ____?
 Does ____ determination ____ impose ____ volume ____ for certain ____?
 ____ there a ____ on the ____ that ____ can refill ____ coverage determination ____?
 ____ may be restrictions on the ____ for ____ drugs in ____ determination ____.
 Is ____ on the ____ of ____ can be renewed per ____ according to ____ policy's coverage ____?
 ____ many times a ____ I able to get a ____ this ____?
 Does ____ determination ____ ceiling ____ the ____ refill for ____ prescribed medications?
 ____ maximum ____ allowance in my coverage?
 Is it ____ restriction ____ refilling needed medicines ____ this ____?
 How ____ per ____ can ____ my ____ refill ____ this insurance plan?
 Do ____ insurance ____ on the number of ____ refill?
 ____ my ____ guidelines, what is the ____ annual prescription refill for ____ medications?
 Does ____ plan ____ limit ____ how ____ I refill my ____?
 What are the limitations ____ the amount of ____ allowed ____?
 Under ____ plan's coverage ____ what is ____ amount ____ I can refill my ____?
 I'm wondering ____ is for ____ drugs ____ my plan.
 Is ____ my plan ____ yearly prescription ____ quantities?
 What ____ the cap on ____ refill ____ plan?
 ____ limit ____ how many times I ____ a ____ a ____ prescription, considering ____ coverage decision
 policies?
 ____ is ____ limit ____ the ____ listed in my health plan's ____?
 ____ don't know ____ limits on yearly prescription ____ quantities.
 ____ are the ____ refill ____ year according to ____ coverage determination criteria?
 ____ the maximum number of medication refill ____ by ____?
 ____ refills for some ____ may ____ set ____ the coverage determination ____.
 Can the ____ rules ____ an annual volume ____ for ____?
 Under ____ health insurance plan's coverage guidelines, ____ the ____ for ____ refill ____?
 Does ____ plan have ____ how ____ times ____ can ____ my ____ annually?
 ____ a limit on how many ____ a ____ will ____ me to ____ medications?
 Is there ____ cap on how often ____ can refill ____?
 ____ know if ____ has any ____ prescription fill quantities?
 ____ there a cap on the number ____ my ____ allows ____ prescriptions?
 Can ____ the maximum number ____ medication ____ in a year according to the ____?
 Is ____ coverage rules ____ refill limits ____ medications?
 ____ can I refill specific ____ under ____ insurance ____?
 ____ the maximum number of ____ allowed each year ____?
 ____ my ____ refill ____ for ____ drugs?
 Does ____ plan restrict ____ times I ____ certain medicines?
 ____ to the coverage ____ can I refill ____ a ____ of ____ a ____?
 Am I limited to ____ set amount ____ medication refill per ____ the ____ my ____?
 ____ often can ____ refill certain ____ my insurance ____?
 Can ____ plan's rules allow me ____ only ____ a ____ of ____ requests ____?
 ____ coverage determination ____ a ____ the ____ refills for certain ____ drugs?
 Does ____ include restrictions ____ how ____ times I ____ medicine?
 ____ plan ____ a limit on ____ number of ____?
 ____ want to know if ____ give ____ clarification ____ the maximum ____ of refill ____ a year ____ plan's ____
 determination
 According to coverage rules, ____ refill ____ a ____ times?
 According ____ determination ____ what ____ the maximum prescription refill ____ for ____?
 Is it ____ for coverage determination set ____ medication refills?
 Do ____ yearly prescription ____ quantities?

According to the _____ the _____ for medication refill _____ year?
 _____ health _____ coverage _____ is the limit for the yearly prescription _____ certain _____?
 _____ limitation on the _____ of prescriptions _____ can be renewed _____ covered by _____ insurance _____?
 _____ limit on the maximum _____ allowed _____ certain medications _____ my _____ guidelines?
 _____ my plan limited on the _____ times _____ medication?
 Does the coverage _____ impose _____ ceiling _____ the number of _____ a _____ be _____?
 _____ the _____ amount of time that _____ health _____ me _____ my prescriptions?
 Is it possible to _____ a _____ the policy rule?
 I _____ to _____ the _____ per _____ the _____ allows _____ certain medications.
 _____ yearly _____ on the number of medication _____ that _____ will cover?
 Is it possible to _____ limits for _____ coverage determination _____?
 _____ my _____ decision _____ say _____ cap on yearly prescriptions?
 Is _____ limiting the number of times _____ prescriptions?
 Is _____ limit _____ the number of drug _____ my _____?
 _____ many times per _____ can I refill _____ plan's _____ determination _____.
 _____ my _____ insurance plan's coverage guidelines, _____ the _____ for _____ certain drugs?
 _____ to _____ times per _____ can get a _____ under this _____ plan.
 Is _____ a limit _____ of refills per year _____ my _____?
 According to _____ plan's coverage determination _____ can _____ tell _____ maximum _____ refills allowed in _____?
 _____ the limit _____ refill _____ year for _____ in _____ health plan's determination?
 Depending on _____ my _____ I _____ limited number of refill requests for specific _____?
 _____ a _____ the number of _____ allows me to _____ my prescription?
 _____ is _____ refill _____ specific meds in _____ plan?
 I _____ know if _____ on the annual drug refill _____ coverage _____.
 _____ would _____ know _____ my insurance plan _____ amount of _____ per year.
 _____ the coverage guidelines _____ any _____ on the _____ of _____ can _____?
 Is my plan _____ fill _____?
 Can you tell _____ number of _____ allowed _____ medications _____ your plan?
 _____ to know _____ plan _____ a limit _____ medication refills.
 Is _____ a _____ cap _____ number _____ refill _____ that _____ insurance _____ covers?
 Is _____ a _____ on the number _____ times _____ can be _____ my _____?
 _____ to my _____ coverage _____ refill limits _____ certain drugs?
 Does my _____ a _____ on _____ of refills?
 Is _____ for coverage _____ rules _____ set _____ for _____ medication _____?
 _____ my plan include a _____ on _____ many _____ I _____?
 _____ there _____ restrictions _____ the maximum refill allowed _____ certain medications _____ coverage determination _____?
 _____ there _____ of _____ refill allowed _____ my coverage _____ guidelines?
 _____ the _____ cap _____ refills _____ rules?
 Under _____ plan's coverage determination guidelines, _____ can _____ medication?
 Does the _____ policy _____ a ceiling _____ total refills _____?
 _____ plan's _____ rules, _____ the refill limits _____ specified medications?
 Is there _____ limit _____ drug refill under my _____?
 What _____ refill _____ each year in _____ coverage?
 What is _____ yearly maximum _____ coverage?
 Is _____ my plan will allow _____ to refill certain prescriptions?
 _____ my plan _____ the number of _____ a _____ medicine?
 Do _____ coverage determination _____ annual volume limit _____ medications?
 Is my plan _____ times _____ can refill my _____?
 Is there _____ yearly cap _____ number _____ refills that _____ covers?
 Is _____ possible to _____ certain medications as _____ my _____?

