

[Demo] NLP Dataset for Customer Service Automation

Company Type	Health Insurance Companies
Inquiry Category	Prosthetic devices/inclusive durable medical equipment coverages
Inquiry Sub-Category	Coverage Exclusions
Description	Questions about specific items or types of prosthetic devices and durable medical equipment that are excluded from coverage under the health insurance plan.
Data Size	5,027 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.)

_____ types of _____ devices are _____ from my _____?

My _____ doesn't _____ certain _____ limbs.

_____ prosthetics _____ included in _____?

I _____ you exclude the _____ of _____ for _____ from _____ coverage.

Do _____ certain types of _____?

_____ want _____ what prosthetics _____ not _____?

_____ your _____ any _____ types _____ prostheses?

Some prosthetics aren't _____.

What are the _____ included?

Any _____ that _____ in _____ coverage?

_____ limbs, _____ devices, are not _____ by _____?

Can you tell _____ artificial parts _____?

_____ there _____ excluded from coverage?

Is certain _____ of _____ the coverage?

I'm _____ if you exclude _____ equipment used in _____.

Is _____ possible _____ certain kinds of _____ Devices _____ coverage?

_____ specific _____ implants are _____?

Which artificial _____ my policy.

Which limbs or _____ are _____ covered _____?

Is there _____ Prostheses _____ that are not _____?

Is _____ prosthetics _____ will _____ be _____?

_____ there _____ Prosthetics that I _____ reimbursed _____?

_____ of _____ Devices _____ excluded by my _____?

Can _____ give me _____ of the Prosthetics _____ in my _____ eligibility?

_____ like to know if _____ equipment _____ in _____ excluded _____ coverage.

_____ types of _____ limbs will not _____ my _____?

Is _____ to provide a _____ Prosthetics that are _____?

_____ list _____ prosthetics that _____ not included in my _____ eligibility?

Which fake _____ aren't _____?

_____ specific kinds _____ Devices _____ not _____ by my _____.

_____ want _____ you exclude certain types of implants _____.

_____ are certain _____ of prosthetics _____ not _____.

Is _____ a _____ not included _____ my eligibility?

_____ wondering _____ you _____ certain types of _____ from _____ included in _____.

I _____ if you exclude _____ of _____ that are used for _____.

_____ benefits do not include _____ of _____?

Which kinds _____ Devices _____ not _____ my _____?

_____ you _____ certain types of _____ from being _____ coverage.

_____ Prosthetic Devices _____ included in my coverage?

I'm curious if you _____ from _____ coverage

What types _____ won't be _____?

What _____ categories _____ prosthesis _____ insurance coverage?

Is there a way _____ a _____ the prosthetics that _____ not _____?

Is certain _____ of Prosthetics not _____.

_____ you _____ include _____ limbs _____ coverage?

Is _____ provide _____ list of the prosthetics that _____ my _____?

_____ limb _____ will leave me _____?

I _____ wondering _____ excluded the types _____ equipment _____ prosthetics from coverage.

_____ me _____ kind of _____ you won't _____.

_____ are the _____ that _____ not _____ in _____ plan _____?

_____ whether you exclude _____ types _____ that are _____ Prosthetics _____ coverage.

_____ of Prostheses Devices _____ part _____ coverage?

Is it possible to _____ a _____ of _____ that _____ criteria?

_____ fake body parts _____ for by _____ company.

Can _____ the prosthetics that _____ covered?

_____ wondering _____ certain _____ of implants from _____ coverage

I'm _____ if you _____ equipment _____ for prosthetics in coverage.

_____ to _____ of the prosthetics who are not eligible _____ my _____?

_____ of implants _____ paid _____ my plan?

_____ that are _____ coverage.

_____ no insurer support for _____?

Which _____ allowed?

_____ not _____ by my policy?

What are _____ devices that are not _____?

I'm _____ if you _____ of _____ being covered.

Are _____ types of _____ not _____?

_____ aren't in my _____ plan?

What _____ bionic stuff aren't _____ for _____ plan?

_____ Prostheses _____ are not covered.

Prosthetics _____ not _____ my benefits.

Any specific limbs _____ are not _____ my _____?

_____ like _____ know _____ artificial _____ aren't _____ for.

_____ wondering if you prevent certain _____ from being part _____.

_____ it _____ possible _____ give _____ the prosthetics that _____ not eligible _____ plan?

_____ cover _____ types _____ artificial limbs.

_____ of Prosthetic Devices _____ my coverage?

_____ you exclude _____ equipment that are _____ for Prosthetics from _____.

Is it _____ provide a _____ of the _____ in my eligibility

_____ are _____ covered by my _____?

_____ not covered _____ type of _____.

There are _____ exclusions _____ certain _____.

_____ tell me _____ of _____ that are _____ included in _____ eligibility?

_____ it _____ to _____ a list _____ the _____ in eligibility?

What _____ the _____ that _____?

Can you _____ the _____ of _____ Prosthetic _____?

_____ am curious _____ coverage excludes certain _____ implants.

Is it _____ types of _____ are _____ from coverage?

Some _____ prosthetics _____ not _____ under _____ policy.

Which _____ limbs _____ not _____.

Which artificial _____ not _____ my policy.

Specific _____ are not _____.

_____ wondering if _____ block certain _____ prosthesis _____ being part _____ coverage.

_____ it _____ provide _____ list of _____ prosthetics _____ do _____ fit in _____ eligibility.

_____ are not _____?

Specific artificial limbs _____.

I'd _____ to _____ you _____ the types of _____ are _____ from coverage.

Can _____ me _____ parts _____ can't have?

_____ artificial limbs _____ plan.

Is it possible to _____ a _____ prosthetics that _____ in _____

Any Prosthetics _____ in _____ benefits?

_____ categories of prostheses _____?

_____ do _____ specific types of implants?

I'm _____ you prevent certain _____ of _____ part of _____.

_____ will keep me out _____?

I _____ like _____ know if you _____ of equipment used in _____.

Is _____ to provide _____ list of _____ don't fit _____ my _____?

_____ to _____ your benefits exclude any _____ types _____ prostheses.

Does your _____ types of _____ you?

_____ need to _____ if any _____ Prosthetics _____ get _____ my plan.

_____ on some _____ implants?

_____ certain _____ from your coverage?

_____ kind of Prosthetic _____ covered _____ coverage?

There _____ categories _____ prosthesis that lack _____.

_____ fake limbs do _____?

_____ if _____ certain types of Prosthetics _____ of coverage.

Some _____ Prostheses Devices _____ excluded _____.

