

[Demo] NLP Dataset for Customer Service Automation

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|-----------------------------|---|
| Company Type | Health Insurance Companies |
| Inquiry Category | Long-term care insurance policy information |
| Inquiry Sub-Category | Provider network |
| Description | Customers want to know if their preferred long-term care providers are included in the insurance company's network and the process for finding and selecting network providers. |
| Data Size | 9,829 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.)

_____ want to determine _____ our preferred _____ is _____ by _____ insurance policy.

Is _____ to determine _____ insurers _____ coverage _____ preferred _____ home?

Can _____ me if _____ care _____ to _____ hospice center?

Can _____ confirm that _____ Hospice center _____ covered _____ long-term _____?

Is the _____ care insurance provided _____ insurer _____ preferred _____ facility?

_____ our top choice _____ care _____ your long-term _____ coverage?

_____ insurances _____ our preferred Hospice home?

Does _____ preferred _____ long-term _____ from _____?

Is our long-term care _____ applicable _____ our _____ facility?

_____ your long-term care _____ the _____?

_____ us if _____ care _____ to the hospice center?

Does the _____ hospice?

Are _____ of _____ chosen _____ facility covered by a long _____?

_____ your long term _____ cover _____?

Can we _____ out _____ the _____ choose is _____ long _____ care _____?

_____ long-term _____ cover _____ Hospice center?

_____ preferred Hospice _____ center _____ long-term care plans?

Can you _____ us _____ the _____ provide _____ cover _____ Hospice home?

_____ your policy include the _____?

_____ cover _____ Hospice center that we _____?

Is your _____ insurance covering _____ top _____ care _____?

_____ this _____ be accepted as a qualified _____ the long-term insurance _____ these companies?

_____ preferred end _____ organization's offering be _____ insurer aid?

_____ our preferred Hospice Facility be _____ under the _____ by _____?

Is _____ hospice center covered by our _____?

_____ chosen Hospice _____ in the _____ plan?

Does _____ coverage cover _____

Is _____ insurer _____ our favored _____ long-term _____?

____ your ____ cover ____ particular Hospice ____ ____?
 ____ long-term ____ likely to include our ____ provider?
 ____ have long-term care ____?
 Is it ____ determine ____ insurers offer ____ for ____ hospice ____ home?
 ____ we know ____ hospice joint is ____ by long-term ____?
 Does ____ coverage ____ our desired ____ provider?
 ____ preferred Hospice ____ facility ____ insurers' ____ care policy?
 ____ it be possible ____ insurers' ____ plan covers our Hospice ____?
 ____ insurance policy covering our ____?
 We want ____ find out if the ____ is ____ the ____.
 ____ our chosen hospice care ____ in our ____?
 ____ preferred facility ____ insurers' long term ____?
 Are our ____ our ____ care insurance?
 ____ your long-term care insurance ____ top ____ facility?
 ____ the ____ of our chosen ____ facility covered ____ insurance ____?
 Can ____ sure that ____ hospicare service is covered ____?
 ____ we ____ out ____ our ____ facility gets ____ long-term care ____?
 Can ____ if the preferred ____ is covered ____ long term ____?
 ____ favored hospice care facility?
 Does ____ preferred hospice center in ____ long term ____?
 ____ it ____ to establish ____ insurers' ____ care plan covers ____ Hospice ____?
 The ____ long-term ____ policy ____ favorite hospice center.
 Do our ____ plans cover ____ at ____ preferred ____?
 ____ a Hospice ____ in our long-term ____ plan?
 Is ____ that your ____ coverage includes ____ desired Hospice ____?
 Can we ____ whether or not insurers ____ for ____ Hospice ____?
 ____ favorite ____ fall ____ policy ____ long-term care ____ your company?
 Does ____ the preferred hospice center?
 ____ it possible that our preferred hospice ____ care ____?
 Is ____ Hospice ____ covered ____ long-term ____ insurance?
 Can ____ hospice be ____ long-term ____ insurance plan?
 ____ the preferred Hospice ____ by ____?
 Does the hospice ____ long-term ____?
 Can we verify ____ the Hospice ____ is covered ____?
 Is the preferred ____ care ____ the ____ term ____ policy?
 ____ want ____ find out if the preferred ____ covered by the ____ policy.
 ____ long-term care insurance ____ our ____?
 ____ our preferred ____ center ____ in ____ insurers' long-term ____ plans?
 Is ____ insurers ____ our preferred hospice ____ home through their ____?
 ____ coverage ____ the Hospice we ____ most?
 We ____ to know if the ____ by long-term care ____.
 Is our facility ____ long-term ____?
 Do ____ preferred Hospice?
 Can ____ tell me ____ long-term ____ the selected center?
 ____ cover ____ care in our Hospice ____?
 ____ our chosen ____ care center ____ long-term care ____?
 ____ it ____ for ____ to ____ coverage for ____ for Hospice care?
 Does ____ coverage cover ____?
 ____ the long-term ____ insurance ____ my ____ provides applicable ____ our preferred ____ Hospice ____?
 Is the ____ hospice ____ my ____ for ____?

Is _____ healthcare coverage _____ a Hospice provider?
 _____ the preferred _____ covered _____ insurers?

Does _____ insurer's _____ care policy _____ the _____ as _____ favorite?

Will the _____ end-of-life treatment organization?

Please tell _____ if the preferred _____ facility _____ by _____ care _____.

Does long-term _____ insurance cover _____?

_____ know _____ the _____ hospice _____ covered?

_____ preferred _____ covered under _____ long-term care plan?

Insurers' long-term _____ plans _____ our favored _____ care _____.

_____ our _____ hospice included _____ long-term care _____?

_____ you tell us _____ the _____ you _____ would _____ the _____?

Can _____ us _____ our preferred _____ covered by long-term _____?

_____ preferred Hospice be accepted _____ expense according to _____ insurance _____?

_____ that insurers will _____ coverage for our _____ care _____?

Is _____ by a _____ insurance plan?

_____ our _____ hospice _____ is covered by _____ care _____ we want _____.

Can _____ me if _____ chosen _____ care center _____ long-term care _____?

Wanting _____ if the _____ care plan _____ chosen _____ facilitator.

Is _____ by insurance?

Insurers' _____ care insurance _____ cover _____.

_____ our _____ facility included _____ our policies?

_____ chosen _____ facility _____ the provider's long term insurance _____?

Is _____ preferred hospice center covered by _____ policy?

Can _____ confirm _____ the preferred _____?

Will the _____ by the long-term care _____?

_____ specific preferred Hospice _____ as _____ according _____ long-term insurance provisions _____ these companies?

Does your long-term _____ preferred _____ joint?

_____ chosen _____ covered by _____?

Does the insurer's long-term _____ include the Hospice _____?

Would you _____ to know _____ insurers' _____ covers our Hospice _____?

_____ the _____ hospice insured _____?

Will insurers cover _____ favorite hospice _____ care policies?

Can your _____ healthcare _____ include _____ desired _____?

Do you know _____ long-term care _____ center?

_____ the _____ covered by the _____?

_____ our hospice facility _____ covered?

_____ our _____ Hospice joint _____ part _____ your _____ policy?

_____ insurer's long-term care insurance coverage _____ the _____?

Do _____ your _____ healthcare _____ include _____ desired Hospice provider?

Is our _____ of _____ in the long-term _____?

_____ find out _____ insurers cover our preferred facility _____?

Is _____ long-term _____ policy _____ our _____ hospice center?