Do _____ rules _____ volume limits for certain _____?
 _____ a _____ on the _____ of _____ can be renewed under my _____?
 _____ to my health _____ plan's coverage _____ is _____ annual prescription _____ for certain _____?
 _____ tell me if _____ are _____ the amount _____ I'm allowed _____ refill _____?
 _____ I _____ get _____ limited number of _____ requests _____ specific _____ on the _____?
 _____ there _____ on the number of _____ prescriptions allowed by _____?
 _____ refill _____ a certain _____ of times according _____ coverage _____?
 _____ the coverage _____ limit _____ of prescriptions that _____ certain medications?
 _____ you _____ the maximum _____ of _____ in a _____ my plan?
 According _____ coverage _____ I _____ a certain number of _____?
 Does my plan _____ a _____ on the _____ refill _____ medicines?
 I _____ to _____ there _____ yearly _____ on refill for _____ drugs _____ coverage.
 Does _____ coverage _____ a _____ on refills?
 Is it _____ for my _____ the _____ times I _____ certain drugs?
 _____ a certain number of _____ requests _____ drugs _____ on the rules of my _____?
 _____ there _____ limit _____ the _____ of times a person _____ my plan's rules?
 Is it _____ limits _____ certain medications, as _____ my plan's _____?
 Does _____ determination _____ have a _____ the number _____ patient _____ refill their medication?
 _____ is _____ maximum _____ I _____ refill my medication under _____ plan's _____ determination _____?
 What _____ refill ceiling for _____ in _____ plan?
 What is _____ for _____ in my plan?
 _____ want _____ know if the _____ determination rules _____ the annual _____.
 What is _____ for medication refill _____ listed in _____ health plan's _____?
 _____ is _____ for the number of _____ my _____ plan allows _____ medication?
 _____ to know _____ coverage _____ rules set _____ for _____ medication _____.
 _____ my _____ limit the number _____ times _____ can refill _____?
 _____ about the number _____ refill _____ year allowed for _____ determination rules.
 What is the maximum _____ medication refill _____ under _____ coverage _____?
 _____ my _____ allow me _____ a _____ number of times?
 Is _____ restriction _____ the _____ number of _____ per year _____ according _____ policy?
 What _____ the maximum number of _____ allowed _____ year _____ my plan's _____?
 _____ the _____ ceiling _____ prescription drugs in my _____?
 Is _____ limit _____ of times _____ my medications _____ my plan's rules?
 According _____ rules, can _____ my medication _____ of _____ a year?
 According _____ my _____ coverage determination rules, can _____ me clarification on the _____ of _____ in _____?
 Is _____ a limit _____ the _____ prescription _____ for drugs _____ by _____?
 I _____ know _____ coverage _____ rules set bounds _____ annual _____ refill.
 Does my _____ limit _____ can refill _____ prescriptions?
 I _____ know if _____ coverage guidelines set any _____ on _____ times my prescriptions _____.
 Is there _____ on the _____ of prescriptions _____ can _____ my _____ plan?
 Is it possible _____ get _____ max _____ for _____ in _____?
 I _____ know if _____ plan _____ restrictions _____ yearly _____ quantities.
 Can you _____ coverage _____ regarding the _____ medication refills allowed _____ a year?
 Is my plan's _____ rules applicable _____ refill _____ for _____?
 Can you _____ me _____ refill _____ year allowed for _____ by _____ plan?
 How _____ a _____ can _____ a _____ my policy rules?
 _____ is the maximum length _____ refill for _____ health plan's _____?
 _____ my plan's rules, _____ often _____ refill _____ prescriptions?
 What are _____ maximum refill times allowed _____ year _____ to _____ criteria?
 Is there _____ how many _____ can refill _____ under my plan's coverage _____ rules?

_____ to _____ plan's coverage _____ regulations, _____ the _____ on yearly _____?
 Under my _____ guidelines, _____ the limit _____ the number of times I can _____?
 Referring to _____ are _____ refill _____ for certain medications?
 Is _____ maximum amount of drug _____ allowed annually _____ determination _____?
 Does _____ the _____ times _____ refill my medicines?
 _____ my _____ limited to how many times _____ can _____?
 I _____ if _____ refill limits _____ specific medications.
 How _____ times per year _____ refill _____ this plan?
 _____ there _____ the _____ of drug _____ under my _____ rules?
 Can _____ only fill my _____ so _____ a _____?
 How _____ a year can _____ refill under _____ insurance _____?
 Under _____ coverage _____ rules, there is a limit _____ the _____ prescriptions that _____ each _____.
 _____ limits on _____ prescription fill quantities?
 Can I _____ get a _____ number _____ refill _____ drugs _____ on _____ rules?
 Can _____ maximum _____ allowance in my _____?
 Is _____ limit _____ drug refills under my coverage determination _____.
 Does my _____ restrict _____ prescription _____?
 _____ me if there _____ a _____ on the _____ of times _____ can get my _____?
 Is _____ of drug _____ each year _____ my _____ determination guidelines?
 _____ how _____ can refill my _____ under my _____ rule for _____ determination?
 I want _____ the _____ per _____ for certain _____ in your _____ coverage determination rules.
 Does my _____ restrict _____ of _____ I refill _____?
 Is _____ a _____ prescription renewals under this _____?
 _____ it _____ that my _____ rules allow _____ limits _____ certain medications?
 _____ there a limit on the _____ times _____ medication under _____ plan?
 Is _____ number _____ my health plan will _____ me to refill _____ prescriptions?
 Under my health insurance _____ guidelines, what _____ limit _____ refill _____ certain drugs?
 Is there a _____ about _____ often _____ refill _____ prescription under _____?
 _____ my health insurance _____ what limit _____ imposed _____ the _____ prescription _____ certain medications?
 _____ coverage _____ ceiling on _____ total refill for certain medications?
 _____ to refill specific medicines _____ my insurance?
 _____ per _____ plan's _____ are there _____ limits _____ certain medications?
 I would like _____ if _____ is a yearly _____ on _____ number of medication prescriptions _____.
 _____ many times _____ year _____ I get a _____ for _____ prescription _____ plan?
 I'd like _____ the number _____ refill per year _____ for _____ determination rules.
 Is there a _____ on _____ many _____ insurance will _____ my _____?
 _____ there _____ restrictions _____ maximum refills _____ certain medications in my _____ guidelines?
 _____ there _____ limit _____ how many times _____ can _____ my prescriptions, considering _____ coverage _____?
 I want to know _____ you can clarify _____ maximum number of _____ in _____ plan.
 Is _____ on the _____ plan will _____ me _____ refill my prescriptions?
 _____ possible to _____ refill _____ for specified _____ as _____ coverage rules?
 _____ to know _____ has _____ restrictions on yearly prescription _____ quantities.
 _____ it _____ to only get _____ certain _____ for specific drugs based on _____ plan's _____?
 According _____ rules, _____ refill my _____ many times _____ year?
 _____ ceiling on _____ per annum _____ by the _____ determination policy?
 _____ determination rules impose _____ volume _____ on _____ medications?
 _____ number of _____ my plan _____ allow me _____ refill my _____?
 _____ refill ceiling for specific pills _____ my _____?
 Does _____ plan _____ a limit _____ often _____ refill _____ medication?
 Is _____ a limit on the number _____ I _____ refill _____ medications _____ plan's coverage _____?

I ____ know ____ the refill ceiling ____ for ____ plan.

Can ____ only ____ my ____ so ____ per year?

Do ____ rule ____ refill my prescription under my plan?

____ there a limit on the number of ____ that ____ be renewed ____ year ____ coverage ____?

Can you tell ____ if ____ are ____ times ____ can get prescriptions ____?

Is my insurance ____ able to limit ____ of ____ I ____?

Can you ____ me if there's ____ the ____ times I can ____ prescriptions ____?

Can you ____ me ____ a ____ on ____ number ____ I can get ____ renewed?

____ know if ____ plan ____ refill ____ for specified medications.

Is ____ a ____ on the ____ times ____ prescription ____ be renewed under my ____ coverage ____?

Is there ____ number of prescriptions that can be ____ drugs covered by ____?

____ the ____ determination ____ require ____ total refills ____ certain prescribed medications?

Is the ____ drugs ____ my plan?

____ any restriction on ____ refill ____ year for my ____?

____ there an annual ____ limit ____ my ____ rules.

Does my ____ plan ____ restrictions ____ the ____ of ____ that ____ can ____?

____ impose a limit ____ how many ____ can refill?

____ to ____ the number of refill per ____ medications under ____ coverage determination rules.

____ the rule about when ____ can refill ____ under my plan's ____ determination?

As ____ plan's coverage rules, ____ limit ____ refill ____ for certain ____?

Under ____ insurance ____ coverage guidelines, ____ limit on ____ refill of certain ____?

____ it possible that coverage determination rules ____ drugs?

Does ____ plan restrict ____ many ____ refill my ____?

____ cap on the ____ of times my ____ allows me ____ meds?

____ there ____ rule about ____ many ____ can get ____ refill ____ insurance plan?

____ many ____ year will ____ be able ____ get a ____ under ____ insurance ____?

____ there yearly restrictions on the refill ____ certain ____?

____ my ____ a ____ how many times ____ can ____ certain medicine?

Can you tell me if ____ on ____ number of times ____ can ____ renewed ____ policy?

Do my ____ rules ____ refill ____ specified medications?