I _____ know _____ your _____ exclude _____ types of _____.

Tell _____ parts _____ don't pay _____.

_____ of the Prosthetics _____ my _____?

Do you _____ Prosthetics that _____ get _____ my plan?

Does _____ specific _____ of _____ for you?

What are _____ not _____?

Is it possible _____ to _____ a _____ of the _____ not eligible _____ plan?

_____ to _____ the types _____ equipment _____ are _____ prosthetics are excluded _____ coverage.

Which prosthesis _____ have _____?

I _____ what _____ of bogus limbs _____ cover?

I'm _____ block _____ types of _____ being part of the _____.

I'm _____ if _____ block certain _____ from being part _____.

Are there any ____ limbs ____ covered ____ ____ ?

I'm wondering ____ you ____ of ____ that ____ used for Prosthetics ____ ____.

Which ____ are not included ____ ____.

____ possible to offer a list ____ prosthetics that ____ in ____ ?

____ artificial ____ not included in ____.

____ me ____ artificial ____ I ____ have to pay for?

If I ____ left out?

Which ____ of ____ limbs isn't ____ policy?

____ want ____ list of the prosthetics ____ in ____ plan ____.

____ know ____ any of the Prostheses ____ by my ____?

____ know ____ types ____ implants aren't ____ for ____ my plan?

Which Artificial limbs ____ covered ____ ?

Any ____ are ____ included ____ my ____?

Which ____ body parts will not be ____ ?

____ limbs won't be ____ my policy?

____ are some ____ of ____ don't have ____ coverage.

Is ____ any ____ that aren't ____ health ____?

What ____ Prosthetic ____ not ____?

____ ofmputees are ____ under my ____.

Are ____ that I ____ get ____ for?

I want ____ can ____ a list ____ the ____ that aren't ____ in my eligibility.

____ curious as to what ____.

Any prosthetics ____ will ____ covered ____ my ____?

____ you ____ any ____ that are not ____ plan?

____ to give a ____ of ____ prosthetics that ____ in ____ eligibility?

Specific ____ not included.

____ that are used for prosthetics are ____ from coverage.

____ fake body ____ not paid ____ by ____ insurer?

Some types ____ not be covered by ____.

Tell ____ what ____ limbs won't fit ____?

____ you ____ the ____ that are not included?

Can ____ get ____ list ____ the ____ not included in ____ eligibility?

My ____ does not ____ types ____.

____ kinds of ____ excluded?

____ categories ____ don't have insurance ____?

Are ____ of implants excluded ____ your ____?

Is there any ____ that ____ not covered?

Can ____ show me a ____ the ____ in my eligibility?

____ types ofmputee ____ not ____?

Is ____ possible ____ give ____ of the prosthetics ____ are not ____ ?

Some ____ Prosthetic are ____ covered by ____.

I'm curious ____ you exclude types ____ from ____.

Is there exclusion ____ prosthesis?

____ are ____ types ____ prosthesis that ____?

____ you know any ____ limbs ____ be covered ____ my ____?

____ of artificial limbs won't ____ covered ____ my ____?

Tell ____ that ____ not be covered by ____.

____ would like ____ the Prosthetics that ____ included ____ my eligibility.

Is ____ of the ____ that ____ not eligible for my plan?

____ of ____ are ____ covered?

I _____ aren't covered.
 _____ am _____ if _____ possible to _____ list _____ prosthetics that _____ not eligible _____ my plan.
 _____ you _____ what artificial parts do not _____?
 There are some _____ that _____ covered _____ my _____.
 _____ any Prosthetics that are _____ my _____ benefits?
 _____ am _____ types of _____ used in Prosthetics _____ excluded _____ coverage.
 Is certain _____ Prosthese _____ covered _____ my _____?
 _____ types _____ prostheses are _____ my policy.
 Is _____ of _____ limb not covered _____ my _____?
 Which specific _____ implants _____ covered?
 _____ limbs don't receive _____?
 I'd like to _____ if _____ certain _____ from _____ part _____ coverage.
 _____ give me _____ list of the prosthetics that _____ in _____?
 _____ a specific _____ of _____ without insurer _____?
 _____ want _____ know _____ replacements _____ leave _____ out of pocket.
 _____ any artificial _____ that will not be covered _____ my _____?
 Which _____ limbs _____ included _____ the _____.
 Some _____ aren't covered.
 There _____ items that aren't _____.
 What _____ the Prosthetics _____ my health benefits?
 Any _____ in my benefits?
 _____ benefits not cover any _____ Prostheses?
 Can you _____ artificial _____ I shouldn't _____ for.
 What prostheses _____?
 _____ types of _____ excluded?
 Do _____ what is left _____ if _____ artificial _____?
 _____ certain _____ limbs _____ will not be _____.
 _____ am _____ exclude certain types of _____ your coverage.
 _____ wondering if you _____ kinds _____ being part of _____
 I'm _____ you prevent certain _____ of implants _____ of the _____
 _____ to know if you prevent _____ of _____ being part _____ coverage.
 I want to _____ you have _____ list _____ are not in _____.
 Which artificial limbs _____ under my _____?
 _____ the Prosthetic Devices _____ from _____?
 _____ are _____ of Prosthetics _____ are _____ allowed.
 _____ specific _____ not covered _____ coverage.
 Is it _____ to _____ list _____ Prosthetics that _____ not in _____?
 _____ me straight up _____ prosthetics _____ not _____ covered by _____.
 Do _____ to _____ of artificial limbs from _____?
 _____ coverage excludes the _____ kinds _____.
 Do _____ any _____ won't get covered _____ plan?
 In _____ plan, which _____ are _____?
 What _____ Prosthetics _____ included in my eligibility?
 _____ possible _____ types of _____ are _____ included in coverage?
 _____ specific types of _____ won't _____ my policy?
 _____ there _____ limbs that _____ covered _____ my policy?
 Which _____ Prosthetic _____ are _____ included _____ my coverage.
 _____ it possible _____ I won't be _____ for _____?
 Tell me _____ there _____ any _____ won't _____ by my _____.
 _____ categories _____ lack coverage?

_____ of _____ not covered.

_____ are the possible exclusions _____ certain _____?

I'm wondering _____ certain _____ of implants _____ being _____ of _____.

_____ not _____ by health benefits?

Does your benefits exclude _____?

I'm _____ if _____ prevent _____ of Prosthese _____ being part _____.

What are _____ certain types/prosthetics?

My _____ excludes _____ Devices.

Can you tell _____ artificial parts _____?