Is our favored hospice care _____ care _____?

Is our preferred _____ long-term _____?

_____ that long-term care insurance covers the _____?

Can we _____ if _____ cover _____?

Is _____ care _____ qualified for long-term care _____?

_____ it possible to _____ whether or _____ insurers offer coverage _____?

Is _____ preferred Hospice facility covered under _____ long _____?

Would it be possible _____ determine if insurers' _____ hospice _____?

Will ____ insurer's aid include ____ end-of-life treatment ____?

____ confirm the ____ Hospice is covered by ____?

Does ____ insurer cover ____ center?

____ want ____ know if ____ hospice care ____ covered by ____ long-term ____ insurance.

____ our preferred ____ have insurance ____?

____ tell me if ____ care insurance covers our ____?

____ the ____ to ____ the preferred end-of-life treatment organization's ____?

Does the ____ long-term ____ policy include the ____ selected ____?

____ insurance cover the ____ we want?

____ your coverage ____ that ____ like?

____ specific preferred hospice be ____ as a ____ to the long-term ____ with the ____?

Will our chosen ____ be ____ care ____?

Are ____ our ____ facility ____ by ____ insurance plan?

____ possible to establish ____ long-term ____ covers ____ selected hospice facilitator?

Do ____ know if ____ long-term ____ coverage includes ____ desired ____?

____ our ____ care facility ____ long-term ____ coverage?

Is our preferred ____ included on our ____?

____ per insurers, ____ of our chosen hospice.

____ the ____ care policy ____ the Hospice ____ prefer?

____ our preferred Hospice ____ long-term care insurance ____?

____ we ____ if ____ facility has ____ for ____ care insurance?

Is ____ possible ____ insurance companies to confirm ____ for ____?

Is our preferred Hospice ____ by ____?

____ you confirm if ____ chosen Hospice care ____ care insurance?

Does ____ have ____ care ____?

____ preferred ____ joint covered by long-term ____?

Would ____ like ____ insurers' long-term ____ plan ____ our selected ____ facilitation?

____ the ____ facility be covered by ____ long-term ____ insurance ____ your ____?

Does ____ insurance ____ cover ____ favorite facility ____?

____ top choice facility included ____ your long-term ____?

____ center included in ____ care plans?

____ be ____ by long-term care insurance?

Is ____ possible to ____ offer ____ preferred hospice home?

____ our ____ be ____ by long-term care insurance ____ company?

Is the ____ long-term ____ policy ____ our ____ hospice ____?

____ cover our desired Hospice?

____ preferred facility take ____ long-term ____?

____ you like ____ if the insurers' long-term care ____ covers ____?

____ we ____ from ____ insurers ____ hospicare service is covered?

____ long-term ____ applicable to ____ selected hospice ____?

____ favorite ____ in long term care plans?

Do insurers ____ desired ____?

Is ____ favored ____ care ____ included ____ long-term ____ plans?

____ our favorite ____ center included in the ____?

Does ____ care ____ cover ____ center?

____ would ____ to know if insurers' ____ our selected hospice ____.

Can ____ determine if insurers cover ____ through their policies?

____ care ____ have long-term care ____?

____ preferred Hospice facility be covered ____ care ____?

____ your coverage ____ Hospice ____ prefer?

Is _____ preferred hospice _____ covered _____ long- _____ care _____?

Can _____ find _____ facility _____ choose has long-term care _____?

Do _____ of your policies _____ our chosen _____ of _____ extended-care _____?

Can _____ that the _____ is _____ the insurer?

The insurers' _____ have our chosen Hospice _____ in _____.

Are _____ hospice _____ covered _____ long-term _____ insurance?

_____ determine if insurers provide _____ for our preferred _____ home?

_____ insurer cover _____ hospice center _____ our _____ plan?

Will _____ preferred _____ be _____ as _____ qualified expense according _____ provisions of _____ companies?

_____ long-term care _____ our Hospice _____?

Does _____ insurance coverage _____ our _____?

_____ chosen Hospice be covered by _____ insurance?

Is it _____ insurers _____ cover _____ Hospice _____ home _____ their policies?

_____ policy cover _____ care _____

_____ care in our Hospice _____?

Does _____ policy cover _____ preferred _____?

_____ preferred hospice care facility accept long _____?

Does _____ long-term care policy include _____ we _____?

Will _____ insurers _____ our _____?

_____ we _____ if _____ chosen _____ facility _____ covered?

Would _____ covered by the long-term _____ insurance _____ your company?

_____ the chosen Hospice _____ insurers?

Can _____ if _____ preferred _____ is covered by _____?

Does the insurer _____ preferred Hospice _____?

Can _____ say _____ the preferred Hospice _____ by _____?

_____ our _____ by _____ care _____ we want to know.

_____ the _____ Hospice facility _____ want is _____ the _____ care _____?

Do _____ know _____ the _____ Hospice _____ is covered _____ the _____ plan?

Do your policies _____ the _____ hospice _____ part of _____?

_____ want _____ know _____ coverage of our _____ Insurers.

Will this preferred hospice be accepted _____ expense _____ to _____ provisions _____ companies?

Is our dream _____ your _____ care insurance _____?

_____ tell me if our _____ qualifies _____ term _____ coverage?

Can _____ find _____ if _____ is _____ for long-term _____ insurance?

Is our _____ covered _____ care _____?

We want to know _____ preferred Hospice _____ is _____ the _____ care _____.

Is _____ care _____ included _____ insurers' long term _____ plans?

We wish _____ know the _____ of _____ per _____.

_____ our preferred _____ by _____ plan?

Does long-term _____ insurance _____ want?

Is it _____ that _____ is _____ by _____ care _____?

Can _____ long-term _____ insurance _____ include our _____?

_____ the _____ of the _____ include _____?

_____ the _____ care insurance _____ of my insurer _____ to _____ facility?

Can _____ verify _____ the desired _____ location _____ choice?

Can you _____ cover our end-of-life care _____?

Does our preferred _____ care _____?

_____ we _____ out if our _____ care facility _____ care _____?

Does _____ preferred _____ accept _____ care _____?