____ clarify the maximum number of ____ refills allowed ____ my ____ determination ____?

____ guidelines limit the ____ of ____ prescription can ____ for ____ specific medication under my ____?

____ plans ____ yearly prescription ____ quantities?

Depending ____ plan's ____ I ____ get ____ small ____ of refill ____ for specific ____?

Can ____ tell me ____ there ____ on the ____ I'm allowed ____ refill my ____?

There is a ____ whether coverage ____ set bounds ____ medication ____.

Is there ____ limit ____ the amount of drug ____ allowed ____ determination ____?

Is ____ for my plan ____ decide refill limits ____?

____ is ____ maximum ____ refills allowed each year under ____?

____ is ____ the amount ____ time my health plan allows ____ medication?

____ you ____ me the number ____ drugs ____ my coverage determination rules?

Can ____ set ____ specific medications?

____ is ____ limit for ____ times for ____ my ____ plan?

Does ____ plan ____ yearly prescription fill ____?

Is ____ a limit on ____ a year ____ refill certain drugs ____ determination rules?

____ my health ____ plan's coverage guidelines, ____ is the ____ on ____ number ____ refill?

____ a ____ on the number ____ drug refills ____ my ____ determination ____?

____ you ____ the maximum number of ____ in a year according ____?

Is ____ a ____ on how ____ refill certain ____ annually?

____ like to ____ my insurance plan restricts ____ a set amount ____ refill ____.

____ it ____ that ____ insurance plan ____ the ____ prescriptions ____ can ____ each year?
 ____ determination rules, ____ me ____ number ____ refill ____ year for certain drugs?
 Can ____ the ____ number ____ medication refill allowed ____ a ____ according to the ____ of ____?
 Under ____ coverage ____ rules, ____ me the ____ of refill per ____ allowed ____ certain ____?
 Is it possible for ____ restricted to ____ set amount ____ per ____?
 ____ guidelines ____ the ____ times I can ____ my prescriptions ____ my plan?
 ____ it possible that coverage ____ rules ____ yearly medication ____ for ____?
 Am I limited to a ____ of ____ per year ____ determined ____ insurance ____ rules ____?
 Is there ____ on the ____ prescription fill ____ plan?
 ____ you ____ if ____ are restrictions on ____ of times I can ____ drugs renewed?
 What's ____ for certain medications ____ my ____?
 Is there a ____ the ____ of times my ____ plan ____ cover ____?
 ____ a limit ____ number of ____ certain drugs under my plan's ____ determination rules?
 ____ there a set number ____ I can ____ a ____ under ____ plan?
 Is it true that there is ____ refilling ____ during the ____?
 There ____ restrictions on the ____ refill ____ for certain ____ determination guidelines.
 Is ____ limit ____ the ____ my insurance ____ me to refill?
 ____ is the ____ for ____ amount ____ time ____ will allow me to ____ my ____?
 I ____ to ____ my plan has restrictions ____ prescription ____.
 ____ there a maximum ____ of drug refills ____ my ____.
 Does ____ contain ____ how many times I can ____?
 Is ____ possible that coverage ____ rules ____ yearly ____ of some ____?
 Can ____ there's a limit on the number ____ times ____ to ____?
 ____ there ____ on the yearly prescription ____ for ____ covered ____ insurance?
 ____ health ____ plan's ____ what is the limit ____ the ____ of prescriptions that ____ renewed ____?
 ____ the ____ of ____ times ____ per year by ____ plan's ____ determination rules?
 I ____ know ____ the ____ on ____ prescription refill ____ plan.
 ____ the guidelines ____ prescription ____ by my coverage ____ criteria?
 Does the ____ determination ____ a ____ on ____ total refill for ____?
 ____ my plan limited in ____ times ____ certain medicines?
 Do ____ know how often I ____ my plan's ____ for ____ determination?
 ____ plan limiting ____ number of ____ I can refill ____?
 Am I ____ to ____ set ____ of medication refill per ____ determined ____ my ____ plan's ____?
 According ____ my ____ only ____ a ____ of refill requests for certain ____?
 Can the coverage ____ rules ____ an ____ volume limit ____?
 Do ____ guidelines ____ the number ____ times ____ can be ____ a specific ____?
 Do the coverage ____ policy ____ ceiling ____ for certain ____ medications?
 According to my ____ determination rules, can ____ the ____ medication refill allowed in ____ year?
 ____ the limit for refill for ____ my health ____ determination?
 Does my plan ____ how ____ times I ____ my drugs?
 Under my ____ utilization ____ how often ____ certain ____?
 ____ I only be allowed ____ number ____ refills ____?
 Is it ____ the ____ of ____ within coverage ____ per ____?
 Is ____ limit ____ the ____ drug refills ____ my coverage ____.
 What's the refill ceiling ____ meds in ____?
 ____ my coverage ____ refill my ____ number of times?
 ____ there a limit ____ my plan will ____ me to ____ my ____?
 As per ____ plan's coverage ____ refill ____ certain prescribed ____?
 Is ____ a ____ meds in my policy?
 I'm wondering if you ____ the ____ number ____ refill ____ year ____ to ____ plan's ____ determination rules.

Can ____ clarify the ____ number ____ refill ____ a year according ____ plan's ____ rules?

Does ____ limit on yearly ____?

____ need the number ____ refill per ____ for ____ medications, under ____ determination ____.

____ there ____ restriction on ____ number of ____ allowed ____ my ____ plan?

____ many ____ am ____ able ____ a refill under this ____ plan?

____ know ____ there ____ any limitations ____ the ____ for drugs covered by my insurance ____.

____ my ____ coverage decision regulations, what ____ the cap ____ yearly ____?

Can ____ me clarification on ____ maximum number of ____ year ____ my plan's ____ determination rules?

____ limit on ____ that can ____ renewed ____ under my health insurance plan's coverage guidelines?

Is ____ there's a ____ on ____ the entire year under this ____?

____ my ____ limit ____ number ____ prescriptions?

Is it permissible ____ this policy's ____ determination ____ to limit ____ number ____?

____ any limits on ____ maximum refill allowed per year ____ in ____ determination ____?

Per ____ coverage determination ____ maximum number ____ refills allowed ____ year?

For drugs ____ in my health ____ determinations, what ____ refill ____?

I want ____ if ____ coverage guidelines set any limits ____ the ____ of ____ renewed.

____ there any rule ____ how ____ times ____ get a refill ____ insurance ____?

____ true ____ there ____ restriction on ____ medicines throughout the year ____ plan?

Is ____ any ____ on the ____ for ____ covered ____ my ____ policy?

____ that this plan restricts ____ of required medicines during ____?

____ rule, should ____ be max refill ____ meds?

____ the ____ ceiling for ____ my plan?

____ my ____ set ____ limits for ____?

____ my ____ rules, can you clarify ____ maximum ____ allowed in a year.

____ would ____ know ____ there are constraints ____ number of times ____ can get ____ through ____ policy.

____ it possible ____ have ____ set ____ of refill per ____ as ____ by ____ insurance ____?

Does ____ coverage determination ____ impose a ceiling ____ refills ____ year ____ drugs?

____ plan contain ____ on ____ many times ____ can ____ medicine?

____ the ____ policy ____ ceiling on the number ____ times you ____ refill ____?

I want ____ know ____ the coverage ____ rules ____ medication refill.

Is ____ on refills ____ the coverage ____?

Is ____ restriction ____ yearly prescription fill ____ my ____?

____ it possible that coverage determination ____ bounds ____ annual refill ____?

Is ____ that ____ restriction ____ refilling ____ every ____ under this plan?

____ is the limit for ____ for ____ my health plan's ____?

Can ____ give me the ____ of ____ year that ____ plan allows ____?

Do ____ rules impose ____ limits on ____ eligible ____?

____ possible ____ my ____ to ____ refill ____ per year?

Is ____ a limit ____ the number ____ prescriptions ____ renewed within a ____ according to ____?

Is there ____ on the yearly prescription ____ for ____ by ____?

Is ____ a limit ____ the number ____ my ____ will ____ refill my ____?

____ there ____ limit on ____ frequently ____ prescriptions under my plan's ____?

____ my ____ on yearly ____ fill quantities?

____ for some meds in ____ policy rule?

Is ____ possible for ____ determination rules ____ on ____ annual ____ refill?

Is there a ____ about how ____ I can ____ my prescription ____ for ____?

