

[Demo] NLP Dataset for Customer Service Automation

Company Type	Health Insurance Companies
Inquiry Category	Claims denials appeals processes
Inquiry Sub-Category	Medical necessity denial
Description	Customers seek information on claims denied due to a determination that the requested treatment or service is not medically necessary, and request guidance on the appeal process to provide additional evidence.
Data Size	5,052 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.)

____ appeal, submit relevant medical ____ supporting the ____ ____ ____ .
 The need ____ ____ documentation ____ be ____ the appeal.
 ____ needed ____ medical proof to ____ the ____ appeal.
 Provide ____ ____ an appeal ____ treatment.
 There ____ ____ that ____ be ____ in order to ____ proof ____ treatment ____ .
 Documentation ____ the need for treatment ____ to be ____ ____ ____ .
 ____ proof ____ order ____ back up your ____ appeal.
 ____ could be ____ to ____ appeal.
 ____ medical ____ to support ____ treatment ____ .
 Had to ____ ____ support ____ appeal.
 ____ treatment appeal, ____ medical ____ ?
 ____ documents that have to ____ submitted ____ ____ get ____ support.
 It requires ____ proof ____ back ____ treatment ____ ____ .
 ____ coverage, ____ submitting ____ docs justifying treatment ____ ?
 You ____ medical ____ back up ____ appeal.
 ____ relevant ____ documentation that ____ need for your treatment in order ____ ____ ____ as an ____ ____ .
 Proof ____ treatment ____ can be ____ ____ documents.
 Medical ____ ____ be ____ ____ appeal.
 Your ____ supporting ____ need ____ treatment should ____ lodged ____ an ____ .
 Required ____ medical ____ support ____ appeal.
 Remember to support ____ ____ ____ .
 Provide medical ____ order ____ up ____ appeal.
 Give ____ ____ to ____ appeal for ____ .
 There ____ a ____ provide ____ to support ____ appeal for ____ .
 ____ documentation ____ support the ____ treatment should be submitted ____ ____ ____ .
 Medical ____ ____ appeal is required
 ____ documentation ____ ____ for ____ treatment should be ____ with the appeal.
 ____ medical ____ back up ____ ____ appeal.

_____ present _____ medical records if _____ demand _____.

The _____ for _____ should _____ supported _____ your medical _____.

_____ are medical _____ that _____ to _____ in _____ to _____ proof _____ the _____ support.

Provide _____ medical proof _____ an appeal _____

_____ evidence _____ back up _____ required.

There _____ medical documents that need _____ be submitted _____.

It's mandatory to _____ proof _____ a treatment _____.

Documentation relating _____ the _____ for treatment can _____ appeal.

The treatment _____ medical _____.

Send medical _____ to _____ treatment _____.

Medical _____ for the treatment _____ to _____ valid.

Provide medical _____ to _____ your _____?

_____ to _____ info to appeal.

It's important _____ show medical _____ treatment appeal.

_____ back up the _____ you need _____ medical proof.

You should _____ essential medical _____.

To _____ for treatment _____ documents must be _____.

Provide _____ to support _____ appeal _____.

_____ medical _____ that _____ your _____ order to _____ an appealatory document.

_____ medical information.

Medical _____ are to _____ submitted _____ to _____ support.

You _____ lodge _____ the _____ for your _____ an appeal.

To _____ give _____.

There _____ to _____ treatment appeal.

_____ medical _____ to _____ case _____ treatment.

In _____ you should _____ relevant _____ documentation.

_____ documents _____ submitted to support _____.

Attach _____ medical documentation that _____ your treatment _____ you can use it as _____.

If _____ back up _____ a medical proof.

There _____ documents _____ must be _____ provide _____ for treatment _____.

Refer _____ for an _____.

Provide medical _____ you would like _____ appeal.

_____ provide medical proof _____ back _____ appeal.

Medical _____ be given _____ appeal.

_____ need _____ treatment _____ by medical _____ the appeal.

Medical _____ support the _____ required.

_____ can _____ submitted _____ order to _____ support for _____.

_____ Provide _____ for _____ appeal?

_____ medical _____ to support _____.

_____ need _____ treatment _____ be supported with _____ during the _____.

_____ relevant _____ support _____ treatment appeal.

The _____ necessary _____ up the treatment appeal.

Should you _____ appeal, submit _____.

Proof _____ can be obtained _____ are medical documents _____.

There are _____ that _____ submitted _____ order _____ provide proof of treatment _____

Medical _____ if _____ want to back _____ your treatment _____.

_____ information to appeal.

Provide _____ supports _____ appeal for _____.

Documentation _____ the need for _____ should be _____.

Doctors _____ give _____ support treatment _____.

Give ____ evidence ____ support ____ treatment ____?
 There are medical ____ to ____ order to ____ proof ____.
 ____ to show medical ____ support ____.
 ____ is necessary to present essential ____ to get ____.
 You should ____ medical ____ treatment ____.
 ____ order to back ____ the ____ you ____ medical ____.
 ____ evidence to support ____?
 ____ should submit documentation ____ supports ____ need ____ treatment with ____.
 Documentation ____ the ____ for ____ can ____.
 If ____ back ____ your ____ appeal, ____ should give medical ____.
 ____ support can be ____ the ____ of medical documents.
 ____ medical evidence to ____ up ____.
 There ____ medical ____ to ____ to get treatment ____.
 ____ be medical proof ____ back up ____ appeal.
 ____ to ____ Proof ____ treatment ____ there are medical ____ to ____.
 An appeal should ____ for ____ supporting your ____.
 ____ evidence for ____ appeal.
 ____ is required ____ show ____ treatment appeal.
 ____ need ____ medical ____ to support the ____.
 Medical ____ to ____ appeal is required.
 ____ Documentation ____ to ____ an appeal.
 There ____ to ____ Proof for Treatment Support.
 ____ need to present ____ if you ____ approval.
 To support ____ to give medical ____.
 ____ documents ____ be submitted ____ to get Proof ____ Treatment ____.
 There ____ to submit ____ support ____.
 There ____ medical ____ to submit ____ get Proof ____ support.
 ____ to ____ medical proof to ____ the treatment ____.
 ____ to ____ up ____ treatment appeal.
 There should ____ the need for your ____ appeal.
 ____ medical ____ to ____ the treatment appeal.
 The treatment appeal ____ to ____ medical proof.
 To obtain proof of ____ medical ____ to ____ submitted.
 There are medical ____ have ____ submitted ____ to ____ treatment support.
 ____ required to ____ medical proof ____ treatment appeal.
 There ____ medical proof ____ back ____ treatment ____ up.
 ____ are medical documents ____ be submitted ____ order to ____ treatment ____.
 ____ proof must be used ____ treatment appeal.
 ____ be ____ in order to ____ treatment support.
 ____ treatment needs ____ supported by ____ documentation ____ you appeal.
 The treatment appeal ____ medical ____.
 Doctors justifying ____ submitted.
 ____ you want to ____ treatment ____ please provide ____ proof.
 Documentation that ____ need ____ treatment ____ be submitted ____ appeal.
 Medical ____ to support ____ appeal ____?
 ____ need to ____ to ____ treatment appeal.
 ____ medical evidence ____ a ____ appeal
 ____ medical proof ____ back ____ treatment ____?
 ____ treatment appeal ____ proof in order to ____ forward.
 ____ support ____ the ____ for your treatment ____ submitted with the ____.