_____ the services _____ our _____ hospice facility _____ insurance plan?

_____ facility be _____ for _____ care insurance?
 _____ you _____ to _____ the _____ long-term care plan _____ Hospice facilitator?
 Do _____ policies include coverage _____ our _____?
 Is _____ long-term _____ policy _____ to _____ the Hospice _____ we chose _____ preference?
 Does _____ include coverage _____ our _____?
 Is _____ determine _____ cover our preferred Hospice care _____ policies?
 Does the long-term _____ insurance _____ that _____ insurer provides _____ to _____ hospice _____?
 _____ long-term _____ coverage _____ include our _____ hospice provider?
 _____ our preferred Hospice facility _____ covered by _____?
 Is our _____ hospice facility _____?
 _____ long-term care _____ by our preferred Hospice _____?
 Is our preferred _____ covered _____ insurer's long-term _____ policy?
 _____ our _____ facility accept a _____?
 Will insurers cover _____ preferred _____ home _____ our _____?
 _____ our long-term care _____?
 _____ to know _____ facility is _____ for long-term _____ insurance.
 _____ our _____ long-term care insurance?
 Does our _____ Facility _____ long-term _____ insurance _____?
 _____ the _____ Hospice facility _____ the long-term care _____?
 Is our preferred _____ joint _____ our long-term _____?
 _____ the _____ Hospice covered _____ plan?
 As _____ insurers, we wish to _____ our chosen _____.
 The _____ facility may be _____ long-term _____ insurance.
 Can we _____ our _____ is approved for long _____?
 _____ have long-term care _____ policies?
 _____ would _____ to _____ if _____ care facility is covered _____ long-term care _____.
 _____ preferred _____ facility covered _____ long-term care _____.
 Does _____ insurance policy _____ the _____?
 Are _____ desired _____ included _____ term care insurance _____?
 _____ want _____ preferred Hospice joint is covered by _____ care _____.
 _____ policy _____ the _____ Hospice facility?
 _____ we know if our _____ approved _____ long-term _____?
 Does the _____ Hospice care _____ accept _____ care _____?
 Will our _____ covered _____ insurer.
 Can _____ out _____ our facility has long-term _____?
 _____ preferred Hospice facility _____ under the _____ care plan, _____ clarify
 Do _____ cover long-term _____ in the hospice _____?
 _____ preferred _____ facility be _____ long-term care insurance?
 Is _____ Hospice _____ included in _____ long-term _____ plan?
 _____ coverage cover _____ Hospice we _____?
 Can you confirm _____ the selected _____ has _____?
 Would _____ like to _____ long-term care _____ selected hospice facilitator?
 Are _____ insurance policies _____ to _____ hospice _____?
 _____ hospice covered _____ long-term _____ insurance.
 Can you tell me _____ insurance _____ the selected _____?
 Can _____ me _____ our hospice care center _____ insurance coverage?
 _____ it _____ that insurers _____ end-of-life care center?
 _____ the insurance cover _____ facility?
 We want _____ the desired _____ covered by an _____.
 _____ tell us _____ insurers _____ our _____?

Will _____ cover the _____ center?
 _____ insurers' _____ includes our chosen _____ facility, _____ it?
 _____ your _____ healthcare _____ likely to include the _____ you _____?
 _____ your insurer cover _____?
 _____ preferred _____ Care Facility accept long-term _____?
 _____ insurer's long-term care policy _____ facility we _____?
 Are _____ chosen Hospice care _____ long-term care _____?
 Can we find _____ care _____ by long-term _____ policies?
 Is _____ care insurance _____ to the _____ hospice care _____?
 _____ it possible _____ determine _____ insurers give _____ preferred _____ care home?
 Can you _____ preferred _____ joint _____ by long-term _____ insurance?
 _____ to know _____ preferred hospice care _____ is covered _____ care insurance.
 Is _____ Hospice _____ included in long term _____?
 Would _____ we chose _____ covered _____ long-term _____ insurance?
 Does our _____ hospice facility _____ policies?
 Is _____ Hospice _____ by _____.
 We _____ to know _____ hospice _____ by insurers.
 _____ insurer's _____ care policy _____ the hospice center?
 _____ long-term care insurance _____ the Hospice _____ we _____?
 Does _____ cover _____ hospices _____ prefer?
 _____ care insurance _____ our _____ Hospice care facility.
 _____ long-term _____ in _____ desired Hospice center?
 _____ our insurance _____ the _____?
 Is _____ company covering _____ hospice _____?
 _____ your _____ care plan pay _____ Hospice joint?
 Is _____ to _____ whether or _____ give coverage _____ our _____ Hospice care _____?
 Is _____ Hospice covered _____?
 _____ it _____ to _____ or not _____ offer _____ for our _____ Hospice _____?
 _____ any of _____ cover _____ selected _____?
 Is _____ long-term care _____ that _____ insurer _____ to _____ care facility?
 _____ long-term care plans cover _____ Hospice _____?
 Is _____ long-term _____ policy extended to _____ the _____ as our preference?
 Can we _____ if the _____ our _____ home _____ their policies?
 Can _____ chosen Hospice care center qualifies _____ long term care _____?
 _____ if the preferred _____ facility _____ covered by _____ care plan.
 Is it _____ that _____ coverage _____ preferred _____ home through _____ policies?
 We _____ out if our _____ facility _____ by _____ care insurance.
 Is _____ selected _____ service confirmed _____ insurance companies?
 We _____ to _____ preferred facility _____ by insurers' long-term care _____.
 Is our _____ term care?
 _____ preferred _____ facility covered by _____?
 _____ our _____ care facility is _____ long term _____ insurance, we want _____.
 Is _____ preferred _____ by insurance _____?
 _____ preferred Hospice facility _____ long-term _____ insurance?
 Will insurers _____ our _____ care home through _____ policies?
 _____ fall _____ my policy for long-term _____?
 _____ the insurer's plan _____ coverage _____ our preferred _____?
 _____ the insurer's _____ include the Hospice _____ we have _____?
 _____ find _____ if _____ chosen _____ has long term _____ insurance?
 _____ the _____ of our selected hospicare service?

Is _____ chosen _____ care center eligible _____ insurance?

Wanting to _____ insurers' long-term care _____ hospice facilitation?

_____ it possible that the _____ will be accepted as _____ expense according _____ provisions _____ companies?

_____ want to know _____ our _____ as _____ insurers

_____ it possible _____ insurers _____ policies for our _____ facility?

Would _____ Hospice _____ be _____ long-term care _____ your company?

_____ the long-term _____ insurance policy _____ insurer provides _____ to our _____?

_____ think your long-term healthcare _____ include the _____ hospice _____?

_____ the _____ cover our Hospice _____.

Does your long-term _____ the _____?

Is _____ place even approved by _____ for _____ long-term _____?

Will preferred _____ organization's _____ be _____ in _____ aid?

_____ long-term care insurance _____ to _____ preferred hospice facility?

_____ if the preferred Hospice _____ by insurance?

_____ our _____ Hospice _____ center included in our _____?

Does _____ cover our _____?

_____ you tell me if insurers' long-term _____ covers _____?

_____ that _____ insurance extends _____ our hospice center?

_____ policies cover our selected Hospice _____ of their _____ care _____?

Is the long-term _____ that _____ provides applicable to _____ preferred _____?

We want to _____ the insurers _____ our _____.

_____ our _____ in your long-term care _____?

_____ me if the insurance covers _____?

Is _____ hospice _____ covered _____ long-term _____ insurance?

_____ insurance _____ with the companies, _____ this _____ preferred Hospice be accepted _____ qualified expense?

_____ the _____ care _____ coverage for _____ favored _____ center?

Is _____ selected _____ the _____ of your policies?

_____ our chosen hospice _____ covered under _____ insurance?

Is _____ care _____ policy provided _____ my _____ applicable to our _____?

_____ me _____ if _____ preferred _____ facility is _____ by _____ long-term _____ plan.

Can we _____ confirmation _____ of _____ hospicare _____?

_____ the insurance _____ include coverage _____ preferred hospice _____?

_____ preferred _____ care facility accept _____ insurers' _____ policy?

Do _____ favorite hospices fall under _____ for _____?

_____ cover _____ chosen _____ as part of their _____ options?

Does _____ hospice _____ have _____ care _____?

Does _____ preferred _____ long-term care _____?

Do _____ the _____ choice _____ facility is _____ in your _____ care insurance?

Is _____ included _____ long-term _____ insurance?

_____ desired _____ be included _____ long-term care insurance?

Insurers' _____ care _____ may _____ our desired Hospice.

_____ insurer's care policy _____ Hospice?

Is _____ to cover _____ for long-term care?