____ possible ____ my ____ plan ____ the ____ medication I refill ____ year?

What is the ____ number ____ prescriptions ____ renewed ____ year under ____ health ____ plan's guidelines?

____ it ____ get a max refill ____ some drugs ____ my ____?

____ a limit to ____ number of drug ____ under my ____ rules.

____ it ____ coverage determination ____ annual ____ limits ____ certain medications?
 Do the coverage ____ limit ____ of ____ a ____ can ____ renewed ____ certain ____?
 ____ rules, ____ I ____ medication at a ____ number of times?
 ____ it ____ for ____ rule to ____ max ____ for some ____?
 ____ there ____ limit on the number of ____ my ____ refill ____ drugs?
 How many ____ year ____ I get a ____ my ____ this insurance ____?
 ____ ceiling for ____ in my plan?
 ____ want ____ know ____ plan allows me only ____ limited ____ of ____.
 ____ it possible to ____ get ____ certain number of ____ requests ____ certain ____ based ____ plan's ____?
 ____ insurance plan's rules ____ or may ____ a ____ of ____ refills per year.
 ____ what the refill ceiling ____ for ____ in ____ plan.
 ____ possible ____ get a certain number ____ refill requests ____ on ____ rules?
 ____ there ____ limit on ____ number of ____ refills under ____ coverage ____?
 ____ on ____ plan's rules ____ only get ____ certain number ____ for specific ____?
 Will ____ allow ____ to only ____ number ____ requests for specific drugs?
 ____ coverage ____ to refill limits for ____ medications?
 ____ is ____ coverage determination rules set bounds ____ annual ____ refill.
 Does ____ insurance ____ restrict the ____ prescriptions ____ refill ____ year?
 ____ many times a ____ will ____ be ____ to ____ a refill ____?
 Is there a limit ____ how ____ times ____ can ____ plan's rules?
 ____ the ____ impose any annual volume ____ on certain ____?
 ____ my coverage, ____ is the maximum ____ per ____?
 ____ permissible for this ____ coverage ____ limit the maximum ____ of ____?
 ____ my plan's ____ policies ____ many times I can request ____ certain ____?
 ____ possible that coverage determination ____ set bounds ____ medication ____?
 How ____ times annually ____ get a ____ under ____ insurance ____?
 Is my plan restricted ____ I ____ refill ____ medicines?
 Does ____ determination policy ____ ceiling ____ total ____ per ____ for certain ____ medications?
 My ____ certain ____ to ____ a ____ number of refills per year.
 Does my plan limit ____ of ____ refill ____?
 ____ to my plan's ____ decision ____ yearly prescription refill ____?
 ____ an ____ limit ____ medications that are eligible ____ my policy's ____ benefit?
 I ____ to know ____ year allowed for ____ drugs under my ____ determination ____.
 Is there refill limits ____ year ____?
 There's ____ on refilling ____ medicines under this ____ Is ____?
 What is the ____ refills ____ that my plan ____?
 ____ any ____ the annual drug ____ my rules?
 ____ would like ____ know ____ my insurance plan limits ____ set ____ of ____ refills ____ year.
 Can you ____ maximum number ____ medication ____ in a ____ to ____ coverage determination rules.
 ____ I ____ get ____ limited ____ of ____ per year?
 Is ____ on the ____ of times my ____ cover ____ refill?
 Does ____ plan limit the number of ____ can ____?
 I want to know ____ can clarify the ____ in a ____ according ____ my plan's coverage ____.
 ____ what's the ____ for specific drugs ____ my ____?
 ____ comes ____ drugs listed ____ my health ____ determinations, ____ limit ____ refill times?
 I want to know the number ____ refill ____ my ____.
 What ____ the ____ for the maximum ____ refill ____ coverage determination ____?
 ____ to my ____ can ____ a certain ____ refill requests for ____ drugs?
 Can ____ tell ____ the ____ per year ____ drugs, ____ my coverage determination rules?
 Is it possible ____ my ____ has ____ on ____ prescription _____.

Does _____ impose limits _____ prescription fill _____?

I _____ to know _____ you _____ maximum _____ of refill _____ a _____ according to my _____ determination rules.
_____ there _____ on _____ number of times _____ be renewed _____ my health _____ plan's guidelines?

As per _____ plan's _____ what _____ the maximum number _____ refill _____ year?

How many times _____ year do _____ get _____ refill under _____ insurance _____?

_____ to _____ plan's coverage decision regulations, what _____ the _____?

How _____ times _____ I get a _____ under this _____?

My _____ coverage determination _____ allow _____ certain number of _____ per _____ for _____.

Under my _____ insurance plan's _____ guidelines, _____ specific _____ annual prescription refills for _____?

What's the _____ times _____ plan will allow me _____ prescriptions?

_____ it possible to have _____ medications as per _____ plan's _____?

_____ to _____ if coverage _____ rules impose _____ limits _____ certain medications.

Is there _____ on the _____ times I _____ my prescriptions under _____ determination rules?

_____ is the maximum _____ medication refill _____ year _____ my coverage _____?

_____ it _____ that my insurance _____ will _____ the amount _____ medication I _____.

_____ there _____ cap on _____ often _____ can refill prescriptions _____?

_____ there _____ limit _____ refills under my _____ rules?

Is there _____ limit _____ the number _____ my plan?

_____ there a limit _____ number of _____ be _____ in my policy _____?

Is there _____ limit _____ the _____ drugs _____ renewed annually _____ my coverage determination _____?

_____ only _____ a limited _____ of _____ specific drugs _____ my plan's rules?

_____ year can I get _____ refill under the _____?

There is _____ question as to whether _____ coverage _____ bounds for _____.

_____ any _____ on _____ refills _____ drugs covered by _____ insurance policy?

Does my _____ have _____ limit _____ many _____ I can _____ my _____?

Is there a limit _____ maximum _____ for _____ medications _____ my coverage _____?

_____ the _____ policy _____ the number of refills for certain _____?

Is _____ limit to _____ times _____ can refill _____ prescriptions, _____ my _____ coverage decision _____?

_____ the drugs listed in _____ what _____ limit _____ refill time?

_____ would _____ if coverage determination _____ set bounds for _____ medication _____.

_____ my plan's coverage determination rules, what _____ number _____ refill _____?

_____ my _____ the number _____ times I can _____ my _____?

Is it _____ refill _____ specified drugs, _____ my plan?

How _____ my plan _____ me to refill _____ year?

Under my _____ insurance _____ coverage _____ the _____ on _____ prescription _____ of _____ medications?

Does my policy _____ get refill prescriptions?

_____ the _____ for _____ my _____ under my plan's rule for coverage determination?

Can you _____ the _____ of refill _____ that _____ plan _____ for certain _____?

_____ the _____ determination policy impose a ceiling on _____ of times _____?

How _____ times a _____ can _____ my prescription _____ under _____ plan?

Under _____ health insurance plan's _____ guidelines, _____ the limit for _____ for _____?

Is _____ possible _____ I _____ only have a set _____ year?

_____ you tell _____ the number _____ the plan _____ for _____ medications?

Can _____ if there _____ any restrictions _____ the amount of times _____ allowed to _____?

Is _____ that _____ are _____ on the refill _____ certain _____?

Does my plan limit _____ many _____ refill?

Can I _____ get a _____ per year, as per _____?

_____ is the _____ of yearly medication refill _____ plan?

_____ limit on the number of times _____ can refill certain _____?

Do _____ know the _____ how _____ I can _____ my prescription _____?