_____ appeal should _____ showing the need for _____.

Please provide medical _____ back _____.

Send your medical _____.

In _____ treatment _____ are _____ documents to _____ submitted.

Medical _____ should _____ submitted _____.

_____ you give _____ to back _____ your _____ appeal?

_____ of _____ need.

You need to _____ medical _____ treatment appeal.

_____ supporting _____ need for _____ treatment _____ the appeal.

Request medical _____.

Consider _____ treatment need.

Supporting medical _____ be used _____.

_____ related _____ the need for your _____ submitted _____ your _____.

_____ treatment appeal needs _____ proof in _____ to _____ forward.

To _____ up _____ appeal, _____ medical _____.

_____ are _____ documents that need _____ order _____ treatment support.

Medical documentation _____ to support _____

_____ medical _____ appeal.

Send relevant _____ justifying _____

There are medical _____ that should _____ order to _____ support.

Medical _____ be used _____ appeal.

_____ documentation _____ support _____ appeal.

_____ Medical proof _____ treatment _____.

_____ can be submitted _____ the need _____ during the _____

_____ medical proof _____ treatment appeal _____.

The _____ supported _____ medical proof.

The _____ supports the _____ for your _____ submitted with the _____.

_____ can submit _____ info _____

_____ are _____ be submitted _____ Proof for _____ support.

The _____ for _____ should _____ accepted.

There needs to _____ medical _____ order to back _____.

_____ about the need _____ be _____ with your appeal.

_____ documentation needed _____ treatment should _____ submitted _____ appeal.

You should _____ documentation _____ the _____ your treatment _____ your _____.

Provide _____ proof to _____.

Please _____ support treatment

_____ medical evidence in _____.

_____ required _____ for _____ be lodged as an _____.

_____ relevant _____ documentation that _____ the need _____ your _____ order to _____ available _____ appeal.

You _____ essential _____ records _____ approval.

_____ may be _____ for treatment _____.

There _____ documents _____ in order _____ of treatment support

The _____ proof to back _____ up.

Provide _____ if _____ to back up your _____.

There _____ medical documents _____ if _____ Proof _____ treatment support.

There _____ medical documents _____ accept for _____ appeals.

If _____ want to _____ up _____ appeal, _____ proof is _____.

_____ should _____ documentation showing _____ need _____ treatment.

You _____ the _____ supporting the _____ your _____ an appeal.

If you _____ back _____ treatment _____ should _____ medical proof.

_____ back up treatment _____ needed.

_____ are medical _____ submit to _____ for treatment _____.

Provide _____ proof if you _____ back _____ treatment _____.

_____ relevant _____ that _____ the _____ for your treatment _____ make _____ available as _____ appealatory _____.

_____ relevant medical _____ that _____ the _____ treatment and make _____ an appealatory _____.

_____ are _____ that can _____ used to _____ appeal.

_____ documentation _____ in support of an _____

The medical _____ must _____ the appeal.

_____ support _____ appeal, _____ proof must _____ given.

To appeal _____ medical _____.

To support _____ proof needs to _____.

Correct, _____ appeal with _____.

With _____ appeal, _____ documentation _____ treatment should be submitted.

There _____ medical _____ must be submitted in _____ to _____

_____ medical evidence _____ up treatment appeal.

You can submit medical _____.

Medical documents can _____ used _____

You _____ relevant medical documentation that supports the need of _____ treatment _____ an _____.

Provide medical _____ treatment _____!

It is necessary to provide _____ support _____.

The _____ regarding the need _____ should be _____ with _____.

_____ medical evidence _____ treatment _____?

_____ are _____ be submitted in _____ provide _____ of treatment support.

You _____ to _____ medical _____ to _____ the _____.

The _____ appeal _____ medical proof to _____ it.

The _____ need for _____ should _____ submitted with _____ appeal.

_____ up _____ appeal, _____ need _____ proof.

_____ should be submitted _____ order to _____.

Medical proof is _____ if _____ want _____ up _____.

In _____ support, medical documents _____ needed.

_____ documentation can _____ submitted _____ the _____ for treatment _____ appeal.

If _____ your treatment _____ you must provide medical _____.

_____ should _____ the _____ that supports _____ need _____ your treatment.

_____ for _____ Support _____ obtained _____ submitting medical documents.

The medical _____ required to _____ the _____ for _____.

_____ can be _____ support _____ appeal.

You can submit _____ for _____.

_____ proof _____ your appeal for _____.

If _____ to back _____ appeal you have _____ medical _____.

_____ make _____ submit medical _____.

_____ proof for the treatment _____ medical documents _____ submit.

_____ documents _____ submitted _____ order to _____ treatment

There are _____ documents that need to be _____ to _____.

It's required to show _____ proof _____ treatment _____.

The _____ treatment should be _____ appeal.

_____ must be shown to _____ the treatment _____.

Can you _____ back _____ your treatment appeal?

Medical documents _____ be submitted _____ order to _____

There need to _____ proof _____ the _____ appeal.

To appeal, you _____ submit _____.

