

[Demo] NLP Dataset for Customer Service Automation

Company Type	Pet Insurance Companies
Inquiry Category	Coverage details and policy options
Inquiry Sub-Category	Coverage exclusions
Description	Explanation of specific conditions or treatments that are not covered by the policy, such as pre-existing conditions, cosmetic procedures, and breeding-related expenses.
Data Size	6,699 paraphrases
Want to buy data?	Please contact nlp-data@gross.me via your business email address.

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

Can you _____ treatments _____ not covered _____ this _____?

Which _____ outside _____ policy?

_____ are _____ in this policy?

Can _____ tell _____ the treatments _____ getting coverage for?

What treatments aren't _____?

_____ procedures _____ excluded from _____?

_____ are any treatment _____ missing _____?

Can _____ tell me the _____ that _____ included?

What _____ not qualify _____ this _____?

_____ excluded medical options are?

Some _____ fall under _____.

What _____ of procedures _____ not _____ scope _____ the policy?

Can _____ me _____ the _____ that _____ not _____ by this _____?

_____ to _____ which treatments the people _____ this policy.

_____ procedures _____ eligible under my _____?

_____ treatments aren't covered by my _____.

Can you _____ treatments I _____ coverage for?

_____ treatments _____ not _____ of the _____?

Do _____ know the _____ that _____ eligible _____ my _____?

_____ are not covered _____ area.

_____ treatments fall outside the scope?

Can _____ an _____ of which _____ excluded _____ coverage?

_____ treatments _____ by this _____?

Can you _____ excluded from _____?

_____ it possible to give me some _____ specific _____ not _____?

Which _____ types are _____ in _____?

_____ specific treatments _____ not covered _____?

Can you give a _____ of _____ eligible?

_____ us _____ in detail.

_____ kind of _____ not _____ this _____?

Which _____ might _____ be paid _____?

_____ to know which _____ people won't _____ policy.

_____ medications and _____ in my policy?

_____ the _____ treatments _____ detail.

_____ will _____ paid for under this _____ plan.

Inform _____ the unreimbursed _____.

Tell me which types _____ paid for.

Is _____ you can say _____ treatments _____ here?

Tell _____ were unreimbursed.

_____ treatments _____ this _____ not _____?

Tell _____ what _____ services are _____.

Which treatments _____ in _____?

There are _____ included _____ this _____

_____ medical _____ policy not cover?

_____ which _____ we won't pay for.

_____ treatments _____ this policy?

What _____ are _____ the _____?

_____ treatments _____ included with this _____?

_____ aren't _____ scope of the _____?

There _____ certain _____ covered _____ policy.

Can you _____ more _____ excluded _____?

_____ ya _____ me a breakdown _____ under this _____?

Which treatments are _____ the _____

I need _____ which treatments are not _____.

Specific _____ are not _____?

Is _____ outside of _____?

Can you provide _____ explanation of _____ not _____?

_____ there any information _____ aren't covered.

_____ describe which _____ not covered?

What procedures aren't _____?

_____ give _____ detail on excluded _____?

Which _____ not _____ covered _____ this _____?

_____ you _____ which _____ covered by _____ policy?

Tell me _____ treatments _____ not going to _____ paid for _____.

_____ you give me a breakdown of which _____?

Please give the treatments _____.

_____ procedures _____ by the _____?

Can you provide _____ treatment options _____ included in my _____?

What treatments _____ be _____ this _____.

_____ to know _____ treatments are not covered _____.

What _____ not _____ covered by _____?

Can you list _____ not eligible _____ plan.

_____ aren't currently _____?

What _____ by _____ insurance plan.

Does _____ policy _____ cover _____ procedures?

What _____ do the _____ cover?

_____ about _____ treatments are _____ coverage?

_____ kinds of _____ do _____ this policy?

You could ____ me ____ treatments ____ ____ ____.

____ ____ ____ not be ____ under this ____?

____ treatments will not be ____ under ____ ____?

What treatments will not ____ covered ____ ____ ____?

Which particular drugs ____ procedures ____ not ____ the ____?

____ tell me ____ drugs and ____ are ____ in my ____.

____ you explain what ____ I ____ covered ____?

____ you ____ to ____ the ____ not ____?

What treatments isn't ____ ____ ____?

____ ____ be covered?

____ of the ____ aren't ____?

____ me ____ about ____ treatments ____ aren't ____.

Which ____ ____ ____ included ____ the policy?

____ ____ aren't ____ this policy.

____ ____ certain treatments ____ covered ____ policy?

____ ____ are excluded from coverage.

Tell ____ what ____ won't be covered ____ plan ____.

Please ____ ____ treatments.

____ ____ are not covered ____ ____ policy?

Which ____ ____ have coverage?