What types of limbs or _____ aren't _____?

Isn't certain _____ Devices excluded _____?

_____ curious _____ the _____ of Prosthetics equipment _____ the coverage.

Is it possible to provide _____ the prosthetics that _____ for _____

Tell me _____ the Prosthetics _____ be _____ by _____ plan.

_____ I get _____ false appendages _____ not covered?

Which fake _____ get _____?

I'm wondering _____ of equipment used _____ Prosthetics _____ from _____ coverage.

Is _____ for _____ to provide a _____ the prosthetics _____ fit in _____ eligibility?

_____ devices are not _____ by my _____?

Is it possible _____ of the _____ that _____ fit my _____?

_____ implants aren't paid _____ by my _____?

_____ it _____ tell _____ the _____ that are _____ for my plan?

Do _____ not include any _____ types _____ implants _____?

_____ like to _____ you prevent certain types _____ from being part _____.

_____ you exclude _____ of implants from coverage.

Which _____ artificial _____ insurance?

_____ there _____ prosthetics _____ are not included _____ health _____?

What prosthetics are not _____?

I'm curious _____ certain _____ of _____

Does your _____ exclude _____ for me?

_____ it possible _____ provide a _____ of _____ that aren't _____ eligibility?

_____ fake _____ zero coverage?

Which _____ excluded?

Specific _____ are _____ from _____.

Which artificial limbs _____?

What are _____ devices _____ my plan?

Does _____ certain _____ Prosthetics for me?

_____ was _____ if you exclude _____ implants from _____.

There _____ certain _____ appliances that _____.

_____ it possible _____ a _____ of _____ prosthetics not eligible _____ plan?

What _____ are _____ covered?

_____ there any _____ of prostheses _____ from your _____?

Exclusions _____ various _____ of _____?

_____ exclusions _____ prostatic appliances?

_____ you _____ the prosthetics not included _____ my _____ eligibility?

_____ limbs _____ not included _____ the _____?

Which specific _____ Devices _____ excluded from _____ coverage?

_____ you _____ the _____ of _____ used for Prosthetics _____ the coverage.

_____ will not _____ covered in _____ policy?

_____ are _____ covered by _____?

Which ____ of artificial ____ are ____ my policy?
What ____ considered ____?
____ of bogus limbs ____ you ____ able to ____?
Tell me, ____ kind of ____ cover?
Which ____ are not ____?
____ prosthesis models aren't ____ in ____ plan?
I ____ to know what ____ stuff ____ paid ____ my ____.
____ Prostheses are not ____?
____ you ____ list ____ the prosthetics ____ aren't eligible?
____ you ____ what ____ don't pay?
I'm wondering if ____ types ____ from ____ covered.
____ the Prosthetic devices ____ not ____?
Is ____ prosthetics that ____ included in ____ benefits?
What ____ Prosthetics ____ in my ____?
Do ____ artificial limbs will not get covered ____?
____ you tell me ____ aren't ____ for?
I ____ to ____ artificial parts ____ for.
Do ____ artificial limbs in ____ coverage?
____ implants excluded from your ____?
I was ____ the ____ of ____ used in Prosthetics from ____.
____ artificial ____ not in ____ plans?
I'm ____ you ____ certain ____ prostheses ____ of the coverage.
Which fake ____ do ____?
____ it possible ____ give ____ list ____ artificial limbs ____ are ____ eligible ____ plan?
Do ____ exclude ____ artificial limbs ____?
____ left ____ of my plan?
Which ____ are ____ from my ____.
____ you ____ bionic stuff is ____ paid for ____ plan?
I ____ to know if certain ____ implants ____ excluded ____ your ____.
____ of ____ included in my coverage?
____ do not ____ types ____ artificial limbs ____ coverage?
____ you ____ what kinds ____ implants ____ paid ____ through my ____?
What ____ the ____ Devices not ____?
____ Artificial limbs are ____?
____ wondering ____ prevent certain types of artificial ____ from ____ part ____.
____ policy won't ____ of ____ limbs.
What implants ____ not ____ plan?
____ types ____ limbs ____ excluded ____ coverage?
____ you give ____ list ____ that aren't included in ____?
____ me, ____ kind ____ fake ____ work for you?
____ categories ____ prosthesis do ____ have ____?
Are there ____ exclusions ____ certain ____?
____ artificial limbs ____ by my ____?
I am ____ you prevent certain ____ being included in ____.
____ any prosthetics ____ included ____ coverage?
I ____ a list ____ prosthetics ____ in ____ plan eligibility.
Can ____ artificial parts ____ can't afford?
____ it possible ____ give ____ of ____ that ____ in my eligibility
____ tell me ____ artificial ____ I ____ need?
I'm ____ if you ____ of prostheses ____ covered.

_____ artificial limbs _____?

Which _____ not _____ the plan?

_____ body _____ be paid _____ my insurance company?

What types of _____ limbs _____ be _____ policy?

Any possible _____ for _____?

_____ artificial limbs that are _____ covered _____ my _____?

_____ it possible _____ give _____ of the _____ are _____ for my plan?

I'm _____ you _____ certain types _____ prosthesis from _____ in _____.

Does anyone _____ exclusions _____ certain prosthetic _____?

Any _____ of artificial limbs _____ covered _____?

_____ curious if _____ exclude _____ types of _____ that _____ used _____ Prosthetics from _____.

Which types _____ are _____ coverage?

I want to _____ artificial _____ do not _____.

There _____ certain _____ Prostheses Devices excluded _____.

Is _____ types of _____ covered _____ policy?

Is _____ a _____ prosthetics that _____ not in my _____?

_____ categories _____ do _____ have coverage?

_____ there _____ limbs _____ are not _____?

_____ artificial _____ are out of _____?

_____ provide a _____ the _____ are not included?

_____ there any particular _____ limbs _____?

Which _____ Prosthetic Devices are not _____ my _____?

Which specific _____?

I want to _____ if you _____ from _____.

_____ the _____ Devices _____ not included _____ coverage.

_____ curious if you _____ the types _____ used _____ from the _____.

_____ to _____ what prosthetics _____ covered.

Which artificial _____ not included _____?

_____ artificial limbs _____ be covered under _____ policy?

_____ provide a list of the _____ not included in my _____?

Which type _____ not included in my _____?

_____ limbs _____ not _____ in my benefits?

Do you _____ that won't get _____ in _____?

Which _____ prosthesis _____ not _____?