The _____ be submitted _____ appeal.
 _____ medical evidence _____ appeal.
 Attach _____ medical _____ supports _____ for your treatment and _____ it available _____ document
 _____ proof _____ support treatment appeal.
 _____ appeal _____ contain documentation _____ need _____ your treatment.
 Provide _____ proof _____ back up _____ treatment appeal.
 The _____ needs to _____ medical _____.
 _____ be supplied to _____ up _____ treatment appeal.
 _____ submit relevant _____ documentation
 _____ be _____ documentation submitted that supports the _____ during the _____.
 _____ medical documents _____ must _____ submitted in _____ to receive proof _____.
 _____ submit medical information _____.
 Provide _____ proof _____ you _____ to _____ up the _____.
 Required _____ medical _____ for _____ appeal.
 _____ medical proof to back up _____.
 Is _____ to _____ medical _____ support _____ appeal.
 _____ supporting the _____ for _____ be lodged as an _____.
 Proof for _____ be obtained with _____ help _____ medical _____.
 Documentation _____ the need _____ should _____ submitted _____ the _____.
 There are medical _____ must be _____ prove _____ support.
 _____ supports the need of your treatment _____ available as _____ document.
 _____ proof _____ an appeal for _____ should be _____.
 In order to _____ proof _____ support _____ to submit.
 Attach relevant medical documentation _____ supports the need of _____ it _____ made available _____.
 The _____ supporting _____ your treatment needs to be _____ appeal.
 _____ to submit _____ documents to _____.
 Attach _____ documentation that _____ so that it _____ be used _____ appealary _____.
 _____ appeal, submit _____ documentation.
 _____ support an appeal _____ treatment
 The _____ appeal needed to _____.
 It _____ necessary to _____ proof to _____ treatment _____.
 _____ be lodged _____ the _____ supporting the _____ for treatment.
 _____ be submitted _____ show _____ need for treatment _____ appeal.
 _____ relating to the _____ your treatment should _____ submitted with _____.
 Medical _____ back up _____ appeal _____ provided.
 _____ back _____ treatment appeal.
 _____ show medical _____ to support _____.
 The documentation _____ should be submitted _____ your _____.
 _____ want to get _____ of _____ support, _____ have to _____ documents.
 _____ to back _____ treatment _____.
 _____ be medical proof _____ back up a _____.
 _____ for your treatment should be lodged _____ an _____.
 You _____ want _____ support _____ appeal _____.
 _____ should _____ your appeal _____ procedures.
 _____ appeal has to _____ supported _____ medical _____.
 Proof _____ treatment _____ can be _____ by _____ medical _____.
 _____ can provide _____ proof if _____ want to _____ up _____.
 Medical proof _____ required to _____ appeal _____ treatment.
 _____ you _____ for treatment support, there are medical _____.
 The _____ include documentation _____ need for _____.

_____ medical evidence _____ the _____.

_____ up an appeal for treatment.

_____ docs justifying the _____

To _____ appeal must _____ medical _____.

_____ must _____ given to _____ treatment appeal.

_____ should _____ documentation supporting your _____ an appeal.

_____ should _____ your _____ with _____.

_____ proof for _____.

Medical proof is _____ up _____ treatment appeal.

_____ appeal _____ medical proof.

_____ submit relevant docs _____ necessity.

The medical _____ is _____ support _____ for treatment.

_____ is required _____ the _____ appeal.

_____ the treatment _____ submitted.

Documentation _____ to the _____ your treatment should _____ with _____.

_____ proof must _____ given _____ back up _____ appeal.

_____ relevant medical _____ supports the _____ of your treatment, to _____ available _____ document.

_____ receive treatment support, _____ to submit.

There are _____ documents _____ to _____ in order to _____ treatment _____.

Medical _____ can _____ submitted in _____ to _____ the _____.

_____ proof is _____ order to back up _____.

You _____ support your _____.

Documentation supporting _____ for _____ should _____ submitted with _____

_____ show _____ to support treatment _____

_____ mandatory to show _____ support _____ appeal.

Medical proof _____ be needed to back _____.

_____ documentation _____ the need _____ treatment should _____ as an _____.

The _____ to have medical proof _____ it _____.

If you _____ to _____ treatment _____ you have to _____ medical _____.

_____ are _____ to _____ to get proof of treatment.

To _____ submit _____.

_____ to _____ up the appeal.

Your appeal _____ supporting _____ for treatment.

To _____ the treatment _____ medical proof.

Provide _____ essential medical _____ order _____ approval.

_____ that _____ submitted in order _____ get proof for treatment support.

In _____ proof _____ treatment _____ medical _____ need _____ be submitted.

Provide _____ if you _____ to back _____ treatment _____.

Documentation _____ support _____ need _____ treatment _____ appeal.

Medical _____ have to _____ order to get _____ treatment _____.

Documentation _____ the need _____ treatment _____ submitted with _____.

_____ medical _____ be submitted to obtain _____ treatment support.

Documentation for _____ treatment _____ should _____ the appeal.

_____ is _____ have medical _____ to support treatment _____.

_____ you _____ back _____ treatment appeal, _____ have _____ provide medical proof.

_____ treatment _____ are _____ documents to be submitted.

_____ support treatment appeal, _____ required.

If you _____ to back _____ treatment _____ provide _____

_____ proof _____ required to _____ the _____.

Provide _____ to back _____ an _____ treatment?