_____ insurers cover _____ Hospice _____ facility _____ long-term care policies?

_____ the _____ plan _____ coverage _____ our hospice _____?

Are the hospice _____ covered _____ long-term _____?

_____ your _____ the specific Hospice we _____?

Insurers can _____ coverage _____ our preferred _____ care _____ their _____.

Does _____ cover _____ favored Hospice _____?

Can you confirm that _____ selected _____ care _____?

Can ____ find out ____ our ____ facility has ____ ____ ____?

Is ____ preferred ____ ____ insured?

Does the ____ include ____ ____ a ____ hospice ____?

Is ____ ____ ____ chosen hospice facility covered by ____ ____ long-term insurance ____?

____ our ____ facility covered by ____ ____ insurance plan?

____ insurers, we ____ ____ the coverage of our ____.

Wanting ____ ____ ____ long-term care plan covers our ____ ____ facilitator?

Does ____ ____ ____ our desiredHospice Center?

Will insurers ____ ____ end-of-life treatment ____ ____?

Should insurers ____ ____ ____ center?

____ we find out ____ our ____ care ____ ____ covered by ____?

____ long-term ____ insurance ____ ____ by ____ insurer applicable to our ____ ____ care facility?

Does your ____ ____ the selected ____ ____ of ____ extended-care options?

____ our ____ ____ center be covered by ____ long-term ____ insurance ____?

Is the ____ ____ ____ insurers?

Can ____ ____ out ____ our ____ facility ____ ____ by our ____ care insurance?

____ insurer cover ____ preferred ____?

____ you tell us ____ ____ is ____ ____ long-term care insurance?

Can ____ ____ the preferredHospice is ____ ____ insurance?

____ Hospice ____ facility ____ in your long ____ care ____?

Does ____ chosenHospice have ____ ____ ____?

____ there a hospice ____ center ____ insurers' ____ ____ plans?

____ our preferredHospice ____ facility ____ in ____ ____ insurance policy?

Will your ____ cover ____ specificHospice ____ ____?

Is the ____ ____ ____ included in ____ long-term insurance ____?

Does ____ ____ hospice ____ include insurers' ____?

____ ____ care facility may be ____ by ____ long-term ____ insurance ____.

____ ____ the preferredHospice facility is ____ under the ____ ____ plan.

____ your long-term care ____ ____ for ____ preferred ____ joint?

Does the hospice ____ ____ ____ insurance?

Is our ____ care ____ policy ____ ____ the ____ incurred ____ ____ preferredHospice facility?

____ the insurance cover ____ ____ ____?

____ ____ policy cover ____ ____ as a part ____ their ____ ____ options?

____ ____ insurance extended to ____ ____ hospice center?

____ preferred hospice facility have ____ care ____ ____ by ____ company?

Does ____ ____ also include the ____ ____ we ____?

____ ____ have the insurer ____ ____ preferred ____?

Does ____ ____ ____ policy include the hospice ____?

____ your policy encompass ____ ____ ____ facility?

Will ____ ____ Hospice be accepted ____ ____ qualified expense ____ ____ long-term ____ provisions?

____ our favored hospice ____ under my ____ for ____ ____?

____ our ____ ____ be covered under long-term care ____ ____ by your ____?

____ our ____ ____ by insurance?

Is ____ ____ hospice ____ ____ for long-term care coverage?

____ ____ possible to ____ whether ____ ____ insurers cover the preferred ____ care ____?

____ ____ care insurance provided ____ my insurer ____ ____ preferred hospice care ____?

Can we ____ out ____ insurers ____ coverage for ____ ____ Hospice ____ ____?

Will you ____ ____ of our preferred ____ ____ ____ company's care ____?

Does the long-term care policy include ____ ____ ____ ____ our ____?

____ ____ cover the preferred ____?

_____ the insurer's _____ policy covering our _____?
 Can _____ offer coverage for the preferred _____ care _____?
 We _____ know if _____ selected hospicare _____ covered by _____.
 Can you tell _____ if _____ preferred Hospice _____ is _____ by _____?
 _____ desired hospice be included _____ long-term _____ plan?
 As _____ would like _____ coverage of our _____.
 _____ our favorite Hospice Care _____ care plans?
 We would _____ know _____ our _____ hospice _____ facility is _____ by _____.
 _____ healthcare coverage _____ our desired _____?
 _____ me if _____ chosen _____ care center qualifies _____ care coverage?
 Can we know _____ our chosen _____ covered _____?
 Is _____ hospice _____ by the _____ term care insurance _____?
 We don't know _____ the preferred hospice _____ by _____ care _____.
 If _____ preferred Hospice _____ facility is covered by _____ want to _____.
 _____ preferred facility accept _____ care _____?
 _____ honor their long-term _____ policies _____ our desired Hospice _____?
 Does the _____ long-term _____ Hospice?
 _____ the _____ care insurance _____ covering our favorite _____?
 Does _____ care _____ hospice center?
 _____ the hospice _____ the long-term _____?
 _____ the insurer _____ favorite _____ center?
 _____ care _____ cover our hospice?
 _____ our preferred Hospice _____ be _____ long-term care _____?
 _____ our favored Hospices _____ under _____ long-term care?
 _____ your _____ cover _____ hospice care _____?
 Can _____ find _____ our favored Hospice care _____ insurers?
 _____ you _____ long-term healthcare _____ will _____ our preferred Hospice _____?
 We _____ to _____ the _____ hospice.
 _____ to know _____ of our chosen _____.
 _____ if _____ will cover our end-of-life center?
 _____ the chosen facility _____ the _____ long-term care?
 _____ hospice cover _____ care?
 Will _____ oflife treatment organization's _____ be included _____?
 _____ find out _____ our _____ cover our preferred _____ facility?
 _____ us _____ our chosen center is eligible _____ care _____?
 _____ you tell us if our _____ center _____ long-term care _____?
 _____ there _____ provisions in your _____ long term-care _____ expenses _____ facility?
 _____ the _____ Hospice covered _____ plans?
 _____ your coverage _____ Hospice we _____?
 I want to know _____ our chosen _____ for long-term _____.
 Is _____ that _____ cover our favored Hospice _____?
 Does _____ extend its _____ if _____ choose the Hospice _____ we prefer?
 _____ any of _____ coverage _____ our selected Hospice?
 _____ would _____ know _____ healthcare coverage includes our _____ hospice provider.
 According to _____ provisions with these _____ this preferred hospice _____ as _____ qualified expense?
 Does your long-term care _____ our _____?
 Is the preferred _____ organization's offer _____ in _____?
 Does _____ cover the preferred _____?
 _____ our hospillage place approved by _____ insurers _____?
 Does _____ insurer's _____ include our preferred Hospice _____?

Is _____ hospice location _____ for _____?

Does _____ insurance policy _____ for _____ preferred Hospice _____?

Can _____ find _____ the facility we _____ for _____ care insurance?

_____ your _____ insurance include our _____ choice _____ facility?

_____ for _____ to _____ for our _____ Hospice care home?

_____ our _____ covered by long term _____ insurance?

_____ get confirmation _____ the _____ company _____ the hospicare service _____?

_____ Hospice _____ may be covered by _____ insurance.

_____ our preferred _____ by long-term care insurance?

_____ the long-term _____ policy provided by my _____ to _____ facility?

Does _____ coverage _____ favored _____ facility?

_____ we find _____ if _____ the hospice care _____?

Can our hospice _____ facility _____ included _____ long-term _____?

_____ our preferred _____ included in the long-term _____?

Does the _____ policy include _____ the _____?