_____ want _____ know _____ types _____ stuff aren't paid _____ my plan.

_____ exclusion _____ specific prosthesis _____?

_____ possible to _____ list _____ the _____ that are not _____ my plan

_____ it possible _____ a _____ of _____ that don't fit my _____?

_____ limbs _____ covered _____ the policy?

_____ exclude _____ types _____ implants _____ me?

_____ an _____ on _____ of prostheses?

_____ am _____ if you _____ types _____ prostheses _____ being part of _____.

There _____ some types of _____ that _____ my _____.

Is _____ Prostheses Devices not covered _____ the _____?

Does _____ exclude certain types _____ me?

_____ certain _____ of Prosthetics not included in _____.

_____ that are not _____ in _____.

Is _____ list _____ the _____ that are _____ my _____ possible?

_____ prosthetics that are not _____?

Let _____ know if there are any _____ my plan.

I _____ wondering _____ you _____ types of _____ from _____ part _____ coverage.

Which artificial limbs are _____ in _____?

_____ Prosthetics aren't _____ by my _____.

_____ included _____ prosthetics coverage?

_____ limbs are _____ from the _____?

Is _____ on _____ types of _____?

Which artificial limbs _____ covered _____.

Is there _____ on specific _____?

_____ Devices excluded?

_____ a specific type _____ insurer support.

_____ types of _____ Devices not _____.

_____ you give _____ a _____ the _____ that are _____ my eligibility?

_____ fake limbs _____ covered?

My policy doesn't _____ types _____.

_____ you _____ me what types _____ are _____ covered?

_____ the types _____ Prosthetic Devices _____?

_____ does _____ cover some _____ of _____.

Can _____ let _____ know _____ artificial _____ paid for?

_____ Prostheses Devices _____ included _____.

Which prostheses _____?

_____ you exclude _____ types of equipment _____ from coverage.

I'm curious if _____ of equipment _____ for prosthetics _____ from _____.

Is _____ a _____ of prosthetics _____ eligible for _____ plan?

_____ limbs _____ excluded from my _____?

_____ possible _____ a list of the _____ don't _____ my eligibility?

What are _____ not _____?

I _____ wondering _____ benefits exclude any specific _____.

_____ your benefits _____ certain _____ of _____?

Which _____ Prosthetic Devices _____ covered?

_____ possible _____ give a _____ of _____ that aren't _____ for _____ plan?

_____ it possible to _____ list of _____ that are not eligible _____?

_____ you _____ if _____ specific types of prostheses?

_____ exempt from coverage.

I don't know _____ artificial _____ are _____ plan.

_____ types excluded?

Which _____ types of _____ Devices _____ my coverage?

Do you _____ prosthetics that will _____ be covered _____?

Is _____ Prostheses without _____?

Is it _____ provide a list _____ prosthetics _____ are not _____ eligibility?

_____ limbs _____ not _____ my policy?

Which types _____?

What _____ of limbs _____ by my policy?

_____ of _____ are _____ covered?

Any _____ not in _____?

Which _____ prosthesis _____ covered _____ insurance?

Which _____ of _____ excluded?

_____ part of _____ health benefits

Some _____ artificial _____ are _____ by my policy.

Does _____ exclude _____ of implants _____ you?

_____ you _____ me _____ artificial _____ aren't costed _____?

_____ Prostheses _____ from coverage

_____ not include _____ artificial limbs.

Which _____ are _____ in _____ plan?

Is _____ to _____ list of _____ that _____ not eligible?

What _____ parts _____ not _____?

_____ I give a list of _____ eligible for _____?

I'm _____ in whether _____ exclude _____ implants from _____ coverage.

I am _____ if _____ exclude the _____ are used in _____ coverage.

_____ limbs _____ not _____ in my _____.

Which type of _____?

_____ some _____ Devices are _____ included in coverage?

Which are _____ types _____ not _____ by my coverage?

What specific _____ of _____ covered?

Do _____ know any _____ won't _____ covered _____ my plan?

_____ wondering _____ prevented _____ types of _____ from being part of _____.

I want _____ the _____ of the _____ that are not included _____.

_____ specific types _____ Devices excluded from my _____?

_____ there a _____ provide a list of _____ prosthetics _____ aren't eligible _____?

Which specific _____ models are not _____ coverage _____?

_____ want to know if _____ exclude _____ types _____ used _____ prosthetics _____.

I want to _____ if _____ my benefits.

_____ you _____ any specific _____ Prostheses _____ your benefits?

_____ of Prosthetics _____ coverage?

_____ the _____ are not eligible for my plan?

Exclusions on _____ types _____?

I need _____ list of _____ that are _____ eligibility

Which types _____ artificial limbs _____ be covered _____?

What _____ Devices are excluded _____?

Which _____ no _____?

_____ Prostheses _____ are _____ covered.

_____ you _____ if _____ any prosthetics that aren't _____?

_____ artificial _____ won't be covered?

Is _____ won't _____ paid for?

_____ of artificial limbs _____ under my policy.

_____ Prosthetics _____ not included in _____ health benefits?

I _____ to _____ artificial _____ pay for.

_____ kinds of _____ covered?

What _____ are not _____ by _____?

_____ types of _____ will _____ be covered under _____.

Which models _____ prostheses _____ in my _____ plan?

Is it _____ give a _____ of the _____ that _____ into my _____?

I am _____ you _____ types _____ being part of the coverage.

What _____ fake limbs won't _____?

_____ the _____ that aren't covered?

_____ curious if _____ the types of equipment used _____ Prosthetics _____.

_____ if _____ exclude _____ equipment that are used for prosthetics _____ coverage.

_____ Prostheses are _____ covered under _____ policy.

_____ you _____ that _____ covered by my plan?

_____ to provide a _____ the _____ that _____ eligible _____ the plan?

Some types _____ prosthetics aren't _____.

I ____ looking for a ____ of the ____ that ____ included ____ ____ ____.

Tell me, ____ kind ____ fake ____ aren't ____ cover?

What ____ are not ____?

I'm curious ____ you exclude ____ of ____ that ____ for ____ in ____.

Is ____ artificial limbs ____ are ____?

____ limbs not ____ my plan?

____ would like ____ if you ____ certain types ____.

I want ____ of the prosthetics that ____ eligibility.

____ are certain ____ that ____ reimbursed ____.

I'm curious if the ____ of equipment ____ prosthetics ____.

____ types of Prosthetic Devices ____ not ____ my ____?

____ you ____ of equipment ____ for prosthetics from coverage.

I ____ prevent certain ____ prostheses from being part of ____.

There ____ certain Prosthetics that ____ not ____ reimbursed ____.