It _____ medical proof _____ support an _____ for treatment.
 Documentation _____ treatment _____ be _____.
 _____ supporting the _____ for _____ treatment should _____ as a _____.
 proof for _____ support can _____ submitting _____ documents.
 _____ supporting the _____ for _____ in _____ can _____ submitted.
 _____ is required to back up _____.
 Documentation _____ the need for _____ treatment _____ the appeal.
 There are _____ be _____ to obtain _____ of treatment _____.
 _____ of the treatment should _____.
 _____ proof _____ back up the _____.
 _____ you _____ to appeal, _____ medical _____.
 _____ relevant _____ documentation _____ the _____ of _____ treatment, as an _____ document
 _____ that supports _____ for treatment should _____ submitted _____ your _____.
 _____ to back up _____ treatment appeal you should _____.
 _____ documentation can be sent supporting the need _____.
 _____ mandatory to _____ medical proof _____ treatment _____.
 Provide medical evidence _____ support _____.
 _____ you want to back _____ your _____ appeal, you _____.
 _____ essential _____ records if you _____.
 You _____ provide _____ to _____ the treatment appeal.
 Give medical proof to _____?
 _____ to _____ proof if you want to _____ treatment appeal.
 _____ proof for _____ support requires _____ be submitted.
 Please give _____ to _____ appeal.
 If _____ want _____ treatment _____ you need medical proof.
 To get proof for _____ support, _____ medical _____.
 You _____ the documentation for _____ treatment _____ your _____.
 Medical _____ provided if _____ want to back _____ your _____.
 Provide _____ support _____ appeal for _____?
 Medical _____ for _____ may _____ accepted.
 Medical documents need _____ to _____ proof for treatment.
 _____ to _____ submitted in order _____ provide proof of _____.
 _____ justifying _____ necessity _____ be _____.
 _____ records in _____ to receive _____.
 _____ documents that _____ be _____ obtain proof of _____ support.
 Provide medical _____ to back _____.
 _____ to _____ appeal for treatment
 _____ documentation _____ the _____ your _____ should _____ submitted _____ the appeal.
 Prepare _____ to _____ up _____ appeal.
 The treatment _____ proof _____ up.
 Provide _____ to _____ up an _____.
 It's _____ give medical evidence _____ up the _____.
 _____ medical _____ to support _____ for _____?
 Medical documentation can _____ supporting _____ for _____ during _____ appeal
 _____ medical _____ you want to _____ up _____ appeal.
 _____ that _____ treatment to be made available as an appealatory _____.
 Provide _____ records _____ approval.
 Give _____ evidence _____ your appeal.
 _____ documentation _____ need for _____ treatment should _____ submitted _____ appeal.
 Provide evidence _____ the _____.

_____ lodge the _____ supporting _____ need for _____ as _____ appeal.
_____ order to receive _____ support _____ documents to _____.
Documentation _____ the _____ be _____.
To _____ treatment _____ must _____ medical _____.
_____ medical _____ need _____ be submitted _____ to get _____ for treatment.
There needs _____ be _____ to _____ up _____ treatment _____.
_____ Treatment Support _____ be obtained _____ submitting medical _____.
Required: Provide _____ treatment appeal.
_____ medical documents _____ be _____ for _____.
_____ medical proof _____ back _____ the treatment _____.
_____ medical documentation that _____ need _____ to be _____ an appealatory document
Medical _____ are _____ receive treatment _____.
Medical _____ used _____ support _____ an appeal.
_____ to provide proof _____ treatment support, there are _____.
Medical information _____ submit _____.
_____ documentation _____ need _____ treatment should _____ submitted with your _____.
_____ supporting _____ need _____ treatment should be _____ your appeal
_____ appeal, medical _____ be used.
medical documentation _____ up an appeal.
Please _____ documentation _____ support _____.
_____ submitted regarding the need _____.
_____ necessary to provide medical _____ an _____.
You should support _____ appeal _____.
To _____ up _____ need _____ proof.
_____ proof is required _____ back your appeal.
Medical _____ supporting _____ treatment is required _____ appeal.
Documentation _____ the _____ for _____ submitted during the _____.
_____ relevant medical documentation _____ the need of _____ to be used _____.
_____ documents that _____ submitted _____ support treatment.
Attach relevant _____ the need _____ for an appealatory document.
Provide medical evidence _____ up _____.
It's _____ proof to support a _____ appeal.
Medical documents can _____ submitted _____ obtain proof _____.
Providing _____ evidence to _____ is mandatory.
There _____ must _____ to get Proof _____ treatment support.
Medical documents _____ submitted in order _____ prove _____.
The medical _____ appeal should _____.
There are _____ be submitted in _____ support _____
Provides _____ if you _____ to _____ treatment appeal.
_____ essential _____ in order _____ demand _____.
The documentation regarding the _____ treatment _____ be lodged _____.
Proof of _____ can _____ obtained _____ medical documentation.
There are _____ documents that need _____ be _____ in _____ of _____ support.
_____ appeal could _____ by _____ documentation.
_____ proof _____ support _____ appeal _____ the treatment?
_____ should be submitted in order _____ support.
_____ appeal, submit relevant _____ supports _____.
Medical _____ be _____ in _____ to _____ treatment.
Documentation _____ to the _____ treatment should be _____ appeal.
_____ present medical _____ support treatment _____?

_____ documentation _____ your treatment needs to be _____ as _____.

There _____ medical _____ to _____ an _____.

Medical proof to _____ needed.

To appeal, please _____.

Medical _____ be provided _____ an appeal _____ treatment.

_____ are medical _____ be submitted in _____ proof _____ treatment support

_____ documentation _____ is _____ for your treatment should _____ submitted _____.

_____ is needed _____ need _____ treatment during the _____.

_____ medical _____ the need _____ your treatment, and _____ be made available _____ appealatory document.

_____ documents to be _____ in _____ to _____ treatment support.

Required: _____ proof to _____ for treatment.

The documentation _____ supports the _____ should be included _____ the _____.

There are medical documents _____ order _____ support

_____ can be submitted _____ the _____ for treatment _____ appeal.

Attach relevant medical _____ supports _____ need of your _____ so _____ as _____ appealatory document.

_____ to support _____ there are _____ to submit.

To support _____ must be _____.

_____ proof would _____ required _____ back up your _____.

Documentation _____ be submitted _____ for treatment during the _____.

_____ is _____ for _____ up _____ treatment appeal.

Medical _____ submitted _____ shows the _____ for treatment _____ appeal.

_____ medical _____ back the treatment appeal.

_____ treatment _____ has to have _____ to support _____.

_____ should include _____ documentation _____ the _____ for treatment.

_____ proof _____ necessary _____ support _____ treatment _____.

There _____ medical documents that need _____ for treatment support.

The _____ your _____ should be _____ with _____ appeal.

_____ for treatment appeal

To _____ available as _____ appealatory _____ relevant medical _____ supports _____ need of _____ treatment.

_____ is necessary _____ the appeal.

_____ medical evidence to _____ appeal?

_____ the _____ for your treatment should be _____ appeal.

_____ to _____ for treatment _____ be _____ with the appeal.

You should _____ to _____ up _____ treatment appeal.

If _____ to _____ should submit medical _____.

The _____ supporting _____ need for _____ must be _____ with _____.

_____ helpful in an appeal.

_____ documentation _____ your treatment need should _____ with _____.

_____ necessary _____ give _____ proof to _____ appeal.

Medical documentation _____ be used _____.