What treatment ____ covered ____ policy?

Which ____ ____ not included ____ policy?

____ covered ____ this policy?

____ therapies are ____ of ____ policy?

____ won't be paid for ____ ____?

What ____ ____ by this ____ plan?

____ ____ covered here?

____ treatments ____ under my policy?

____ need to ____ which ____ won't cover with ____.

____ ____ any ____ that are ____ eligible ____ my plan?

____ ____ which specific ____ are ____ covered?

Can ____ a list ____ procedures not ____ policy?

____ give a ____ of the ____ that ____ not ____ this policy?

Please contact me ____ ____ treatment that ____ in ____ policies.

____ you explain which ____ covered?

Which ____ ____ in the ____?

____ of ____ is ____ of this coverage?

Please ____ what ____ aren't ____.

Which specific medical ____ covered ____ policy?

What ____ treatin' ____ covered ____ coverage?

Which ____ will not ____ ____?

Did you ____ chance to ____ treatments ____ included ____?

treatments ____ aren't ____ policy

____ aren't covered?

____ treatments ____ in coverage.

____ aren't ____ under this plan?

Which ____ medical ____ covered ____ policy?

How about ____ options that are ____ the ____?

Can ____ ____ excluded medical ____?

Do you have ____ chance to ____ the ____ ____?

Is _____ treatments that are not _____ policy?

_____ treatment are not _____?

_____ are _____ treatment _____ that aren't included _____ plan?

Which _____ fit _____ policy?

Could _____ give _____ some _____ which _____ are _____ covered?

_____ give me _____ list _____ treatments that I _____ be covered _____?

_____ can you tell me which _____ covered for?

_____ it possible that _____ are not covered _____?

_____ are the _____ treatments that _____ included _____ the _____?

_____ treatments are _____ by _____ policies?

Tell _____ treatments my _____ pay _____ now.

I need _____ aren't covered.

Which _____ not in the _____?

Can _____ discuss _____ treatments _____ not _____?

_____ that aren't _____ for my plan?

_____ say _____ options were excluded?

It _____ which treatments are excluded from _____.

I want _____ know _____ treatments _____ gettin' _____ for.

_____ are _____ from _____ coverage?

Does _____ treatments?

_____ outside of the scope?

Let _____ know if _____ can _____ included here.

I need _____ clarify _____ treatments _____ excluded _____.

_____ can _____ are not covered.

_____ specific _____ covered therapies?

_____ which _____ are not _____ policy

_____ are not going _____ be paid for _____ plan.

_____ you _____ specific treatments _____ covered?

Is there a list _____ in this _____?

Treatments _____ this policy

What _____ excluded from _____?

What _____ are not covered by _____?

What _____ the _____ not included _____ policy?

_____ about a list _____ the _____ not _____ in the _____?

_____ fall outside _____ scope?

Which _____ are not _____ policy?

Can _____ tell _____ the _____ I won't _____ for?

Can _____ tell me which _____ I wouldn't _____?

Which treatment _____ included _____ my _____?

Can _____ a description _____ treatments?

_____ possible _____ treatments fall _____ the _____?

_____ specify _____ non-covered _____

Which treatments _____ not _____ policy?

_____ aren't covered by the _____.

_____ options won't be _____

_____ treatments _____ not include in _____?

Tell _____ which treatments _____ be _____ in _____ plan.

Can you _____ which treatments are not _____?

_____ the treatments that were _____?

Tell _____ specific services that _____.

Please explain _____ included _____.

_____ of _____ are _____ included in this _____?

Treatments are _____ in _____ plan's _____.

Which _____ procedures is _____ in _____?

Please _____ the _____

_____ give _____ list _____ the medical _____ that _____ not included?

What _____ cover?

Can you give _____ a list _____ the treatments _____ for?

Tell _____ about the _____ unreimbursing.

_____ procedures are _____?

_____ aren't included in _____ coverage?

_____ you give _____ the _____ treatments?

_____ there any _____ not eligible under _____ plan?

Do _____ stuff _____ be _____ by this policy?

I want _____ treatments _____ covered.

Treatments that _____ my _____

There _____ that this policy _____.

_____ there _____ procedures that _____ included _____ the policy?

_____ policy's _____ treatments _____ clarified.

Do you know _____ treatments are _____?

_____ treatment _____ aren't _____ in my _____?

_____ won't get _____ coverage?

_____ know _____ that aren't covered _____?

_____ treatments _____ be _____ with his _____?

What _____ procedures _____ within this policy?

_____ specific _____ included _____ my policy?

Is _____ a _____ you can _____ treatment not _____?

_____ certain _____ not covered _____ policy?

_____ the types of _____ won't _____ for in my _____.

_____ medical _____ does this policy _____?

Is there _____ particular procedure _____ not _____ policy?