____ are not ____ my coverage.

____ limbs won't be covered ____ my ____?

Which types ____ have ____ covered?

____ of Prosthetics isn't ____?

Which ____ limbs ____ proper ____?

What are ____ by ____?

There are specific ____ that ____ covered ____.

I'd ____ know if you ____ the types ____ equipment ____ are ____ from ____.

____ there ____ for certain ____?

____ kinds ____ Devices are ____ covered.

Certain Prostheses Devices ____.

____ coverage ____ type of fake limbs.

____ body ____ not be paid for ____ insurers?

____ specific types of prostheses ____ your ____?

____ cover ____ type ____ fake limbs.

Do you ____ include ____ limbs?

____ artificial ____ are not ____ insurance plan.

____ certain types ____ Prosthetics ____ by my ____.

Can you tell me ____ we ____ pay ____?

Are certain ____ limbs not ____ my ____?

____ wondering if ____ prevent ____ prostheses from being ____ of the ____.

____ it possible ____ give a ____ not in my plan?

____ types of equipment used for prosthetics are ____ from ____.

____ of ____ won't get covered by my plan?

____ replacements will ____ be covered ____?

____ there ____ are not covered ____ my ____ benefits?

____ a ____ set of ____ without ____ support?

I'm ____ the ____ equipment used in ____ are not ____.

Any ____ are not included ____ benefits?

____ it possible ____ list of ____ prosthetics that ____ my eligibility?

____ are ____ are not covered.

____ specific types of ____ excluded from ____ benefits?

____ Prosthetic Devices are ____ by the ____?

Do ____ any prosthetics that ____ not ____ the plan?

____ types of ____ are ____?

____ limbs won't ____ by my ____?

_____ certain types _____ not covered?

There are specific _____ are _____ covered _____.

Is _____ kinds of Prostheses _____ coverage?

Can you _____ list _____ the prosthetics _____ aren't _____ in my _____?

I _____ wondering if _____ exclude _____ types _____ prostheses.

_____ there _____ Prostheses _____ I _____ be reimbursed _____?

Whose _____ body parts _____ paid for by _____?

I'd like _____ list _____ that are not _____ eligibility.

What _____ the _____ not _____?

_____ there _____ type _____ artificial _____ that _____ not covered by _____?

Which artificial _____ covered by _____?

_____ there _____ prosthetics _____ are excluded _____ my health _____?

Which artificial _____ covered _____ policy?

Any _____ not _____ in _____ benefits?

Tell _____ what _____ of _____ will not be _____.

_____ like _____ know if you prevent _____ implants _____ being part _____.

_____ to _____ a list of _____ limbs _____ do not _____ my eligibility?

Prostheses _____ included _____ health benefits?

_____ Prosthetics are not _____.

I _____ list of the Prosthetics _____ included in _____.

Which _____ are not _____?

_____ want _____ list of _____ Prosthetics _____ aren't _____ my _____ eligibility.

I need _____ parts _____ paid for.

Which _____ of _____ devices are _____ coverage?

What _____ the _____ exclusions for _____ implants?

Is certain _____ of _____ excluded _____?

_____ provide _____ list of the _____ that _____ fit in my eligibility?

Do you _____ to _____ Prosthetic _____ from coverage?

_____ limbs are _____ my plan.

_____ parts aren't pay _____?

Is _____ that _____ is particular _____ without insurer _____?

Which type of _____ excluded _____ coverage?

What are _____ policy?

Is _____ certain prosthetics _____ I _____ for?

_____ are _____ the _____ prosthetics?

_____ wondering _____ prevent certain kinds _____ Prosthese from _____.

_____ you know any Prostheses _____ get _____ by my _____?

Let _____ if _____ of the _____ won't _____ covered by _____.

_____ of artificial _____ be covered?

What kind _____ Prosthetic Devices _____ my coverage?

_____ types _____ prosthetics are _____ in _____ coverage?

_____ artificial limbs will _____ be covered under _____?

_____ there certain _____ that I _____ reimbursed _____?

Which type _____ is _____?

_____ certain _____ that are not _____ by _____.

Which _____ of _____ covered by my coverage?

Which _____ included?

I'm _____ you _____ kinds of _____ from being _____ of the _____.

Are _____ Prosthetics that I won't _____?

_____ are not covered?

Is _____ to _____ list _____ the _____ not fit in my eligibility?
 _____ Devices are Excluded _____ coverage?
 _____ know if _____ is _____ give a _____ the prosthetics that _____ not eligible for _____ plan.
 _____ the possible exclusions for certain _____?

Can _____ give _____ a _____ of _____ that are _____ included?
 What sorts of _____ or devices are _____?
 _____ there a _____ the _____ are not included _____ my plan _____?
 _____ what _____ of _____ paid for through my plan?

Which _____ aren't _____ in _____ plan?
 _____ give me _____ list of the _____ that _____ not _____ in _____?
 I'm curious if _____ equipment that _____ used for artificial _____ from _____.
 _____ curious if _____ types of _____ that _____ used for _____ coverage.
 _____ curious _____ you exclude specific _____ of implants _____.
 _____ any prosthetics that _____ my health benefits.

What implants aren't _____?
 Can you _____ a _____ prosthetics that are _____ from _____ eligibility?
 There _____ any _____ are not _____ my _____ benefits?
 _____ of _____ aren't _____ in my policy?

Can you _____ what _____ paid for _____ my plan?
 Which types of _____ excluded _____ my _____.
 _____ possible _____ list of the _____ that don't _____ my eligibility?

Can _____ tell _____ what artificial _____?
 There are _____ limbs that _____ covered by _____.
 I'm curious _____ you _____ that _____ used for prosthetics from coverage.
 _____ it _____ certain types of _____ limbs from _____?

I'm wondering _____ certain _____ prosthesis from being _____ the coverage.
 I am _____ if you _____ the _____ of _____ that _____ the coverage.
 _____ if _____ certain kinds of _____ from being _____ of the _____.
 _____ prosthetics _____ not covered?

_____ prosthetics that are _____ supported by _____ insurer?
 Which specific _____ artificial _____ will not _____ covered _____ my _____?
 _____ some Prostheses _____ excluded from coverage?
 _____ possible _____ provide _____ list of _____ that _____ fit _____ my eligibility?

Which _____ be covered _____ the policy?
 Specific _____ prosthetics _____ covered.
 _____ and devices _____ by my insurance?
 _____ there any prosthetics that _____ my health _____?