____ my ____ plan ____ limits ____ the number ____ ____ ____ can refill?
 ____ is ____ ____ for ____ medications in my plan?
 I ____ know ____ many ____ year I can ____ a refill ____ ____ plan.
 ____ is the ____ length ____ refill for ____ ____ in my health ____ ____?
 ____ there ____ cap ____ the number ____ times ____ plan allows me ____ refill ____ ____?
 ____ you ____ the ____ number of medication refill allowed in ____ year ____ to ____ ____ ____ ____ rule?
 ____ plan ____ a limit ____ ____ times I ____ refill my medicines ____ ____?
 Can I ____ a ____ number ____ requests for ____ drugs based on ____ ____ ____?
 Is ____ ____ to the ____ of times ____ can ____ my prescriptions ____ my ____ coverage determination ____ ____?
 ____ coverage ____ ____ impose ____ volume ____ for certain medications?
 My ____ plan may have ____ on ____ number ____ ____ ____ am ____ to refill ____ ____.
 Does my ____ annual prescription ____ ____?
 According ____ coverage regulations, there ____ ____ ____ on how ____ prescribed ____ may ____ replaced.
 Is ____ any limitations on the ____ refill for ____ covered ____ ____ ____ ____?
 Is there ____ limit ____ the number ____ ____ ____ can ____ ____ ____ under my coverage ____ rules?
 As ____ the ____ coverage rules, ____ there ____ limits ____ certain ____ ____?
 ____ ____ question as ____ the coverage determination rules ____ bounds for ____ ____ refill.
 Is there ____ annual ____ limit ____ medications that are ____ ____ ____ policy's ____ benefit?
 Does my ____ plan limit the ____ ____ ____ I can ____ ____?
 What ____ ____ ____ plan's rules ____ regulations ____ the ____ ____ medication ____ refill per year?
 According ____ ____ coverage decision regulations, ____ ____ ____ cap ____ yearly prescription refills?
 Do my ____ ____ ____ regulations ____ me to a ____ ____ of ____ ____ per year?
 ____ you ____ me ____ number of refill ____ year ____ ____ ____ plan?
 ____ to ____ rules, can I refill ____ ____ a ____ number ____ ____?
 ____ my ____ ____ limits ____ my medication?
 ____ my ____ ____ how many ____ I can refill my ____ ____?
 ____ ____ possible that ____ determination ____ set ____ on annual medication ____ ____?
 Does my plan restrict ____ ____ ____ year ____ ____ refill my ____ ____?
 ____ my coverage determination rules, ____ ____ ____ the annual drug ____ ____?
 Does ____ restrict ____ amount ____ ____ that can be filled ____ ____?
 Can you ____ ____ the number ____ refill ____ ____ ____ under my ____ rules?
 ____ ____ insurance plan ____ ____ ____ of prescriptions that can be renewed?
 How ____ ____ know if ____ plan has any ____ ____ ____ prescription ____ quantities?
 ____ there a ____ on ____ ____ according ____ ____ ____ coverage decision regulations?
 As ____ ____ ____ of ____ ____ ____ I ____ get a ____ number of refills?
 ____ ____ a maximum number of ____ ____ ____ each ____ by my ____ determination ____ ____?
 Is ____ ____ ____ ____ restriction on refilling required medicines under ____ ____ ____?
 Is there ____ ____ on ____ ____ times I can ____ certain prescriptions ____ ____ ____?
 ____ I only get a limited number ____ ____ ____ ____ drugs ____ year?
 Is there a limit ____ ____ amount ____ ____ ____ meds ____ my policy ____ ____?
 ____ many times ____ year ____ I refill ____ ____ under ____ plan's coverage ____ ____ ____?
 ____ ____ ____ rules ____ ____ volume limits on certain drugs?
 I ____ ____ if coverage determination ____ ____ ____ bounds ____ ____ medication refills.
 Can ____ tell me ____ ____ are any limits ____ ____ ____ number ____ ____ I ____ ____ prescriptions renewed?
 Can ____ ____ decide refill ____ ____ my ____ ____?
 ____ ____ ____ restrictions on ____ maximum ____ ____ per ____ in my coverage determination ____ ____.
 ____ ____ ____ limit ____ how ____ times you can refill ____ ____ ____ under ____ plan's rules?
 How many ____ ____ ____ year can I ____ ____ medication ____ my ____ ____ ____?
 ____ is the maximum amount of ____ ____ ____ health plan will ____ me ____ ____ ____ ____?
 Does ____ plan have ____ ____ ____ many times ____ ____ ____ refill my ____ ____?

Is _____ limit to the _____ yearly _____ refills _____ my coverage _____?

_____ might be restrictions _____ refill allowed for certain _____ in _____ determination _____.

_____ my _____ insurance plan's _____ guidelines, what _____ is _____ annual refill _____ medications?

_____ I _____ get _____ limited number _____ as _____ plan's regulations?

Do _____ of coverage _____ impose _____ volume limits _____ medications?

_____ per _____ can I get _____ prescription refill under this _____?

_____ plan have _____ cap on _____ I _____ my prescriptions?

_____ my plan _____ on _____ for _____ medications?

Is my _____ how _____ times _____ refill my medicines _____?

_____ there any _____ to the _____ my coverage rules?

Do you know _____ many times _____ get a _____ this insurance _____?

What _____ allowance _____ refill _____ my coverage?

_____ you tell _____ are constraints on _____ of times _____ allowed _____ refill my _____?

_____ health _____ coverage _____ what is the specific _____ annual prescription _____ for certain _____?

_____ there a limit _____ frequently I _____ refill _____ prescriptions under _____?

_____ my insurance plan _____ any restrictions on _____ refill _____?

I would like _____ know the _____ of _____ allowed for _____ under _____.

_____ my plan _____ to _____ for my drugs?

Does _____ plan _____ the _____ of _____ can refill _____ medication?

As per _____ coverage _____ are there refill limits _____?

As _____ plan's coverage _____ there _____ limits _____ certain medications?

Does _____ plan _____ on the number of times _____ can _____?

Under my plan's coverage determination _____ what's _____ medication _____ each _____?

_____ are the guidelines _____ per year _____ to my coverage _____?

Is there _____ annual _____ medications _____ are eligible under _____ policy's refill _____?

Any _____ many times a _____ you can _____ your _____ policy?

Can _____ tell _____ maximum number _____ allowed in a _____ my plan's coverage determination rules?

How _____ times _____ have _____ prescription refill under this _____ plan?

Can you clarify _____ number of _____ allowed _____ a year _____ to _____ plan's _____?

_____ times a year _____ I _____ a prescription _____ under _____ plan?

Is _____ a _____ number of drug refills allowed _____?

As _____ what is _____ number of refills allowed?

There is a question _____ to _____ rules set _____ yearly _____.

_____ my plan _____ many times _____ refill my medicines?

Is there any limits _____ refill for _____ insurance policy.

_____ is _____ medication refill allowed in _____ plan?

_____ plan's _____ is the _____ number of _____ allowed each year?

Is there a limit _____ number _____ plan will _____ medications?

Depending _____ rules _____ my plan, _____ get a limited number _____ requests for certain _____?

_____ you _____ maximum _____ of _____ refills allowed _____ my _____ the coverage determination rules?

_____ there any _____ yearly _____ fill quantities _____ my _____.

Is there any restriction _____ the maximum _____ certain _____ coverage determination guidelines?

How many times _____ year _____ me to _____ medication?

_____ can I get a _____ my policy?

What is the _____ annual _____ allowance _____?

_____ my plan's _____ determination _____ there's _____ allowed number _____ refills _____ year for _____.

_____ coverage determination policy impose _____ ceiling on _____ total _____ for _____?

Does my plan _____ many times _____ my _____?

_____ number of _____ I _____ get a _____ under this insurance _____?

What does _____ coverage _____ say _____ the _____ yearly prescriptions?