Provide medical evidence _____ treatment appeal?

_____ you want _____ up your treatment appeal

_____ treatment should _____ submitted _____ your appeal.

_____ treatment support there are medical _____ submit.

Supporting _____ for treatment can be _____ by _____.

_____ get Proof _____ Support, there _____ medical _____ to be _____.

_____ is required _____ give _____ proof _____ support _____ appeal.

_____ to _____ need for treatment _____ with the appeal.

Supporting medical _____ appeals _____ accepted.

Provide Medical _____ to _____.

documentation _____ treatment _____ lodged as an appeal.

_____ evidence to _____ treatment appeal.

_____ information _____ to appeal.

_____ medical documentation that supports your _____.

Attach _____ need of _____ treatment, _____ be _____ available _____ an appealatory document.

_____ documentation can _____ an _____.

_____ are medical _____ that must _____ submitted _____ get _____.

To _____ proof of treatment _____ medical _____ to _____.

_____ lodge _____ documentation _____ support _____ your _____ as an appeal.

_____ you _____ back up _____ treatment appeal, _____ to _____ medical proof.

There _____ submit for _____ support.

You can support _____ treatment.

Must _____ medical _____ to _____ appeal.

To _____ up the _____ appeal, _____ medical _____.

In _____ to _____ medical documents _____ to be _____.

There should be _____ supporting the need _____ as _____.

Medical _____ should be _____ treatment.

Medical proof is _____ for _____ treatment _____.

_____ appeal, submit the _____.

_____ are medical documents that must _____ submitted in _____ proof _____.

Provide your _____ records _____ order _____ approval.

_____ must _____ to support treatment _____.

_____ documentation _____ supports _____ of your _____ to be _____ as an appealatory _____.

Attach medical documentation that _____ need _____ your treatment _____ to _____ available as _____ appealatory _____.

_____ that supports your _____ should _____ submitted _____ your appeal.

_____ for _____ treatment should be lodged _____ an _____.

_____ are medical _____ that must _____ order _____ support treatment.

There _____ medical _____ to _____ to get _____ treatment.

_____ that _____ to be submitted in order to _____.

_____ to _____ should _____ submitted.

Medical proof _____ to back up _____ treatment appeal.

Provide medical _____ support _____ treatment?

If you want _____ appeal _____ need to _____ proof.

There _____ medical _____ to submit, in order _____.

proof for treatment support _____ submitting _____.

The need for your _____ the documentation.

Documentation supporting _____ for _____ treatment _____ submitted with _____ appeal.

Documentation _____ for treatment _____ be _____.

To provide _____ for _____ support, medical documents _____ to _____.

I need _____ medical _____ to support _____.

Documentation that supports _____ should _____ filed as an _____.

The documentation _____ supports the _____ be lodged _____ an appeal.

_____ are medical documents you _____ treatment _____.

Medical proof to _____ mandatory.

_____ supporting need for treatment can _____ during _____.

An appeal _____ be _____ documentation _____ the _____ for _____.

_____ receive _____ there are _____ to submit.

There _____ documents to _____ in order _____ proof of treatment _____

_____ appeal, please _____ info.

_____ proof to support treatment _____?

_____ essential medical records _____ want _____.

Medical _____ that supports _____ need _____ is needed to _____.

_____ the _____ for _____ treatment needs _____ lodged as an appeal.

_____ documentation _____ for _____ should be _____ an appeal.

There are _____ be _____ in order _____ provide _____ treatment.

You _____ claim by presenting _____.

The treatment appeal _____ medical proof _____ believed.

_____ support _____ treatment, medical documents have to be _____.

Provide proof _____ the _____.

With _____ appeal, _____ the need for _____ be submitted.

If _____ want to _____ appeal, you _____ give _____ proof.

You need _____ back _____ your _____.

Attach relevant _____ the _____ for your _____ and _____ will _____ as an appeal document.

Documentation supporting your _____ should _____ with your _____.

_____ required _____ medical evidence _____ the treatment appeal.

_____ support treatment appeal.

_____ to _____ medical proof _____ support the treatment _____.

_____ your treatment _____ be submitted with your _____.

Documentation _____ the _____ be submitted with the _____.

It _____ to _____ an _____ with _____ documentation.

_____ have to _____ medical _____ appeal.

Medical proof is _____ support _____.

To support _____ medical _____ is _____.

_____ supporting the need _____ your _____ in the appeal.

_____ proof _____ to support _____ treatment _____.

To appeal you must _____.

_____ medical _____ of an _____ for _____.

You _____ submit _____ medical _____ your appeal.

If _____ want _____ the _____ Provide medical proof.

Your _____ needs to _____ relevant medical _____ appeal.

If _____ to appeal, _____ information

_____ to get _____ treatment support, medical documents _____.

Medical documentation _____ used to _____.

_____ for _____ support _____ be obtained _____ there _____ medical documents _____.

_____ proof to support _____ appeal

_____ if you want _____ back up your _____ appeal.

_____ like to _____ up your _____ you _____ medical proof.

_____ are _____ be _____ in _____ to prove treatment support

Provide medical _____ you're _____ back up the _____.

_____ medical _____ in order _____ up _____ appeal.

_____ support an _____ medical _____ is _____.

_____ order _____ provide proof of _____ are medical documents to _____.

It is necessary _____ the treatment _____ proof.

Medical documents can be _____ to _____ treatment _____.

Medical evidence can _____ the need _____ treatment _____ appeal.

_____ medical records when _____.

The _____ support _____ need _____ should _____ submitted _____ the appeal.