Is our preferred Hospice _____ long-term _____ plan?

Does your _____ the _____ we _____?

Can we _____ desired _____ location _____ covered by _____ insurer?

_____ want to _____ if the _____ by the _____.

_____ to know _____ insurers' _____ care plan covers _____?

_____ cover _____ preferred Hospice care _____?

We _____ know _____ coverage _____ the hospice we _____.

_____ hospillage place approved _____ long-term _____?

_____ confirm _____ the preferredHospice _____ covered?

_____ your long-term healthcare _____ desired _____ provider?

_____ the long-term care insurance _____ that my insurer _____ preferred hospice _____?

_____ included _____ insurers' _____ care plans?

_____ preferred Hospice be _____ insurers?

_____ our _____ center qualify _____ coverage under our long-term _____?

Can you _____ me _____ center qualifies _____ care coverage?

Can we _____ our hospice facility _____ insurers?

_____ hospice care center included in the _____?

_____ preferredHospice covered by _____ care?

_____ be included in _____ long-term care _____?

_____ honor their long-term _____ policies _____ our _____ facility?

We would like _____ coverage _____ our _____.

Will _____ end-of-life treatment _____ be included _____ insurer _____?

Do _____ if our _____ care _____ for long-term care _____?

Should _____ preferredHospice facility _____ by _____ insurance?

Does any of your _____ cover _____ option?

_____ know _____ the insurers' long-term care plan _____ chosen hospice _____.

_____ chosen Hospice care covered _____ long-term _____?

We need _____ know if _____ facility _____ approved _____ insurance.

_____ our _____ Hospice care _____ long-term insurance _____?

_____ hospice care _____ the _____ insurance _____?

Does the insurer include a _____ long-term _____?

Does _____ insurer's long-term care policy _____?

Will you _____ the _____ of _____ preferred _____ the long-term _____?

_____ know _____ for _____ care is covered by long-term care insurance.

_____ long-term _____ valid for _____ Hospice?

Can _____ our _____ center _____ for long _____ care coverage?

Does _____ include the _____ like?

_____ our desired Hospice _____ long term care _____?

Is _____ Hospice _____ insurance plan?

Would the _____ be _____ the long-term care _____ offered _____ your _____?

Does your _____ specific Hospice we _____?

If insurers _____ our _____ hospice _____ through their long-term _____ can _____?

We need to know if _____ is _____ long-term _____.

_____ if the long-term _____ plan _____ facilitator.

Does your coverage _____ the _____ we _____?

We _____ to know the _____ Hospice as _____ insurers.

_____ preferred Hospice _____ is covered _____ the _____ plan, please _____ us?

_____ we _____ our chosen center is _____ for _____ insurance?

_____ hospice _____ center _____ in long-term care plans?

_____ long-term _____ cover _____ Hospice?

_____ insurer's _____ insurance policy apply _____ preferred hospice _____ facility?

Will _____ costs of _____ preferred Hospice _____ the company's _____?

Would our _____ by long-term _____ insurance?

Can _____ confirmation about _____ the hospicare _____?

_____ Hospice _____ facility accept long-term _____ insurance?

Does _____ long-term care _____ extend its benefits _____ include the _____ chose?

We want _____ know _____ the preferred hospice care facility _____ by _____ policy.

Does the _____ care insurance policy my insurer _____ facility?

_____ care insurance applicable _____ our chosen _____?

_____ preferred _____ facility covered under long-term _____?

_____ insurance cover _____ place we prefer?

Does _____ preferred hospice have _____?

As per insurers, we _____ the _____ of _____ selected _____.

_____ likely to include _____ your long-term healthcare coverage?

Can you tell us if _____ will _____ hospice?

Is the preferred _____ covered _____ care plan?

_____ long-term _____ insurance cover _____ chosen _____?

Will you _____ the _____ of the _____ under _____ plan?

_____ care _____ our desired Hospice?

Long-term _____ insurance _____ can _____ our preferred hospice _____.

_____ you confirm _____ care insurance _____ to our chosen _____?

Do _____ the selected _____ as a part _____ extended-care _____?

Will _____ preferred _____ be covered _____ long-term care _____?

Is the _____ hospice _____ the long-term care _____?

_____ preferred facility for Hospice care?

Is long-term care _____ coverage extended _____?

_____ our desired hospice _____ long term care _____?

_____ our preferred hospice care _____ long-term _____?

_____ you have a long-term care _____ preferred hospice _____?

Is _____ coverage extended to our _____ center?

Is it _____ to _____ if insurers _____ preferred hospice _____?

Is our desired Hospice Provider _____ healthcare _____?

Can _____ find _____ Hospice care _____ covered _____ insurers?

Do your long-term care _____ the Hospice _____ we _____?

Can _____ if _____ preferred _____ is covered by _____?

_____ desiredHospice _____ in your long term care _____?
 Do _____ think your long-term _____ our _____ Hospice provider?
 Is long _____ care _____ coverage extended _____ center?
 Is our preferred _____ in _____ long-term insurance _____?
 Do _____ have _____ care plan that _____ our _____ joint?
 _____ insurer's _____ care _____ policy _____ our favorite _____ center?
 Is _____ preferredHospice _____ facility _____ in _____ long term _____?
 Will the preferred _____ be _____ a _____ Expense _____ insurance provisions?
 If our _____ is _____ by _____ we want to know.
 Is the _____ place approved _____ you _____ the _____ policy?
 _____ don't know _____ Hospice is _____ by insurers.
 Does _____ of our _____ hospice _____ have long-term _____?
 Is _____ facility covered _____ our _____?
 Does _____ accept long _____ care policies _____ insurers?
 Does _____ long-term care insurance _____ that _____ apply to _____ care facility?
 Is _____ care _____ coverage _____ our desired _____?
 _____ the insurer's long-term _____ policy allow us _____ hospice _____ we _____?
 _____ out _____ our facility has _____ care insurance?
 _____ don't _____ if _____ is _____ by insurers.
 Is Hospice _____ in _____ care plans?
 _____ insurer's long-term care _____ include the _____ facility _____ have _____?
 _____ our preferred _____ facility _____ in _____ long-term insurance _____?
 Is _____ favorite _____ policy for long-term care?
 Can _____ me _____ long-term care insurance _____ selected Hospice _____?
 Can we _____ insurers cover _____?
 Would you _____ know if insurers' _____ hospice facilitation?
 Is _____ facility _____ by long-term _____?
 _____ the _____ plan cover the services _____ chosen hospice _____?
 _____ our preferred _____ center covered by _____ long-term _____?
 _____ fancy hospice joint _____ your _____ policy?
 _____ confirm _____ care insurance _____ our selectedHospice center?
 _____ insurance policy _____ favoredHospice facility.
 _____ long-term _____ covers the _____ center?
 We want _____ find out _____ our _____ facility _____ covered _____ the _____ care _____.
 Does _____ include _____ for a _____ Hospice facility?
 _____ the insurer's _____ care policies _____ our _____?
 _____ the preferred hospice facility _____ care plan?
 Do you want _____ know _____ long-term _____ covers _____ facilitation?
 Are the _____ hospice facility _____ under the _____?
 Does the insurer _____ the _____?
 Can _____ tell me _____ insurers _____ hospice?
 _____ chosen _____ long-term care insurance?
 _____ want to _____ the _____ care plan _____ our _____ hospice facilitator.
 _____ our preferred hospice joint?
 If _____ preferred _____ is _____ by the _____ care plan, _____ let _____.
 Can you _____ us _____ preferred _____ is _____ by long-term care _____?
 Are _____ care center _____ by our long-term care _____?
 _____ find out _____ the _____ we choose _____ for long-term _____ insurance?
 _____ find out if _____ our _____ care facility?
 _____ coverage include _____ that we _____?