Does my _____ have restrictions _____ often _____ can refill _____ ?
_____ I only _____ prescriptions _____ amount of times _____ ?
Can _____ refill my _____ of _____ per year?
Can you _____ me _____ of _____ year _____ my drugs?
Is _____ regarding refill limits _____ medications?
Does _____ have _____ how _____ I can refill my prescriptions?
According to _____ coverage _____ criteria, _____ maximum prescription _____ allowed each _____ ?
Does _____ limits _____ specified drugs?
Under my plan's _____ a limit on the _____ of _____ per _____ certain _____ .
How _____ can I _____ specific _____ insurance _____ standards?
In my _____ determinations, _____ is _____ limit for _____ per _____ ?
Can _____ refill my meds a _____ year?
Do my _____ rules _____ limit the _____ of medication I _____ ?
How _____ I have _____ refill _____ under my _____ ?
Is _____ on _____ number _____ times _____ refill _____ medication _____ my plan's rules?
_____ there _____ limit on the number _____ times a _____ renewed _____ to _____ regulations?
Is it a _____ of _____ plan to _____ amount of _____ year?
What _____ the limits _____ refill allowed _____ year by _____ plan?
The _____ determination _____ may set _____ annual medication _____ .
Depending _____ my _____ rules, _____ a certain amount of _____ for _____ drugs?
Is _____ coverage determination _____ how many _____ I can _____ medication?
What's the refill _____ specific _____ my plan?
Is _____ for coverage determination _____ set limits _____ medication _____ ?
_____ my _____ plan _____ limit the number _____ prescription refills?
I _____ know _____ my insurance _____ to _____ set _____ of medication refills per year.
What is _____ refill ceiling for _____ in _____ ?
Is it possible _____ coverage _____ rules to set _____ for _____ ?
Under my _____ coverage _____ rules, _____ wondering _____ was _____ allowed number _____ per _____ for certain medications.
_____ my _____ able to set refill _____ for _____ ?
_____ there _____ restriction _____ of times a prescription _____ be _____ my plan?
_____ coverage _____ a _____ the total refill per year for _____ prescribed _____ ?
_____ only _____ a small amount _____ requests for certain _____ on _____ rules?
How _____ times per _____ get _____ under _____ insurance plan?
My _____ may _____ the _____ of prescription refills allowed.
_____ health _____ plan's _____ what _____ on _____ prescription refill for certain drugs?
_____ plan's coverage _____ what's the _____ number of medication _____ year?
Is there a yearly _____ on _____ number _____ refill's _____ ?
I _____ know _____ my meds a certain number of _____ year.
Does _____ the _____ of _____ I _____ refill _____ medicines annually?
_____ it possible _____ coverage _____ yearly restrictions _____ refills _____ certain drugs?
_____ determination policy _____ a _____ on the number _____ refills?
_____ maximum _____ refill _____ year allowed under my _____ ?
_____ it _____ to _____ have a set amount _____ medication refill _____ determined by _____ plan?
_____ my _____ on when I _____ my medicine?
Is it _____ that _____ the number _____ prescription refill _____ for _____ medications _____ my plan?
According to _____ rules, _____ refill my meds a _____ times?
_____ my _____ limit the _____ medication _____ ?
Does _____ restrict the _____ of _____ filled _____ year?
_____ determination _____ impose _____ ceiling on _____ refill amounts for _____ medications?
_____ me _____ the _____ medication refill allowed in _____ year _____ to my _____ coverage determination rules?

Is _____ any _____ on the _____ under _____ determination rules.

_____ a _____ on the number _____ medication _____ that _____ plan _____ pay for?

Can _____ number of refill allowed _____ year according _____ the _____ determination _____?

_____ to the _____ guidelines, _____ be a restriction on the maximum _____.

_____ many _____ year _____ I _____ under my plan's coverage _____ rules?

Is _____ possible that coverage _____ on yearly _____ for _____ drugs.

I _____ to know how many times a _____ get _____ under this _____.

_____ am _____ the _____ refill per year _____ medications _____ your plan's coverage _____ rules.

Is there any limit _____ under _____ coverage determination _____.

_____ a _____ cap _____ the number _____ my insurance _____ covers?

Is there a _____ number of times that I can refill _____ my _____?

_____ want to know the _____ year allowed by _____ rules.

How many times _____ a refill for my _____ this _____ plan?

_____ I get a prescription refill under the _____?

Does my _____ have _____ can refill my prescriptions?

_____ many _____ year can _____ get _____ refill under _____ plan?

_____ I _____ my _____ a _____ number _____ a year?

As _____ of my _____ what is the _____ of _____ allowed _____ year?

What _____ the maximum _____ of _____ year _____ under my _____?

How many times _____ year _____ refill _____ this insurance _____?

Under _____ rules, is there _____ limit on how _____ can _____?

Does my plan _____ number _____ I _____ my _____?

_____ plan have _____ limit _____ yearly refill?

_____ plan _____ limits for _____ medications?

_____ the refill ceiling _____ specific _____ plan?

What is _____ maximum _____ refill allowed _____ the _____?

Is _____ a _____ on the _____ drugs in my _____?

Does the _____ limit the total refills _____ for _____ prescribed _____?

Does _____ coverage _____ impose an annual volume _____ certain _____?

What _____ maximum number _____ medication refill allowed _____ my _____ coverage _____?

Is there _____ limitation _____ yearly _____ certain drugs _____ by my _____?

Is there _____ restrictions _____ maximum refill _____ for certain _____ in _____ coverage _____?

_____ the maximum _____ of _____ per _____ by my plan?

_____ may be restrictions on _____ maximum refill _____ for certain _____ determination _____.

_____ be a _____ on the number of _____ a _____ can _____ rules?

Is _____ possible to _____ specific _____ under my _____ determination rules.

What _____ the maximum _____ refilled prescriptions _____ my _____?

Is there _____ limit _____ number of _____ drug _____ under _____ coverage _____?

Is _____ any _____ of drug _____ my coverage rules?

Please tell me the _____ per _____ allowed _____ certain _____ your _____ determination rules.

_____ that my _____ plan _____ a _____ cap on the number _____ prescriptions _____ refill?

How _____ a _____ do _____ have _____ get a _____ under _____ plan?

Is _____ yearly restrictions on _____ in my insurance?

_____ my _____ limit the _____ of prescriptions _____ fill annually?

Is it _____ coverage determination rules _____ on the _____?

Can I _____ a limited number _____ refills _____ year?

_____ limits for specified medications, _____ plan's coverage _____?

_____ is _____ number _____ times my plan _____ me _____ my medicine?

_____ plan limit the _____ of times _____ refill my _____ year?

_____ insurance _____ any _____ many times _____ can get a refill?

Is it _____ my coverage _____ have restrictions _____ certain drugs?
 _____ it _____ there is a _____ on _____ required _____ the year _____ plan?

Is it _____ that the coverage determination _____ on _____ refills _____ drugs?

Does my _____ number of _____ can _____ my prescription?

Under my health _____ is _____ limit on the _____ of prescriptions _____ I can _____ each _____?
 _____ guidelines restrict the _____ times a _____ be renewed under _____ plan?
 _____ plan have _____ set amount of times _____ refill _____?

Does _____ insurance _____ restrictions on how _____ I can _____ prescription refill?

How many _____ am I allowed _____ get _____ this _____ plan?

Do _____ limit the _____ medication refills?

_____ there _____ limit on how many times my _____ me _____ medication?

Is there _____ on _____ yearly prescription refill _____ covered _____ my _____.
 _____ there _____ limitation on _____ number _____ can be renewed _____ for _____ by my insurance _____?

Is there _____ cap _____ of medication refills _____ my _____ covers?

I am curious _____ refill _____ year allowed _____ certain medications under _____ coverage _____.
 _____ there a yearly _____ of times my insurance _____ for _____ medication?

Can you tell me _____ of _____ I _____ get a _____ under _____?
 _____ limitations on how _____ times I can refill _____?

According _____ coverage _____ there may _____ a _____ on _____ prescribed medicines _____ be _____.

Is it possible _____ insurance _____ to _____ the _____ of _____?
 _____ the _____ limit the _____ prescriptions can be renewed _____ plan?
 _____ my _____ determination _____ maximum _____ of _____ refills allowed each year?
 _____ is the _____ yearly _____ to my coverage decision _____?

According _____ plan's coverage decision regulations, _____ the _____ on _____?

Under my insurance utilization standards, _____ can _____?

Is there a _____ cap on _____ number of _____ insurance _____ will _____?
 _____ your rules, how _____ can I _____ in a year?
 _____ it _____ to _____ refills _____ coverage rules?

Does _____ determination _____ impose a _____ total refill times for certain _____?
 _____ there any limits _____ the _____ drug _____ my coverage _____?

Can you _____ there _____ restrictions _____ amount of _____ allowed _____ refill my prescriptions?

I _____ to know _____ my _____ coverage determination rules _____ more _____ refill _____ certain drugs.

Is my plan _____ to how many times _____?
 _____ you tell _____ if there _____ number of times _____ to refill prescriptions?

There _____ as to if _____ set bounds on _____ medication _____.
 _____ the maximum _____ of times my _____ allows _____ my _____?
 _____ my _____ have _____ set amount _____ times _____ my prescriptions?
 _____ limitations on _____ many _____ I can refill _____ medicines?

Is _____ a _____ amount _____ prescription _____ under _____ insurance?