_____ treatment appeal _____ have _____ to support _____.

_____ need for treatment should be _____.

_____ proof is required _____ treatment _____

_____ should _____ medical _____ to _____.
 _____ the _____ of your _____ to make it an appealatory document.
 _____ that supports _____ your _____ should be _____ the appeal.
 _____ appeal, you should _____.
 _____ can be supported _____ documentation.
 Attach _____ supports _____ of your _____ for it _____ available as an appealatory document.
 Attach medical documentation _____ supports the _____ your _____ it _____ appealatory _____
 _____ documentation _____ your treatment _____ be submitted with _____.
 _____ to give _____ proof _____ appeal
 Provide _____ proof to _____.
 _____ medical documents _____ must be _____ order _____ obtain Proof _____ Support.
 _____ need for your treatment's _____ as _____ appeal.
 _____ data _____ make a claim.
 _____ obtain Proof for _____ medical _____ to submit.
 If _____ wish to back _____ the _____ should provide _____.
 Proof _____ Treatment Support _____ obtained by _____ medical _____.
 _____ must _____ documentation supporting _____ for treatment.
 _____ should _____ that _____ the need _____ treatment with _____ appeal.
 Give medical _____ to _____.
 _____ medical documents need to _____ in _____ provide _____ treatment.
 You _____ proof to support _____ appeal.
 Supporting _____ for treatment appeals _____.
 _____ of medical info is _____.
 Medical proof _____ appeal for treatment _____.
 _____ documentation _____ supports _____ your treatment to _____ made _____ as an appealatory document
 In order _____ treatment _____ are medical _____ to _____.
 If _____ want to _____ treatment _____ you _____ to give _____.
 _____ the _____ your treatment has _____ be lodged as an _____.
 Medical _____ that _____ for _____ can _____ submitted to appeal.
 The documents _____ proof of _____ are medical.
 _____ have _____ be submitted in order to _____.
 _____ is _____ medical proof _____ support an appeal.
 Documentation _____ the need _____ your treatment should _____ the _____.
 _____ you want to back up _____ to provide medical _____.
 _____ to show _____ to support _____ appeal.
 Provide _____ to back up _____.
 _____ to _____ documentation for the need for _____.
 Provide medical proof _____ support _____ treatment?
 The _____ your _____ for _____ should _____ submitted with _____ appeal.
 _____ support an appeal.
 _____ should be _____ proof to _____ appeal for _____.
 _____ appeal _____ submit relevant medical _____.
 _____ for _____ needs to _____ supported in _____ appeal.
 The _____ your treatment _____ be lodged as _____.
 _____ medical proof if you are _____ back _____ your _____.
 _____ of an appeal for _____
 _____ treatment appeal, you have _____ medical _____.
 _____ documentation can _____ used _____ an _____.
 _____ need for treatment can _____ during the appeal.
 _____ documentation supporting _____ need for _____ needs _____ submitted _____ the _____.

There are _____ to be submitted in _____ to _____ Support.
_____ to appeal, _____ medical details.
Documentation _____ the _____ your _____ should be filed as _____.
Attach relevant _____ documentation _____ supports the need for treatment, to _____.
_____ relevant _____ supports _____ need _____ treatment to appeal.
_____ to _____ medical _____ treatment appeal.
_____ documentation showing your need _____ should _____ an appeal.
_____ medical proof to _____ appeal.
_____ the documentation that supports the need _____ treatment.
Medical _____ can be _____ to _____ the need _____ during _____.
To _____ submit _____ information.
_____ appeal _____ showing _____ need for treatment.
_____ documentation _____ the _____ for _____ can be submitted _____ an _____.
_____ medical documents _____ be submitted in _____ for support _____.
_____ documents _____ be submitted in _____ to _____ for _____
There is _____ requirement to _____ to _____ appeal.
_____ is _____ show medical proof to _____ treatment _____.
_____ relevant _____ that _____ need of _____ treatment and it will _____ available _____ appellate document
The _____ the _____ needs _____ submitted with the _____.
Supporting _____ need for your _____ is _____ you should _____.
_____ that _____ the _____ for _____ be submitted with _____ appeal.
_____ proof _____ needed to support _____.
It's _____ to give medical _____ up treatment _____.
It's _____ to _____ proof to support _____ appeal.
_____ need for treatment _____ appeal can _____ by _____ documentation.
To _____ for _____ document, attach relevant medical _____ that supports _____ of _____.
_____ up _____ treatment _____ there has _____ medical proof.
It's possible to _____ documentation _____ appeal.
_____ appeal has to _____ evidence _____ support _____.
If you want _____ support _____ treatment appeal, you _____.
It's necessary to _____ a treatment appeal.
If _____ want to _____ up the treatment _____ medical _____.
_____ you wish _____ up _____ appeal, provide _____ proof.
_____ proof _____ back up _____ appeal.
_____ required to give medical _____ to _____ treatment _____.
The _____ documentation supporting _____ need for your _____.
There are _____ have _____ be submitted in order _____ Treatment Support.
Your treatment _____ lodged _____ an _____.
Documentation related to _____ need _____ treatment can be _____.
_____ documentation _____ support _____ appeal
_____ documentation supporting the need for _____ an appeal.
Medical proof _____ to _____ an _____.
The medical _____ is _____ back up _____ appeal.
There _____ medical _____ submitted in order to _____ proof _____.
_____ for medical proof to _____ up _____.
In order _____ treatment _____ there _____ medical documents to _____.
Attach _____ medical _____ your treatment as _____ document.
Your _____ should _____ the need for _____ treatment.
_____ provide _____ proof _____ support the _____.
If _____ want to _____ have to provide _____ proof.

_____ documents that _____ to be submitted _____ to _____ proof _____ treatment _____.

Medical _____ be _____ to _____ an _____.

The documentation supporting your treatment _____ be _____.

Provide essential _____ records _____ you _____.

provide medical _____ you want _____ the treatment _____

If _____ appeal, _____ need to submit relevant _____.

_____ appeal _____ documentation _____ the need for your _____.

Provide _____ to support _____ appeal...

_____ up your treatment _____ medical _____.

_____ paperwork can _____ an appeal

_____ order _____ treatment, _____ are medical _____ to submit.

Documentation that _____ treatment _____ be _____ with _____ appeal.

Medical _____ was required _____ an _____ for _____.

Medical documents _____ to _____ to provide proof of _____.

_____ is required _____ support the _____.

_____ order to _____ treatment support, _____ must _____ medical _____.

_____ required _____ proof be provided _____ treatment appeal.

_____ to _____ treatment support there are medical _____ to _____.

_____ you _____ to back up _____ treatment _____ please _____ proof.

_____ medical _____ the treatment appeal.

Medical _____ is needed for _____.

You must _____ relevant _____ order to _____.

_____ proof to _____ up treatment _____.

_____ to provide proof _____ documents must be submitted.

_____ evidence to back _____ needed.

_____ medical _____ to submit in _____ to _____ proof of _____.

Provide _____ evidence _____ support _____?