Is _____ types _____ Devices _____ in _____?
 _____ you know _____ of the _____ be covered _____ my plan?
 _____ wondering _____ you _____ certain _____ of implants _____ coverage.
 _____ body parts _____ not covered _____ my _____?

Is _____ of _____ not covered _____ my _____?
 _____ wondering if you _____ certain _____ implants from _____.
 _____ are _____ that I won't _____ for.
 _____ of the _____ that won't be covered _____ plan?
 _____ there _____ particular _____ that _____ by insurers?

I _____ like _____ of the prosthetics that aren't _____ eligibility.
 _____ you _____ any _____ will not _____ covered by my _____?
 _____ specific prosthetics _____ in coverage.

Is it _____ to _____ list _____ prosthetics that _____ not _____ for _____?

I'm _____ if you stop certain kinds _____ prosthesis _____ of _____.

_____ exclusions _____ specific types _____ implants?

_____ are not covered _____.

The specific kinds _____ Prosthetic _____ my coverage.

_____ exclude some _____ of prostheses?

Can you _____ about _____ parts that _____ paid _____?

_____ are not included in _____

_____ limbs are _____ in _____ plan?

Is there _____ prosthetics that _____ from _____?

_____ know _____ artificial limbs _____ not included _____ plan.

_____ covered _____ which types of _____.

_____ category _____ artificial limbs that _____ by my policy?

_____ are the specific _____ Devices excluded _____?

Can _____ give me a _____ that are not part of _____?

_____ to _____ a list _____ the prosthetics that are _____ included _____ plan _____.

Which _____ with my plan?

Is there exclusion _____ prostheses?

_____ limbs aren't _____ to cover?

_____ types of Prosthetic Devices _____ by my _____?

_____ are _____ exclusions for _____ appliances?

Which _____ covered?

_____ limbs are not _____ my policy?

_____ of prosthetic _____ are not _____?

Is _____ any _____ limbs _____ covered by _____?

_____ you not include _____ of _____ for me?

_____ there any artificial limbs that _____ the _____?

_____ need to _____ any _____ the _____ won't be covered _____ my _____.

Do _____ exclude _____ types of _____ that are _____ from _____?

_____ me what _____ limbs will _____ cover?

_____ Prostheses don't have _____ coverage?

_____ some of the Prosthetics _____?

_____ certain _____ not _____ in coverage?

_____ are any Prosthetics that _____ covered by my plan.

_____ of _____ are not covered by _____.

Is _____ prosthetics without _____ support?

_____ types of _____ covered.

_____ of prosthesis _____ not _____ insurance _____?

Which _____ limbs _____ any coverage?

Is _____ possible to provide a _____ the _____ limbs _____ in _____?

_____ list of _____ Prosthetics _____ not _____ in my plan eligibility.

_____ give a _____ of prosthetics that _____ not in _____ eligibility?

Is there particular _____ support _____?

_____ there _____ that _____ covered?

_____ prosthetics that _____ in _____ coverage?

_____ wanted to know _____ artificial _____ for.

_____ types of prosthetics not _____ my _____?

I'm _____ keep certain types _____ Prosthetics _____ the coverage.

If I need _____ tell _____ what's _____ out

Is _____ replacement limbs _____ covered?

_____ types of Prosthetic _____ are _____ included _____ my _____.

_____ categories _____ lack _____ coverage?
_____ to _____ if certain _____ of implants are _____ from _____.
Which _____ of _____ not included _____ coverage?
What are the specific _____ from _____ coverage?
_____ give me _____ of the prosthetics that _____ in _____ plan?
_____ know which _____ you don't pay for.
_____ devices _____ are not _____ by _____ insurance?
Which are _____ excluded?
Is _____ Devices _____ from coverage
_____ different _____ of Prosthetics _____ not _____?
_____ limbs don't _____ into _____ plan?
Is certain _____ included _____ coverage?
Does _____ benefits exclude _____ Prostheses _____ me?
I want _____ are any prosthetics _____ aren't _____.
I need to _____ what _____.
Specific Prosthetics _____.
_____ policy _____ cover certain _____ artificial limbs.
_____ there _____ of the prosthetics _____ not _____ my eligibility?
_____ included in _____ coverage?
Tell me, what _____ fake _____ you _____?
_____ kind of Prostheses Devices _____?
_____ prostheses not included?
_____ give me the list of _____ prosthetics that _____ in _____?
Do _____ what _____ fake _____ will _____ be accepted?
What specific _____ bits _____ you _____?
_____ give a list _____ the prosthetics that aren't _____?
What _____ of _____ not covered?
Which fake _____ get _____?
_____ possible to give a _____ of _____ that _____ my eligibility?
_____ are certain Prostheses _____ I _____ be _____.
Is _____ a list _____ Prostheses _____ are _____ included _____ eligibility?
What _____ aren't _____?
_____ the specific _____ Prosthetic _____ by my coverage?
Is there a _____ that aren't included _____ my _____?
What _____ types of _____ not _____?
_____ have a _____ of _____ prosthetics not included _____ eligibility?
Is _____ make a list _____ the _____ that _____ my eligibility?
_____ like to _____ if you _____ certain _____ being covered.
_____ prosthesis have _____ coverage?
_____ of _____ aren't protected?
Exclusions on _____ of _____?
I want _____ if there are _____ limbs _____ are _____ covered _____ my _____.
_____ you _____ me _____ parts I don't _____ for?
Specific prosthesis types _____?
Is _____ list of the Prosthetics that are _____ eligible _____ plan.
Which _____ models _____ of my _____?
Which _____ of _____ won't be covered _____ my _____?
I want to _____ the _____ not _____.
Which _____ of _____ limbs will not _____ policy?
Which _____ not Covered?

_____ limbs _____ not _____ in the _____?

_____ possible to give a _____ of prosthetics _____ in _____?

Which categories _____ have insurance?

Which _____ parts won't _____ paid _____ by _____ insurers?

_____ are _____ exempt from _____.

_____ some _____ Devices _____ from _____.

Can you tell _____ if _____ of implants _____ being _____?

_____ your _____ specific types of _____?

_____ fake _____ get no _____?

_____ wondering if you _____ types of equipment _____ used _____ from _____.

_____ your _____ include any _____ of _____ for me?

What _____ devices that _____ covered?

_____ curious if _____ exclude the types _____ equipment _____ used _____ Prostheses _____.

_____ if _____ prevent _____ of prostheses from being _____ in the _____.

Do _____ of any _____ that will not _____ plan?

Does _____ benefits exclude _____ types _____ for _____?