Is _____ limit on _____ of prescriptions that _____ yearly for drugs covered _____ policy?
 _____ per the _____ determination rules, _____ the maximum _____ of medication refill _____?
 _____ the _____ determination _____ ceiling on _____ refill _____ annum for certain medications?

Is _____ a _____ on the _____ can _____ prescription under my health insurance _____?

Is there _____ the number _____ prescriptions _____ be _____ year _____ to the policy?
 _____ impose _____ on the number _____ times a prescription is renewed?
 _____ there _____ to the _____ of times _____ plan _____ to refill _____ prescriptions?
 _____ is the _____ length of time _____ health _____ will _____ refill my _____?

According to _____ decision _____ is the cap _____ prescriptions?

Is there _____ yearly refill _____ set _____?
 _____ plan's _____ regulations, what the cap _____ on _____ prescriptions?

_____ plan _____ of times I can _____ medicines?

Can _____ give _____ the _____ of _____ year allowed for _____ under your _____?

_____ is the _____ refill _____ drugs listed _____ health plan's _____?

What is _____ refill of _____ drugs listed in my _____?

_____ wonder _____ there are yearly restrictions _____ the _____ in my _____.

As per my _____ coverage _____ what _____ of refills _____ every year?

I _____ know _____ the coverage determination _____ for _____ annual _____ refill.

Can _____ me if there _____ on the number _____ times I _____ prescriptions?

_____ to _____ if the _____ guidelines have _____ restrictions on the number _____ can be _____.

_____ not _____ ceiling _____ specific meds is in my _____.

_____ per _____ plan's _____ rules, _____ you _____ refill _____ for _____ medications?

Is _____ possible to _____ specific _____ on _____ refill under _____ rules?

What is the _____ refill _____ each _____ my plan?

_____ my policy _____ to _____ a max _____ for some meds?

Does _____ plan restrict _____ I _____ refill my _____?

According to my _____ regulations, there _____ be a _____ how _____ renewed.

What's the _____ ceiling _____ in _____ plans?

How many times per _____ get a _____ under _____?

Does _____ determination rules impose an annual _____?

_____ clarify _____ maximum _____ of medication _____ allowed in _____ year _____ to _____ plan's coverage _____ rules?

How many times _____ year _____ to _____ prescriptions _____ plan's rules?

Does the _____ determination rules _____ limits _____ medications?

Can my _____ refill _____ my _____?

Does _____ a ceiling on the number _____ a patient _____ refill their _____?

_____ my plan's _____ allow, _____ only _____ a _____ number _____ refills?

_____ my _____ what's the _____ ceiling for _____?

_____ my plan limit how _____ year _____ refill _____ medicines?

_____ want _____ know _____ my plan's _____ allow me to _____ get _____ number _____ requests for specific _____.

_____ plan limit _____ number _____ refill my prescriptions?

Is it possible _____ have refill _____ certain _____ as _____ coverage _____?

I would _____ number of refill per year _____ plan _____ certain _____.

_____ you _____ of refills _____ per year according _____ my _____ determination rules?

I don't know if coverage _____ bounds _____ refill.

Does _____ restrict how _____ refill my medicines annually?

For _____ in _____ health _____ determinations, what is _____ limit _____ time?

For drugs _____ health _____ determination, what is the limit _____?

_____ tell me if there are _____ the number _____ times _____ get _____ prescriptions _____?

Under _____ plan's coverage determination _____ to _____ many _____ I can refill _____ medication?

Is _____ plan limited _____ times _____ refill my _____?

What _____ the _____ on refills _____ rules?

_____ plan _____ a _____ how _____ times I _____ get a refill?

I'm curious about the allowed _____ of refill _____ year _____ under my _____.

_____ plan has restrictions on _____ prescription fills?

In _____ coverage determination guidelines are there _____ on the _____ certain _____?

_____ to my plan's coverage _____ regulations, _____ the cap _____ prescription _____?

_____ my plan's coverage _____ regulations, _____ on yearly prescriptions?

_____ my plan only allow me _____ get _____ number _____ requests for _____?

Is it _____ for _____ plan to _____ number of _____ can _____?

_____ insurance plan's _____ guidelines, _____ limit for _____ yearly refill of certain _____?

_____ a restriction on _____ the required _____ during _____ year _____ this _____?

Under my _____ guidelines, what is _____ limit _____ annual prescription _____ for certain _____?

As per _____ get _____ limited number of refills?

What is the _____ on _____ number _____ refill _____ under _____ health insurance plan?

_____ it possible for my _____ refill limits _____ specific _____?

Is there _____ limit _____ refill allowed _____ year for _____ my coverage _____ guidelines?

Will _____ plan _____ me to _____ get _____ certain _____ of refill requests _____?

Is _____ yearly _____ the _____ of certain drugs in _____?

Under my health _____ plan's _____ what is _____ limit _____ yearly prescription _____?

Is it _____ to _____ refills under _____ rules?

_____ per my plan's coverage _____ number of medication refill per _____?

Based on my _____ rules _____ I only _____ a _____ refill requests _____?

_____ to know if _____ guidelines have any restrictions on the _____ times _____ renewed.

I want _____ know _____ many times a _____ get a _____ under _____.

Under _____ health _____ plan's coverage guidelines, _____ is the _____ on the _____ certain _____?

_____ rules allow _____ a _____ number of _____ year for certain medications.

_____ it possible _____ the _____ refill per year under _____?

Is there any restrictions _____ prescription _____ in _____?

Is there a maximum _____ year by my _____ determination _____?

Can you tell me _____ refill _____ in _____ according to my _____?

Does my plan have _____ the _____ of _____ I _____ refill _____?

_____ set any limits on _____ a prescription can be renewed?

How _____ get a refill for _____ prescription _____ this plan?

_____ give _____ clarification _____ the _____ number _____ refill _____ year according to my plan?

_____ possible that coverage determination _____ annual medication refill?

_____ many _____ a _____ can _____ get _____ for my insurance plan?

_____ my plan _____ how many _____ year _____ my medicine?

Does the _____ prescription _____ quantities?

_____ you tell me _____ any limitations on the _____ of times _____ allowed _____ my _____?

What is the _____ number of _____ be _____ for specific _____ a _____?

_____ my _____ impose a limit _____ number _____ times I refill _____?

What _____ the _____ number _____ refill _____ each year under _____ plan's _____ guidelines?

According _____ plan's coverage decision _____ the _____ on _____ refill?

_____ would like _____ insurance _____ the _____ of medication I _____ refill per year.

_____ on _____ number _____ I can refill each _____ my _____ insurance plan's coverage guidelines?

As _____ my plan's regulations, can _____ of refills?

_____ the _____ for specific medicine _____ my _____?

_____ a limit on _____ times I _____ my prescriptions renewed _____ my _____?

I _____ to _____ if _____ is _____ yearly _____ on _____ number of medication refills my _____.

Is my _____ determine _____ limits _____ medications?

_____ there restriction on _____ prescription fill _____ plan?

Is there a yearly cap _____ the _____ of _____ my _____ plan _____?

Is _____ possible _____ rules set bounds for _____ medication _____?

Is _____ to have specific _____ for annual _____ rules?

_____ maximum _____ allowance in _____ coverage?

_____ the _____ yearly _____ fill quantities?

_____ on _____ number of medication _____ by my insurance plan?

_____ the _____ ceiling _____ a specific drug in _____?

Can _____ the number _____ refill per year _____ for my _____?

Is _____ plan's _____ rules for _____ for certain _____?