Is _____ hospice center _____ by _____ insurer's long-term _____?

_____ it possible _____ to provide _____ for _____ preferred Hospice _____ home through _____?

_____ your long-term care _____ hospice _____?

Does the insurer provide _____?

_____ you tell _____ if insurers' _____ care insurance _____?

Is the _____ Care Center _____ the _____ plans?

Is _____ plan _____ include our desired Hospice Provider?

Insurance plans may provide _____ our _____.

As per _____ to _____ of our selected Hospice.

Does your _____ Hospice _____ prefer?

Can you _____ us if _____ long-term care insurance?

Are the _____ of the _____ the _____ plan of the provider?

_____ if long-term care insurance _____ desired Hospice?

Can _____ out if insurers _____ hospice _____?

Can you _____ insurers cover _____ end-of-life care _____?

Can _____ me if _____ chosen _____ care _____ for _____ care insurance?

As _____ insurers, we want _____ ascertain coverage _____.

_____ our favored _____ in long-term _____?

_____ we _____ to determine if _____ long-term care _____ our _____?

Do _____ cover our _____ of our extended-care options?

_____ our _____ Hospice _____ be included in the _____ care _____ company?

Do _____ of your policies _____ as an _____?

_____ we confirm that our _____ covered by _____?

Is our chosen Hospice _____ covered _____ our _____ insurance _____?

Does _____ include the particular _____ prefer?

Is our _____ by insurance plans _____ care?

_____ you tell _____ if _____ Joint _____ covered by _____ term care _____?

_____ know if our _____ care facility is covered _____ long-term _____.

Is _____ chosen Hospice care _____ the long-term _____?

Does _____ insurance cover the center _____ like _____?

_____ we find out if our _____ long-term _____ funding?

_____ preferred Hospice covered _____ insurance _____.

Would the _____ be covered _____ long-term care insurance _____ company?

_____ the _____ Hospice _____ under the long-term care _____?

Is the preferred _____ facility _____ our _____ insurance?

_____ choice _____ care facilities included _____ your long-term care _____?

_____ cover our favored hospice _____ care policies?

_____ our _____ term care insurers?

Can _____ confirm that _____ chosen _____ center is _____ by _____?

Will _____ insurances provided by you _____ preferred _____?

_____ our facility _____ care insurance?

_____ our _____ hospice _____ covered by _____ care insurance?

Is _____ favored hospice facility?

_____ we _____ insurers will cover our preferred home _____ care?

Does your long-term _____ center?

Does _____ hospice _____ have _____ care insurance?

Will _____ the costs _____ Hospice under _____ long term _____ plan?

Is _____ care _____ used _____ applicable to _____ preferred Hospice care facility?

_____ the _____ facility covered by _____?

_____ we _____ preferred Hospice care _____ is covered _____ the _____?

_____ cover the specific Hospice that _____?
 _____ insurer _____ our preferred Hospice?
 Is _____ insurer's _____ insurance covering our _____ center?
 _____ we _____ if insurers offer _____ our _____ care home?
 _____ you able to _____ if _____ our end-of-life _____?
 _____ our preferred hospice _____ in our _____ insurance policies?
 _____ chose be covered by long-term _____ insurance?
 _____ policy covering _____ preferred hospice _____?
 Is the _____ center included _____ the _____ long-term _____ plans?
 _____ we verify if _____ preferred Hospice _____ covered _____?
 Can _____ preferred Hospice _____ covered by longterm care insurance?
 _____ want to know the _____ hospice.
 _____ facility insured?
 Does the Hospice center _____ insurance?
 Do the services _____ long-term insurance?
 _____ to _____ insurance companies will _____ the _____ hospicare service.
 _____ of _____ policies _____ coverage for our selected _____?
 _____ provisions _____ insurers' long term-care _____ cover the _____ at our _____?
 Is _____ chosen Hospice _____ your long-term _____ insurance _____?
 _____ we know if _____ preferred _____ covered under _____ long-term _____ plan?
 _____ find out if _____ care facility _____ by insurers.
 _____ our _____ facility covered by our _____ care _____?
 Is the _____ choice hospice _____ your _____ coverage?
 _____ hospice available for long-term _____?
 Does our _____ hospice _____ long _____ care _____?
 Does the insurer's _____ policy _____ to _____ the hospice _____ want?
 Does _____ preferred _____ have coverage _____ the insurer's long-term _____?
 _____ care _____ cover Hospice?
 _____ long-term healthcare coverage likely _____ include the Hospice _____?
 _____ long-term care _____ cover a _____ that we _____?
 _____ our chosen Hospice _____ by _____?
 Is _____ preferred hospice joint _____ by _____ care _____?
 Does our chosen hospice _____?
 _____ my insurer's long-term care _____ applied _____ preferred hospice _____ facility?
 Is our preferred _____ covered _____.
 Is the long-term _____ by my _____ applicable to _____ care _____?
 Can we confirm _____ Hospice _____ covered _____?
 Is the _____ by the insurers' _____?
 Can _____ out if _____ cover our favored _____?
 We _____ to _____ the coverage _____ our _____ as per _____.
 _____ the _____ center _____ our _____ long-term care insurance?
 Is _____ hospice facility _____ for _____ care _____?
 Does _____ preferred _____ term _____ insurance?
 Can _____ insurers _____ our _____ facility?
 _____ the preferred _____ have _____ benefits?
 Can you tell us if _____ covers _____?
 Does the _____ preferred _____?
 Can we find _____ care is _____ long-term _____ policies?
 Can you _____ selected hospice _____ long-term care insurance?
 _____ any _____ your policies include coverage _____ our _____?

_____ if our _____ Hospice care _____ is _____ in _____ long-term care insurance?

Should our selected _____ be _____ of _____ policies?

_____ your long-term _____ include our desired _____?

Will _____ cover our favored _____ facility _____ care policies?

Is _____ hospice _____ by _____?

Can we _____ that the _____ hospice _____ is _____ insurer?

Can _____ if the _____ hospice facility _____ covered _____ the long-term _____?

_____ you _____ if _____ preferred hospice _____ be covered _____ long-term care _____?

_____ the policy include _____ facility?

_____ that our _____ center is covered by long-term _____?

Is our _____ approved for long-term _____ insurers?

We _____ know if _____ preferred hospice _____ the long-term care _____.

_____ our _____ care facility be covered _____ long-term _____ policy?

_____ the benefits _____ long-term care _____ the _____ we have chosen?

_____ if the _____ provided by you would cover _____ home?

_____ we _____ confirmation _____ coverage of the selected _____?

Can you _____ that _____ care _____ extends _____ our _____?

_____ our preferred _____ care facility _____ in _____ insurance _____?

Will this _____ hospice _____ accepted as a qualified _____ to long-term _____ of _____?

Can _____ tell _____ if the _____ joint _____ by _____ care insurance?

Is _____ possible _____ determine whether _____ not insurers offer _____ home for _____?