_____ type of fake _____ have _____.

_____ know what kind of _____ work.

_____ limbs are missing from _____?

_____ am curious if _____ exclude the types of equipment _____ is _____.

Which limb _____ be paid _____?

_____ artificial limbs don't _____?

Which _____ replacements _____ me _____ pocket?

Do _____ know a list _____ prosthetics that _____ not _____ plan _____?

_____ certain _____ appliances excluded.

Can you give _____ of the _____ not _____ my plan _____?

_____ for _____ of fake limbs.

_____ fake limbs _____ coverage?

_____ to give a list of the _____ that _____ not _____ plan?

Which artificial _____ in the _____?

Is _____ a list _____ the _____ are not included _____ plan _____?

Which _____ body parts _____ my insurer?

_____ fake limbs _____ no _____?

_____ that _____ from my _____ benefits

_____ specific _____ bits aren't _____ for?

What _____ the Prostheses _____?

_____ are _____ types _____ not covered by my policy.

I'm _____ the types _____ for prosthetics _____ included.

_____ would like to know if _____ possible to _____ of _____ prosthetics _____ do _____ my eligibility.

_____ types _____ limbs won't be covered _____ my _____.

_____ it possible _____ prosthetics _____ not eligible for _____ plan?

_____ it possible to _____ the _____ aren't _____ for my plan?

_____ type of fake limbs will not _____?

_____ types _____ devices _____ included in coverage.

Specific prosthetics _____ by _____.

_____ not include _____ specific _____ of Prostheses?

_____ aren't included in _____ health _____.

_____ you _____ prosthetics that won't _____ covered by my _____?

Which types of _____ limbs _____ my policy?

Can you tell _____ the prosthetics that _____ included _____?

What types of _____ by _____ policy?
 _____ the _____ of _____ in Prosthetics excluded _____ coverage?
 Can you _____ artificial parts _____ for?
 _____ Prosthetic Devices _____ excluded _____ my coverage?
 _____ you have _____ of the _____ that are _____ in _____ plan _____?
 _____ for _____ appliances?
 _____ types of _____ limbs _____ be _____?
 Does _____ know if _____ prosthetics that are _____?
 I _____ to know _____ kind _____ bogus limbs _____?
 _____ exclusions _____ certain prosthetic appliances?
 Is it _____ that _____ Devices _____ covered?
 _____ certain kinds of _____ covered?
 Prosthetics that _____ my benefits?
 _____ devices _____ included _____ my plan
 _____ curious _____ certain _____ of implants _____ part of the coverage.
 _____ limbs or devices are _____ covered _____ my _____?
 _____ my _____ types _____ artificial limbs won't _____ covered?
 Some _____ will not _____ under my _____.
 _____ certain types of prosthetics?
 _____ Prosthetic _____ are _____ from my _____.
 I'm wondering _____ you _____ certain types _____ prosthesis _____ coverage.
 Is there exclusions _____ types _____?
 _____ artificial limbs can't _____ in _____.
 _____ the _____ exclusions for certain _____?
 Any _____ not _____ my _____?
 _____ curious to know _____ you _____ the _____ equipment _____ for prosthetics _____.
 I _____ if there _____ exclusions _____ types of _____.
 _____ are _____ from my plan?
 _____ was wondering if you _____ some _____ implants _____ your _____.
 I'm _____ keep certain _____ prostheses _____ of coverage.
 _____ of implants _____ no insurance _____?
 I'm _____ if you _____ of _____ from the _____.
 _____ it possible _____ list of _____ are not _____ for my _____?
 _____ the Prosthetics _____ aren't _____?
 _____ artificial limb _____ excluded?
 Is _____ possible to _____ the prosthetics that are _____ part _____ eligibility?
 I'm curious _____ you _____ equipment that are _____ for _____ coverage.
 Which categories _____ have _____ coverage?
 Which types of _____ covered under my _____?
 How _____ categories _____ limbs _____ not _____ by _____ policy?
 What are _____ Prosthetic _____ that _____?
 What are the _____ devices _____?
 Which specific _____ included?
 _____ body parts _____ be _____ by my insurance?
 _____ you _____ specific _____ of prosthetic _____ from coverage?
 _____ it _____ to give _____ list of _____ are not _____ my eligibility?
 _____ possible _____ list _____ that are not in _____ eligibility?
 I _____ curious if _____ exclude the _____ of _____ used _____ from _____.
 _____ specific _____ limb is _____?
 _____ not have coverage?

_____ there _____ prosthetics that I _____ be _____ for?

What are _____ included?

_____ you _____ types of prosthetics from _____ part of _____.

Which kinds _____ Prosthetic _____ are excluded _____.

Can you tell _____ what _____ fake limbs _____?

_____ know any of _____ Prosthetics that _____ covered _____ my _____?

_____ Prosthetics _____ covered?

_____ wondering _____ you prevent certain types _____ part _____ the coverage.

Which _____ the _____ have insurance coverage?

_____ artificial limbs _____ part _____ the _____?

_____ type of _____ are _____?

_____ a _____ the _____ that aren't _____ in _____ plan eligibility.

Which kind of _____ Devices are _____ coverage?

Can you tell _____ the prosthetics _____ in _____ plan eligibility?

_____ on certain types _____?

_____ are not included in _____.

My policy _____ not _____.

Specific types _____ limbs _____ not _____ coverage.

I _____ you can provide a list of the _____ not _____ in _____ eligibility.

Are there _____ specific _____ Prostheses excluded from _____?

Can you _____ artificial _____ in _____?

_____ you _____ certain _____ of _____ from being a part _____ the _____.

_____ wondering _____ keep certain types _____ implants from _____.

Is _____ on specific _____ implants?

There _____ Prostheses _____ from _____.

_____ limbs do _____ my plan?

_____ of _____ Devices are not _____ in my _____?

I _____ know if you exclude the types _____ for prosthetics.

Do your benefits _____ of _____?

_____ possible to _____ a list _____ artificial limbs _____ in _____ eligibility?

Can you give _____ the list _____ prosthetics that _____ eligibility?

_____ there a way to _____ a _____ prosthetics that aren't _____ plan?

Which _____ receives _____ coverage?

Does _____ benefit _____ prostheses for me?

_____ would _____ a list of the _____ are not _____ in _____.

_____ it possible _____ give _____ list of the prosthetics that do _____?

What prosthetics _____ covered _____ my _____.

I'm _____ as _____ if _____ exclude _____ types _____ implants from _____.

_____ Prosthetic _____ in my coverage?

_____ types of _____ be _____ under _____ policy?

_____ there _____ particular _____ supported by an insurer?

_____ me what artificial parts I _____ not _____?

Is _____ type of _____ without insurer _____?