_____ to get _____ refill for some meds _____ my policy _____?

There ____ a ____ as ____ if coverage determination ____ set ____ ____ ____ ____ refills.
 ____ want ____ if ____ insurance ____ a limit on ____ amount of ____ refill per year.
 Can I ____ get ____ of ____ specific drugs ____ to ____ plan's rules?
 ____ it ____ to ____ have a set amount ____ medication ____ per year ____ my insurance ____?
 ____ I only ____ a limited ____ for certain drugs ____ my ____ rules?
 Does my plan ____ the number ____ refill ____?
 ____ a ____ on ____ of ____ my insurance will ____ a ____ my medication?
 In ____ policy ____ what's the ____ for ____ drugs?
 ____ possible ____ only ____ a ____ number ____ refill ____ for ____ based on the plan's ____?
 ____ limit to the ____ of ____ for ____ in my policy ____?
 Do ____ rule ____ I ____ refill ____ prescriptions under my plan?
 According ____ my ____ can ____ get a ____ of refill ____ for specific ____?
 Can you ____ me ____ refill ____ specific meds ____ my ____?
 ____ don't know ____ the ____ determination rules ____ volume ____ on certain ____.
 Is there ____ for ____ drugs ____ my coverage?
 I ____ the maximum number ____ allowed by ____ plan.
 ____ there ____ the number of ____ my plan's ____ determination rules allow ____ my medications?
 Is ____ a limit ____ maximum refill ____ in ____ coverage determination guidelines?
 Does my ____ on when ____ refill my ____?
 ____ it possible to ____ limits for ____ per ____ plan's ____ rules?
 ____ the ____ policy ____ ceiling ____ the total refills ____ prescribed medications?
 Do ____ rules of ____ volume ____ for certain drugs?
 Is ____ possible ____ my plan ____ refill limits ____?
 How often ____ I have to ____ certain ____ insurance ____?
 Under my health ____ what is ____ on ____ number of ____ can refill ____ a year?
 Is ____ limit on how often ____ according ____ my coverage?
 Is ____ refill ____ for ____ set?
 Can you ____ me if my ____ determination ____ allow for ____ refill ____ a ____?
 ____ to the ____ coverage ____ regulations, ____ is ____ yearly ____ prescriptions?
 ____ want ____ refill per ____ allowed ____ certain medications under your coverage ____ rules.
 ____ coverage determination ____ impose an ____ limit for ____ medications?
 ____ to ____ plan's ____ is ____ maximum ____ of refills allowed per year?
 ____ know ____ my insurance ____ has ____ limit on ____ amount ____ medication I ____ refill per ____.
 Is there ____ limits on the ____ covered ____ insurance?
 ____ a limit to ____ yearly drug refills under my ____?
 My ____ coverage ____ rules allow ____ a certain ____ of ____ per year ____.
 Is it possible to ____ get ____ limited ____ of refill requests ____ plan's rules?
 ____ my ____ rules, are ____ limits for specified medications?
 ____ me if there ____ number ____ times ____ can get prescriptions renewed?
 ____ my plan limited ____ how ____ I ____ my medicines?
 Is ____ cap on ____ many times you refill certain ____?
 What is ____ maximum ____ of ____ year ____ plan?
 ____ it possible for my ____ to ____ my drugs?
 How ____ can ____ a specific ____ under ____ insurance ____ standards?
 Under my plan's ____ guidelines, what's the ____ number ____?
 ____ to have ____ refills within the coverage rules?
 I ____ know ____ there are constraints ____ amount ____ times I can get prescriptions ____.
 Is there ____ often I ____ certain ____ under my ____?
 As ____ plan's ____ the ____ limits for certain medications?
 Is there a ____ the number of ____ year according ____ this policy?

Is _____ coverage determination _____ set bounds _____ annual _____ for _____ drugs?

Does _____ plan limit _____ annual _____?

Is my _____ restricted _____ how _____ times I _____ my _____?

_____ it possible _____ get _____ number of refill requests _____ depending on _____ plan's rules?

I want _____ my _____ limits _____ amount of _____ I refill _____ year.

_____ restrict the _____ of _____ I refill my _____?

_____ a _____ to _____ that you can refill under my coverage _____?

Under my _____ coverage _____ maximum number _____ refilled medication?

Is _____ determination _____ volume limits for certain drugs?

_____ the number of times a person _____ refill _____ under _____ health insurance plan's _____?

Can _____ only get certain _____ refill _____ certain _____ based _____ my plan's _____?

Is there _____ regarding _____ refill _____ for _____ drugs _____ my _____ determination guidelines?

_____ to my _____ coverage determination rules, _____ you give _____ clarification on _____ maximum _____ refills _____ in _____?

_____ I ask _____ annual drug refill _____ my _____ determination rules.

According to _____ there may be a _____ maximum number _____ refills.

_____ it possible _____ coverage determination rules _____ bounds on _____ medication _____ for _____?

_____ I refill _____ a _____ of times in a _____?

Is _____ a set _____ refill per _____ that I am _____?

_____ a _____ refilling required medicines _____ this plan, Is _____?

_____ you _____ me _____ there _____ on the _____ of times _____ can get _____?

How _____ a _____ can I _____ medication _____ the plan's _____ determination _____?

_____ is _____ for medication refill per _____ for _____ in _____ health _____?

_____ it true _____ there's a restriction _____ required _____ this _____?

What is _____ limit on _____ number of times _____ person _____ a _____ under _____ plan?

Is it possible _____ to set _____ limits _____ medications?

_____ only _____ a _____ drug _____ requests based on my plan's _____?

Is there _____ yearly _____ on _____ many _____ my _____ cover a _____?

Is _____ a limit _____ yearly _____ for _____ covered _____ my insurance?

Is there _____ the _____ of _____ prescriptions _____ be renewed _____ to _____ regulations?

Is _____ a _____ cap _____ many times my insurance plan _____?

Do coverage _____ limits on certain drugs?

_____ limit the number _____ times I refill _____?

I want _____ know if my _____ on yearly prescription _____.

As _____ plan's coverage rules, _____ limits _____ certain drugs?

According to my coverage _____ there _____ on how _____ medicines can _____.

Is there a _____ on the _____ can _____ renewed every _____ according to this _____ guidelines?

I _____ there are _____ per year for _____ plan's coverage _____.

_____ my plan's _____ rules, _____ is an _____ number _____ per _____ for certain _____.

_____ it _____ are limitations on medication refills _____?

Is _____ limit _____ how many _____ you _____ refill a _____ under my plan's _____?

_____ a _____ to the _____ of _____ that I can refill under _____?

Under _____ determination rules, there is a _____ on _____ of _____ that _____ renewed annually.

Under my health insurance plan's coverage _____ is _____ annual _____ refills _____?

Are _____ rules _____ number of _____ I can _____ a _____ this insurance _____?

_____ a yearly _____ on how _____ insurance plan will _____ my _____ costs?

_____ insurance plan _____ have _____ on _____ of prescriptions that _____ renewed.

_____ my plan to _____ refill limits for _____ medications?

Do I _____ the _____ on _____ I _____ refill _____ prescription _____ plan?

_____ possible for _____ plan to set refill _____ for _____?

_____ my plan _____ a limit on _____ of _____?

_____ to only have a certain amount _____ per year _____ by my _____ plan?

_____ I _____ to _____ per _____ as determined by my insurance plan?

_____ tell me the _____ of refill _____ year allowed for certain _____ under _____ determination _____?

_____ there _____ to _____ number of _____ allow _____ to refill my drugs?

I want to _____ the _____ guidelines set any restrictions on the _____ of _____.

Does _____ coverage _____ policy _____ a ceiling on _____ total _____ certain _____?

_____ a set number of _____ can get _____ under this _____ plan?

What _____ the maximum yearly _____ allowance _____?

Under _____ plan's coverage determination _____ is _____ limit _____ times I can _____ my _____?

_____ annual drug refill under my _____ rules?

Is _____ true that _____ plan restricts _____ of _____ medicines during _____?

Is _____ there _____ on refilling required medicines _____ this plan?

Can you _____ number of medication _____ in _____ for my _____?

_____ my plan's _____ what _____ cap on yearly _____ refill activity?

Under _____ plan's _____ guidelines, _____ is the _____ for _____ refill for certain _____?

_____ wondering if there are _____ restrictions _____ drugs in my _____.

_____ there _____ on the maximum _____ allowed for certain _____ in _____ coverage _____?

What is _____ refill of drugs _____ in _____ plan?

_____ you _____ me _____ are _____ on _____ number _____ allowed to refill my prescriptions?

Under my _____ insurance _____ coverage guidelines, _____ the _____ on _____ of prescriptions that can _____?

_____ my insurance _____ have any _____ how _____ I _____ prescriptions?

Can _____ clarify the _____ refill _____ in _____ according _____ the _____ determination rules?

Is _____ possible for the policy _____ a _____ of _____ meds?

In my _____ rule, max _____?

_____ the allowed _____ refills _____ year _____ certain medications under my _____ determination rules.