_____ to back _____ the appeal

The _____ be _____ by _____ proof.

You have _____ provide _____ proof _____ want _____ up your _____ appeal.

_____ can lodge _____ if _____ supports the need for _____.

To _____ treatment _____ medical _____ have to _____ submitted.

_____ medical _____ supports _____ of _____ treatment _____ it _____ be an appellatory document.

_____ treatment _____ should be _____.

_____ treatment _____ must have medical _____ support _____.

Provide _____ to _____ appeal?

Medical documents _____ treatment appeals.

Supporting _____ for treatment _____ via medical documentation.

_____ proof is a _____ to _____ the treatment appeal.

_____ medical _____ up the treatment _____.

_____ medical information _____ appeal.

_____ relevant _____ documentation that _____ the _____ treatment _____ be used _____ an appellatory _____

Proof for _____ be _____ of medical documents.

If you _____ appeal, _____ medical _____.

Needed _____ medical _____ support treatment _____?

_____ documents need _____ submitted _____ provide proof for treatment.

_____ are _____ to be _____ in _____ provide support for _____.

Provide proof _____ treatment _____.

_____ is _____ to submit medical _____ in _____ of treatment support.

You _____ medical information _____ appeal.

There _____ to _____ submitted _____ order to support _____.

Medical _____ is _____ to _____ the _____.

There _____ documentation to _____ submitted _____ to support _____.

The _____ has to _____.

_____ give medical _____ back up _____ appeal.

_____ your _____ the treatment.

To provide _____ for _____ documents to submit.

_____ be submitted in _____ to provide _____ for _____.

_____ that supports the need _____ treatment _____ submitted _____ the _____.

They _____ to _____ medical proof _____ the treatment _____.

_____ medical evidence to _____.

_____ provide medical proof _____ order _____ the necessity _____ my _____?

There are _____ that _____ submitted _____ order _____ provide proof _____ support.

The need _____ treatment can _____ in medical _____ during _____.

Attach _____ documentation _____ supports the _____ your treatment in _____ to be _____ available _____ an _____ documents that must _____ submitted in _____ get treatment _____.

Send _____ documentation _____ need _____ your treatment to appeal.

There are _____ submitted in order to _____ for treatment _____.

_____ want to back up the _____ appeal _____ medical _____.

_____ back up treatment _____ medical _____.

There _____ documents that need _____ be _____ order to _____ treatment support.

_____ that supports the need _____ that it can be made available as _____ document.

You _____ proof to _____ up _____ appeal.

There needs to _____ medical _____ to _____ appeal _____.

Attach _____ documentation that supports _____ need _____ your treatment _____ order to _____.

Medical evidence can _____ an _____.

It is _____ proof to _____ up _____ appeal.

Medical documents should be submitted _____ to _____ support.

Provide _____ necessity for _____

Documentation pertaining to the _____ treatment _____.

Medical _____ be shown _____ treatment _____.

The documentation supporting _____ be _____ with _____ appeal.

The documentation _____ of your treatment _____ be _____ the _____.

_____ must _____ medical proof to back _____ appeal.

provide _____ to support _____

_____ is _____ back up treatment _____.

To support _____ treatment _____ medical _____.

Provide medical _____ to _____ appeal _____ treated?

Medical _____ used in _____ appeal

_____ documents can support _____.

_____ that shows _____ treatment _____ be _____ as an appeal.

Provide _____ proof to support _____ appeal _____.

_____ documentation _____ treatment necessity.

Send relevant _____ justifying _____ get _____.

Medical _____ be provided _____ you want to _____ the _____.

_____ submit the documentation _____ the need for _____ your _____.

Give medical _____ your _____ for _____.

_____ can be submitted in _____ support _____ treatment.

There's medical documentation _____ be _____ to _____ an _____.

Attach _____ documentation _____ need of _____ treatment _____ that it _____ be _____ as an _____ document.

_____ should _____ medical proof if you _____ to _____ your _____.

_____ medical _____ if you _____ to _____ your treatment _____.

_____ be submitted to _____ proof of treatment support.

_____ a _____ to _____ proof to support treatment _____.

The _____ needed _____ should _____ with your appeal.

Medical proof _____ support _____ appeal _____.

_____ proof _____ support treatment appeal.

_____ submitted in _____ to provide proof of treatment.

There must _____ proof _____ treatment _____.

Required: Provide _____ support _____ appeal.

Documentation that supports _____ lodged as an _____.

Attach relevant medical documentation _____ the need _____ made available as _____ appealatory _____.

If you _____ support the treatment _____ provide medical _____.

_____ is required _____ show _____ proof _____ treatment _____.

_____ is _____ documentation that can _____ used _____ an _____.

You _____ supporting _____ need for _____ treatment to your _____.

_____ medical evidence _____ Treatment appeal?

_____ justifying _____ treatment

_____ essential medical _____ if _____ for _____.

_____ treatment _____ can _____ obtained _____ the submission of medical _____.

Proof for _____ obtained using medical _____.

_____ give medical _____ I can appeal _____ of my _____.

_____ documentation can _____ to _____ appeals.

_____ up _____ treatment _____ provide _____ evidence.

There is need _____ medical proof _____ support _____.

_____ support treatment appeal.

_____ proof is _____ in _____ to _____ appeal.

Attach relevant medical _____ of _____ treatment, _____ make it available _____ an _____ document.

_____ get _____ for treatment _____ there _____ medical _____ to be submitted.

_____ documents may _____ submitted _____ to support _____.

Attach medical documentation that supports the _____ your _____ be _____ available as _____ document.

Documentation _____ be submitted supporting the _____ treatment _____.

In order to _____ proof _____ documents must be _____.

Documentation supporting the _____ with the appeal.

_____ you _____ back up the treatment _____ to provide _____ proof.

If _____ to appeal, _____ medical _____

_____ support _____ appeal, _____ medical proof?

It is necessary _____ give _____ to _____ a _____.

The documentation for _____ treatment _____ with the _____.

If you appeal, _____.

_____ are _____ documents _____ in order for treatment _____ be supported.

_____ appeal, _____ must submit _____.

_____ be submitted to provide proof of _____.

_____ proof to _____ treatment _____.

_____ show proof _____ necessity.

Provide medical _____ the treatment _____

_____ to back _____ the _____ appeal, give a medical _____.

You should support _____ appeal _____.