_____ you like to know _____ care _____ our selected Hospice _____?

_____ we see if our chosen _____ is _____ long-term _____?

_____ our _____ include _____ care?

_____ the _____ our _____ Hospice _____ on _____ long-term care plan?

_____ policies cover the _____ center?

_____ insurance cover our _____?

Will the _____ end-of-life _____ organization's _____ included _____ insurer aid?

_____ to _____ how much _____ our chosen _____ gets.

Does the _____ have coverage _____ our _____?

_____ hospice _____ accepted as _____ qualified _____ to the long-term insurance provisions with _____?

Do you _____ know _____ long-term _____ plan covers our _____ facilitation?

_____ we get confirmation _____ the _____ service _____ insurers?

_____ preferred end-of-life treatment _____ offering be _____ insurer _____?

_____ Hospice _____ by long-term care _____?

_____ our chosen Hospice _____ by long _____?

_____ the insurance policy include _____ the hospice _____?

Can _____ the hospice _____ is covered _____ long _____ care insurance?

_____ the insurer have _____ long _____ care policy _____?

_____ you tell _____ cover _____ end-of-life care center?

Is it _____ that insurers offer _____ for _____ Hospice _____?

_____ our preferred hospice _____ by long-term _____ insurance _____ you?

Is Hospice care _____ long-term _____?

_____ your long-term _____ include our _____?

Does _____ insurer's long-term care _____ our preferred hospice _____?

_____ insurance plan might _____ our _____ Hospice.

Is our _____ our long-term _____ insurance?

Does your _____ pay _____ preferred _____ joint?

Is the _____ long-term care _____ we selected as our preference?

Is the Hospice _____ long-term _____ insurance _____?

_____ hospice be covered _____ insurers?
 Is _____ favoriteHospice _____ included in long term _____?
 _____ hospice care included _____ the _____ insurance _____?
 _____ care _____ our desired _____ Center?
 _____ hospice covered _____ insurance?
 Are _____ able to _____ coverage for _____ preferred _____?
 Is our desired _____ care plan?
 _____ the insurer's long-term care policy _____ our _____ facility?
 _____ the favored _____ care center _____ in _____ plans?
 Do _____ expect _____ long-term healthcare _____ to _____ our _____?
 Can we tell _____ if _____ preferred _____ is _____ by _____?
 _____ honor their _____ care policies for _____ desiredHospice _____
 Can _____ if insurers cover our _____ facility _____ care?
 _____ facility insured by insurers?
 We want _____ know _____ our _____ hospice has.
 The insurer's long-term _____ policy _____ Hospice.
 We _____ the preferred _____ by the _____ care _____.
 _____ the hospillage _____ for long-term care?
 We want _____ determine _____ facility is _____ care insurance.
 _____ the _____ included in _____ insurance plan?
 _____ long-term _____ insurance _____ not cover _____ desired hospice.
 _____ our preferred _____ by insurance _____?
 _____ find _____ our preferred _____ is covered _____ long-term care insurance.
 Does long-term _____ insurance cover the hospice _____?
 _____ the company's _____ care _____ will _____ cover _____ of our _____ Hospice?
 Is our _____ Hospice _____ facility _____ insurers _____ long-term care _____?
 _____ hospice _____ we _____ is covered by _____ long-term care plan, _____ tell _____.
 _____ would _____ know if the _____ facility _____ covered by the _____ plan.
 Is our hos _____ place _____ for _____ care?
 Can you _____ chosen _____ eligible for long-term _____ insurance?
 _____ tell us _____ our preferred _____ has long-term _____ insurance?
 Is _____ favorite hospice care center _____ plans?
 _____ costs of our _____ Hospice be _____ the _____ long-term _____ plan?
 Is _____ coverage likely _____ our desired _____ provider?
 _____ we know _____ chosen _____ is covered by _____?
 _____ tell us if our _____ hospice _____ is _____ long-term _____ insurance?
 _____ want _____ find _____ if _____ preferred hospice care _____ covered by _____.
 Is our preferred hospice _____ in _____ coverage?
 Is the _____ the preferred _____?
 _____ our hospice covered _____ Care _____?
 _____ insurance cover our _____?
 _____ healthcare coverage _____ to include our _____ provider?
 _____ care _____ accept long-term insurance?
 _____ long-term _____ coverage _____ desired hospice?
 Can _____ preferred _____ facility be _____ under _____ care _____?
 Should our _____ hospice _____ be included in _____?
 Does _____ Hospice that _____ prefer?
 Do our favoredHospice _____ under _____ for _____ your company?
 _____ long-term _____ plan _____ for hospice?
 _____ the _____ long-term care _____ to choose _____ hospice facility that _____?

_____ confirm _____ long-term care _____ is valid at _____ hospice _____?
 Can you _____ if _____ chosen _____ for long-term care _____?
 _____ the long-term _____ insurance policy _____ from my _____ apply _____ preferred _____?
 Is _____ top choice facility _____ in your _____?
 _____ don't _____ chosen hospice _____ has long-term insurance.
 I would _____ to _____ our end-of-life _____ center.
 _____ your coverage allow for _____ prefer?
 Does our _____ facility _____?
 _____ our _____ Hospice care covered _____ plan?
 _____ to find _____ how _____ coverage _____ chosen hospice _____.
 _____ long-term care plans cover _____ hospice _____?
 _____ insurance _____ that my _____ gives _____ applicable _____ our _____ Hospice care facility?
 We want to _____ out if _____ is covered _____ long-term _____.
 _____ your _____ to cover our _____ hospice provider?
 Are long-term _____ insurance _____ our desired _____ center?
 _____ have long-term _____ insurance?
 Is our preferred _____ long-term _____ insurance plan?
 _____ your long-term care _____ the Hospice _____?
 _____ me if _____ hospice _____ center _____ for _____ care insurance?
 _____ you tell _____ long-term care insurance _____ desired Hospice
 _____ the benefits of our _____ policy _____ to _____ at our _____?
 Is our chosen _____ care included _____ plan?
 Can we confirm if _____ Hospice _____ by _____.
 _____ our favorite _____ under my _____ for long-term _____?
 As _____ we want _____ the coverage of our _____.
 Is the _____ care facility _____ in your long _____ care _____?
 Would _____ favorite _____ be covered _____ the long-term _____ insurance _____ company?
 _____ our preferred _____ care _____ in _____ care plans?
 _____ our _____ be covered by _____ care insurance _____ company?
 We want _____ if _____ for _____ selected Hospice as _____ insurers.
 Is it possible _____ determine _____ or not _____ coverage for _____ home?
 As _____ insurers, _____ to determine _____ our _____ Hospice.
 _____ want to know if our _____ facility _____ covered by _____.
 _____ to _____ if _____ insurers' _____ care plan covers our selected _____?
 _____ long-term care insurance _____ our desired hospice?
 _____ hospice _____ long-term care _____ by insurance?
 _____ the _____ for our hospice _____?
 _____ like to _____ the coverage _____ selected Hospice _____ per insurers.
 _____ your _____ insurance _____ center we like?
 _____ chosen Hospice _____ included _____ the insurers' _____?
 _____ the _____ cover our _____ hospice _____?
 _____ your policy _____ facility for _____ care?
 If our preferred _____ facility is _____ care insurance, _____ to know.
 _____ per _____ would _____ to know the coverage _____ our _____.
 _____ our _____ choice Hospice care facility _____ long-term care insurance?
 Are our _____ included _____ long-term _____ plan?
 Does _____ long-term _____ extend _____ to include the Hospice facility _____ selected?
 Is _____ Hospice _____ by longterm _____?
 Can insurance _____ our _____ the _____ service?
 Are our hospice place _____ your insurers _____?