I am wondering if _____ of prosthesis from being _____.

I'm _____ you _____ certain kinds _____ prostheses from _____

_____ limbs _____ be covered _____ policy?

Which _____ fit in _____ plan?

Do you _____ a _____ of _____ Prosthetics _____ not included _____ my _____?

Does _____ benefits _____ types _____ Prosthetics?

_____ won't be _____ by _____ policy.

_____ covered by you?

_____ if you prevent _____ of _____ from being _____ the coverage.

_____ limbs _____ not included?

Is _____ any prosthetics that _____ covered _____ health _____?

_____ types of _____ are not _____ my coverage?

Tell _____ type of fake _____ fit?

Coverage is _____ available for _____.

_____ wondering if you prevent _____ of _____ from _____ of _____ coverage.

Is there no coverage _____ certain _____?

Which types _____ limbs _____ be covered by _____.

_____ possible to _____ list of the _____ eligibility prosthetics?

Which fake _____ won't _____ pay _____?

Is _____ any _____ that I _____ for?

_____ Artificial _____ are _____ my plan?

There _____ Prostheses _____ are _____ from _____.

Certain kinds of _____ in _____.

Is _____ Devices not included _____ coverage?

_____ possible to _____ the prosthetics that _____ in _____?

_____ types _____ not covered?

_____ have _____ list of _____ Prosthetics that are _____ included _____ my _____?

There are _____ artificial limbs that _____ my _____?

Some _____ Prosthetics _____ be covered under _____ policy.

_____ are _____ Devices _____ aren't covered by my _____?

_____ of _____ not covered?

Is _____ Prostheses Devices _____?

_____ there particular _____ insurer _____?

Do _____ there are any Prosthetics that _____?

_____ artificial limbs _____ my _____.

What _____ of Prosthetic _____ are _____ my _____?

_____ particular type _____ without _____ support?

_____ not included.

_____ me if any _____ not _____ covered _____ my plan.

_____ some _____ of _____ not covered.

_____ limb _____ will _____ left out _____?

What _____ covered _____ the _____?

Specific _____ of artificial _____ be _____ under _____ policy.

_____ on various types _____?

_____ limbs can't _____ covered _____ policy.

_____ prostheses _____ that aren't _____?

_____ am _____ you prevent _____ of _____ being part of coverage.

I'm _____ if _____ include the _____ equipment _____ used for prosthetics.

Is the type _____ excluded _____?

_____ models aren't in _____ coverage _____?

Can you tell me _____ limbs _____ not _____ accepted?

I _____ know _____ of _____ Prosthetics are excluded from my _____.

_____ your _____ exclude specific _____ of _____ me?

_____ limbs _____ part of _____ plan?

_____ exclude certain _____ of implants from _____ policy.

_____ prosthesis formats _____ aren't _____?

_____ policy _____ certain _____ of artificial _____?

What _____ not paid _____?

Which _____ limbs _____ covered by _____?

I'm _____ you _____ kinds _____ from being _____ of coverage.

_____ there _____ Prostheses Devices _____ covered?

_____ is not _____?

_____ not have insurance coverage?

Do _____ include specific types of _____ for _____?

I'm curious if _____ include the types _____ coverage.

Do _____ know _____ kind of _____ limbs _____?

I would like _____ know _____ benefits _____ specific _____ prostheses.

Which _____ are _____ my coverage?

_____ do I _____ have in my _____?

Which _____ be _____ my plan?

_____ it _____ give a _____ of the prosthesis _____ not _____ for my _____?

Which _____ are not _____ by _____ insurer?

I'm wondering _____ you _____ kinds of _____ the coverage.

_____ if _____ exclude the kinds of _____ used _____ prosthetics _____.

_____ are not _____

_____ it possible to give _____ prosthesis _____ do not _____ my eligibility?

Is it possible to give a _____ fit _____ eligibility?

I'm wondering if _____ prevent some _____ from being _____ coverage.

_____ were excluded?

_____ a _____ doesn't have insurer support?

_____ of equipment used in _____ from coverage?

Which type _____ coverage void?

_____ are not included _____ the _____?

I _____ if you prevent certain types _____ from _____ the _____.

Is there _____ exclusions _____ certain _____?

Is there any _____ certain _____?

_____ like _____ what artificial _____ don't pay for.

_____ me what _____ fake limbs _____ work for _____.

_____ if _____ of _____ Prostheses won't get covered _____ my _____.

_____ it possible _____ provide _____ of _____ that aren't _____ for my _____?

I'm curious _____ exclude _____ Prosthetics used from _____.

_____ prostheses are not _____?

_____ are out of the _____.

_____ Prosthetics _____ is _____ from coverage.

_____ Artificial limbs _____ part _____ plan?

Is _____ exclusion _____ some prosthetic _____?

_____ Prosthetic Devices _____ excluded _____ me?

_____ are _____ Considered Out-of-coverage?

Which prostheses models _____ coverage _____?

Is _____ possible to _____ of _____ that are not in _____?

_____ implants aren't _____ plan.

Which Prosthetic _____ included?

I'm _____ certain types _____ implants _____ being covered

There are specific _____ that _____.

Is there _____ list _____ that don't fit _____ eligibility?

_____ certain types _____ prostheses not _____ policy?

Does your _____ exclude specific _____?

Which _____ specific types _____ that are not _____?

Some _____ Devices are not _____.

I _____ you exclude _____ types _____ equipment that are used in _____.

_____ replacements will _____ me _____ of _____?

_____ if the _____ of equipment _____ are used _____ are _____ coverage.

_____ kinds _____ are not included in my _____?

_____ like to know _____ prosthetics _____ covered.

_____ are _____ included in my _____?

_____ there any _____ of artificial _____ that isn't _____ the _____?

_____ artificial _____ aren't included in _____.

Is there a list _____ that _____ in _____ plan _____?

_____ fake body _____ will _____ paid _____ my insurer?

Are _____ types of Prosthetics?

Which _____ of _____ excluded _____ coverage?

Is _____ provide _____ the Prosthetics that do not _____ my _____?

_____ are certain _____ of _____ that _____ not protected.

_____ there any _____ are _____ in _____ plan eligibility?

Does your benefits _____ types _____?

Is there _____ artificial limbs _____ included _____?

_____ it _____ to provide a _____ of _____ prosthetics that are _____ my _____?

Is _____ to provide _____ list of the prosthetics that _____

Are _____ Prostheses _____ included in coverage?