_____ you _____ to back up _____ treatment _____ medical proof.

Medical _____ to _____ up your treatment _____.

Medical _____ can _____ submitted _____ need _____ in the appeal.
 Give medical _____ the appeal _____.
 They need to _____ treatment appeal.
 _____ documentation _____ be _____ to _____ an _____.
 In _____ medical information.
 There are medical documents _____ order _____ provide _____ of _____ support
 Medical proof can be _____ appeal.
 _____ medical proof _____ treatment appeal.
 Supporting _____ treatment _____ can be _____.
 Medical documents _____ be _____ in order to _____.
 To _____ treatment, provide medical _____.
 Provide _____ info _____.
 _____ proof should _____ provided _____ support _____.
 _____ you _____ to get proof _____ support, there _____ medical _____ submit.
 _____ medical _____ for _____ for treatment.
 Medical _____ be _____ to back up your _____.
 _____ can _____ for an appeal.
 Medical _____ is _____ must if you _____ your _____ appeal.
 Supporting _____ need for _____ treatment _____ be _____ your _____.
 There are _____ documents that _____ submitted to _____ treatment support.
 The _____ info must _____ to _____.
 _____ documents are submitted _____ for _____.
 You have to _____ to _____ treatment appeal.
 _____ you want _____ back up your appeal, _____ medical _____.
 _____ appeal, _____ to submit _____ info.
 _____ proof for _____ appeal _____ treatment
 The _____ to _____ submitted _____ order to _____ treatment _____ are _____.
 Medical _____ be _____ if _____ want to _____ the treatment _____.
 _____ medical evidence _____ back _____ the _____
 Medical _____ is needed _____.
 Documentation on the need for _____ treatment should _____.
 _____ that _____ the need of _____ treatment _____ you _____ make it _____ appellatory document.
 The _____ must have _____.
 _____ is _____ to _____ to support the treatment _____.
 _____ medical _____ must be _____ in order _____ for treatment _____.
 _____ documentation _____ need _____ treatment _____ be included in your _____.
 _____ to _____ proof to _____ appeal?
 The _____ for _____ documentation _____ be submitted with _____.
 _____ documentation _____ submitted supporting _____ during the _____.
 _____ evidence to back up _____.
 The _____ support of _____ treatment _____ with your appeal.
 Documentation that _____ the _____ treatment should _____ an _____.
 There _____ documents _____ submitted in _____ to _____ support for treatment.
 _____ proof _____ treatment need.
 _____ required _____ order to support _____ appeal.
 Medical documentation _____ be _____ supporting the _____ treatment _____ appeal.
 _____ proof for treatment _____ are _____ to be submitted.
 _____ support the treatment _____ required.
 The _____ for _____ needs to _____ supported _____ appeal.
 _____ provide proof of treatment _____ documents _____ submit.

_____ treatment appeal, you _____ to _____ medical proof.

_____ should _____ to _____ the treatment appeal.

You _____ appeal _____ doctor's orders.

Documentation _____ treatment _____ lodged as an _____.

_____ need _____ your _____ documentation _____ be _____ your appeal.

The _____ must be _____ to _____ up _____ treatment _____.

_____ for your treatment _____ submitted with the appeal.

_____ needed _____ medical _____ to support the treatment _____.

_____ medical documents to be _____ in _____ prove _____ support.

_____ documents to submit in order to _____ proof _____.

_____ that _____ be used to support an _____.

Required: _____ medical _____ to _____ an _____ treatment.

_____ you want _____ support your _____ please _____ medical _____.

It's _____ to give medical proof _____ support _____.

_____ medical information _____ appeal.

_____ is needed _____ your treatment _____.

There are medical documents to _____ to provide _____.

_____ documentation used to _____ an appeal

_____ medical papers _____ treatment _____.

_____ if _____ want to _____ the appeal.

_____ to medical _____ to _____.

There _____ medical documents _____ need to _____ for _____ of treatment _____.

_____ appeal _____ must have medical _____.

To get treatment support, _____.

In _____ submit relevant medical _____.

You _____ lodge _____ treatment as an appeal.

There _____ medical _____ must _____ in order to get proof _____.

_____ available as an appellate _____ medical documentation that supports the need _____ treatment.

_____ documents for treatment _____ be _____.

_____ supporting the _____ for the _____ be _____ the appeal.

_____ documentation _____ your treatment should be submitted _____ the _____.

_____ proof to _____ treatment _____?

_____ medical proof _____ to support _____ appeal.

_____ medical proof _____ the _____ request?

Provide _____ evidence to _____ my _____.

_____ support _____ medical _____ is required.

The appeal _____ to support _____ need for _____.

_____ proof _____ treatment support requires _____ submission _____ medical _____.

_____ proof for the _____.

_____ proof to _____ appeal for _____ required

_____ a _____ if _____ want to back up the _____.

_____ support the treatment _____ it has _____ medical _____.

_____ to _____ up _____ appeal

The _____ the _____ for treatment should _____ an appeal.

_____ documents for _____ are acceptable.

Documentation _____ be submitted _____ the _____ treatment during _____.

The medical _____ the treatment _____ must be _____.

Medical _____ support the _____ treatment _____ the appeal.

To _____ info.

Showing _____ is _____ support treatment _____?

_____ appeal _____ supporting your treatment.

Medical _____ to be _____ order _____ Proof for Treatment _____.

_____ need to show medical _____ support _____.

_____ needed in order to _____ for Treatment Support.

There _____ that must be _____ order _____ get proof _____ treatment.

_____ evidence _____ up treatment _____

_____ has _____ medical proof to _____ appeal.

_____ needed treatment documentation should _____ with _____.

There _____ medical documents to be submitted _____ to _____ proof _____.

Documentation _____ to _____ for _____ should be _____ as _____ appeal.

_____ documentation _____ be _____ to support _____.

_____ the treatment _____ submitted

Medical _____ to be _____ treatment.

_____ accepted in treatment appeals.

_____ supporting _____ for your _____ should be submitted

_____ information _____ appeal _____ submitted.

Attach _____ medical _____ that _____ to make it an _____.

To _____ treatment appeal _____ to give _____.

_____ documents to be _____ in _____ to obtain _____ of treatment _____

_____ justifying the treatment.

Provide _____ your appeal.

_____ to _____ up _____ appeal _____ required.