_____ the _____ choice _____ Care Facility _____ long _____ care insurance?
 Is the _____ covered _____ the long-term _____ offered _____ your company?
 _____ we find out _____ our facility _____ coverage?
 _____ it _____ that insurers cover _____ chosen _____ center?
 Can you _____ insurers' long-term _____ covers _____ hospice facilitator?
 Can you _____ if long-term _____ insurance _____ hospice?
 _____ chosen Hospice care _____ the insurers' _____?
 _____ our _____ be covered under the _____ insurance?
 Can we learn _____ our _____ approved _____ long-term _____ insurance?
 Long-term _____ insurance policies may _____ preferred _____.
 _____ that my insurer gives _____ applicable _____ our preferred _____ care facility?
 _____ the long-term care insurance _____ insurer provides _____ hospice facility?
 _____ confirm that _____ preferred Hospice _____ covered.
 _____ our _____ care facility _____ long-term care _____?
 _____ care _____ the chosen _____ center?
 _____ preferred hospice _____ covered by long term care insurance?
 _____ the _____ policy cover the _____?
 Does _____ insurer's _____ plan cover _____ center?
 _____ our _____ care _____ accept _____ care policies?
 _____ we find _____ if _____ care _____ is covered _____?
 Does _____ insurer's _____ care _____ our _____?
 Can _____ confirm _____ Hospice is covered by _____ insurance _____?
 _____ our hospice _____ in your long _____ insurance _____?
 _____ preferred _____ included _____ long-term insurance?
 _____ find out if _____ chosen facility _____ approved _____ long _____ care _____?
 _____ insurer provide coverage _____ our preferred _____?
 Is _____ coverage _____ to include our _____ Provider?
 Does _____ long-term _____ include the Hospice facility we _____ selected as _____?
 Is our _____ care _____ by _____?
 _____ the _____ Hospice _____ under my policy for _____?
 _____ care included _____ insurers' long-term _____ plan?
 _____ our _____ care _____ included _____ your long-term _____ insurance?
 We _____ out _____ preferred _____ care facility is _____ by insurers.
 Does _____ cover the Hospice _____?
 _____ insurers' long-term care plan _____ facilitator?
 _____ long-term care insurance policy applicable to _____ preferred _____?
 _____ we see _____ desired hospice location is _____ insurer?
 Does _____ preferred hospice care _____ long-term _____?
 Should our _____ hospice _____ be _____ your _____ care insurance coverage?
 _____ tell us if our _____ covers our _____?
 _____ want _____ if our _____ care facility _____ covered _____ long _____ care insurance.
 _____ our _____ joint _____ your long-term policy?
 _____ plans _____ care at our preferred _____?
 Does the _____ insurance _____ include _____?
 _____ you tell us _____ insurances you give _____ would cover _____?
 _____ our chosen _____ care _____ our _____ insurance plan?
 _____ hospice joint _____ care insurance?
 _____ preferred Hospice care _____ accept insurers' long-term _____?
 _____ our hospice _____ long-term care _____?
 _____ our chosen facility _____ for long-term care insurance?

_____ the services of our chosen _____ long-term _____?
 _____ our chosen Hospice _____ part of _____ insurance _____?
 _____ confirm if insurers _____ facility?
 Can we _____ out if our _____ by _____ long _____ care _____?
 Does _____ coverage _____ hospice you _____?
 _____ to long-term _____ provisions _____ companies, _____ extent will this particular preferred _____ as _____ expense?
 Does long-term _____ cover our _____?
 Wanting to _____ insurers' _____ care plan _____ our selected _____.
 _____ unclear _____ the preferred Hospice facility _____ covered by _____ long-term _____.
 _____ your _____ care insurance plan include _____?
 Can you _____ me _____ our _____ Hospice joint _____ long-term _____ insurance?
 _____ possible that insurers' _____ our chosen _____ facility?
 _____ chosen Hospice facility be _____ under _____ offered _____ your company?
 _____ your _____ insurance cover the Hospice _____ want?
 _____ we _____ if the preferred Hospice _____ by the _____?
 Can we _____ our hospicare service _____ by insurance _____?
 Do _____ want _____ see _____ insurers' _____ care plan covers our _____?
 _____ our preferred _____ insurance policies?
 Does _____ preferred _____ accept _____ policy?
 _____ know if the preferred _____ the insurers?
 _____ determine _____ insurers _____ coverage for _____ care home through their _____?
 Is our _____ by _____ long-term _____ plan?
 _____ insurer _____ coverage for _____ hospice center _____ their long-term care _____?
 _____ you confirm _____ center _____ covered by long-term care _____?
 _____ long-term _____ our hospice?
 _____ facility _____ long-term care insurance?
 Does _____ preferred _____ facility have _____?
 Is the preferred hospice care _____ care _____?
 Does _____ cover _____ preferred _____ hospice?
 _____ we find out _____ by long-term care insurance?
 Is the _____ center included _____ the _____ plans?
 Does our long-term _____ insurance _____ cover _____ Hospice facility?
 _____ your long-term healthcare plan _____ include _____ provider?
 _____ our _____ Hospice _____ insurers?
 _____ your long-term _____ insurance _____ top choice Hospice care _____?
 _____ your long-term _____ include _____ Hospice provider we _____?
 Is our _____ in _____ plans?
 _____ the preferred _____ covered by the _____ plan, please clarify.
 _____ tell _____ long-term _____ insurance covers our desired Hospice
 Is _____ center _____ long-term care _____?
 _____ we know _____ chosen _____ is approved _____ long-term _____ insurance?
 Does _____ care _____ hospice center?
 Will _____ insurers' _____ include _____ hospice _____?
 Can _____ if _____ care insurance _____ our desired Hospice.
 _____ want to know if the _____ is _____ an insurance _____.
 _____ find out if your _____ term _____ insurance covers _____?
 Can _____ that long-term _____ exists at the _____?
 _____ our _____ facility included _____ the long-term insurance _____?
 Is the top choice _____ included _____ your _____?
 _____ the long-term _____ include hospice _____?

_____ the top hospice facility _____ your long-term _____?

Is _____ Hospice facility _____ the long-term _____ plan?

Can we determine if _____ our _____ Hospice _____ home _____ their _____?

_____ hospice _____ covered under long-term _____ insurance?

I'd _____ to _____ insurers' long-term _____ covers our _____ facilitator.

_____ our _____ Hospice care center _____ long-term care _____?

Can _____ confirm _____ preferred _____ is _____ by insurers?

_____ our preferred Hospice care facility have _____ _____?

Can you tell _____ center is _____ by our long-term _____?

_____ our Hospice _____ in _____ insurance _____?

Is our chosen Hospice _____?

_____ your long-term healthcare _____ to _____ desired _____ provider?

If our _____ hospice _____ facility is covered _____ want _____ out.

Does _____ cover _____ you prefer?

Can we find out _____ our _____ facility?

_____ chosen hospice _____ center _____ our long-term care _____ plan?

Does our preferred _____ facility accept _____ care _____?

_____ long-term _____ plan pay for _____?

_____ our _____ coverage likely _____ include our desired _____?

Does _____ preferred Hospice _____ facility _____ insurers' _____ policy?

Is it _____ find _____ if _____ our _____ hospice facility?

_____ the _____ of _____ chosen _____ Facility covered _____ a _____ insurance _____?