_____ types are _____ included _____ coverage?

_____ need _____ know _____ treatments will not _____ with this _____.

What _____ my plan?

_____ want to know _____ that _____.

Please _____ are not in my policy.

What _____ procedures do _____ within _____ policy?

_____ want to _____ more _____ the treatment _____ included in _____ plan.

Which _____ didn't _____ the _____?

_____ be _____ for _____ his plan?

Which meds _____ policy?

Can you _____ not _____ here.

What _____ are _____ included _____ my _____?

Which options _____ be _____ by _____?

_____ treatments _____ not _____ covered _____?

_____ give me a list _____ the _____ that _____ not _____?

_____ any treatments not included _____?

Please _____ treatments _____ covered by _____.

_____ you _____ description _____ the treatment options _____ are not included _____?

Which _____ not _____ in _____ policy?

_____ can explain _____ treatments _____ here.

_____ don't fit _____ policy.

Let _____ prohibited therapeutic _____.

Please explain which treatments _____ not _____.

_____ treatments _____ included _____ coverage?

_____ particular medical procedures _____ covered _____ policy?

_____ treatments _____ covered there?

There _____ some treatment _____ that _____ not _____ in _____ coverage.

_____ won't _____ for _____ his plan?

Which procedures _____ cover _____?

_____ an example _____ the _____ options that are _____ my plan?

_____ don't _____ here?

Can _____ give me _____ about the _____ covered?

_____ you _____ me _____ the treatments that _____ not _____.

_____ know which treatments _____ be _____ coverage for.

Does _____ exclude _____ treatment?

What _____ be _____ under this _____?

_____ list procedures _____ are _____ eligible?

_____ types _____ not _____ in _____ plans?

_____ you _____ the _____ options that _____ included in _____ plan?

_____ treatments _____ covered?

_____ specific treatments _____ in the _____?

Is _____ prohibited therapeutic options?

_____ are _____ under my _____?

Point _____ banned _____ options?

_____ included in this _____ plan?

Let _____ about the specific medical _____ are _____.

Do you _____ an _____ treatments _____ excluded?

_____ provide a _____ procedures _____ aren't included in _____ policy?

_____ may be _____ to _____ excluded _____.

_____ you let me know _____ the _____ aren't _____?

Hey, _____ can _____ tell _____ treatments I _____ receive _____ for?

There are some _____ the _____ not _____.

What treatments are _____ in _____?

_____ treatments are _____ accepted _____?

Which specific drugs _____ procedures _____ policy?

Is _____ treatment _____ omitted from _____?

_____ know which treatments _____ covered.

You _____ tell me _____ treatment options _____ not _____ in _____.

Point _____ treatment _____?

Let _____ which _____ won't be _____ in _____ plan.

_____ procedures _____ by insurance?

Tell _____ if you can _____ not _____ here.

Can you specify _____ covered?

_____ the _____ of _____ do not fall _____ the _____ the policy?

_____ methods are _____ my coverage?

Can you _____ included?

_____ let me _____ of _____ treatment stipulated in _____ policies.

_____ you _____ medical _____ not included in the _____?

_____ can't be had _____?

_____ that are not covered.

Do _____ which procedures _____ eligible _____ plan?

There _____ does not cover.

Do you _____ the treatments that are _____ included _____?

Which _____ is not _____ in _____?

Can _____ give _____ some _____ on _____ aren't covered?

Does the _____ cover _____?

Is it possible to _____ me _____ information _____ treatments _____?

What _____ treatments _____ not going _____ be paid for _____?

_____ treatment _____ aren't included in _____?

_____ treatments _____ included in _____?

_____ treatment options _____ for?

Which _____ not contained in _____?

_____ treatment _____ omitted _____ the plan.

Which _____ aren't _____ me?

What _____ covered therapies?

Tell _____ the _____ that are _____.

What _____ treatments from _____ insurance?

_____ a chance you _____ the treatment not _____?

_____ you _____ are _____ from coverage?

_____ you tell _____ there _____ medical options?

_____ in _____ with this policy?

How _____ explain excluded _____?

_____ it possible to list _____ for my _____?

I would _____ to know _____ stuff _____ covered _____ this _____.

_____ explain the _____ that _____ not _____?

_____ exempt _____ my policy?

_____ treatments are _____ from coverage _____.

_____ you detail _____ were excluded?

Can _____ about some treatments _____ covered?

_____ know _____ treatments I won't _____ covered for.

_____ you give _____ list _____ the medical _____ not _____ in _____ policy?

_____ can't be _____ by _____ policy?

Which treatments _____ covered _____.

Please let _____ the _____ of _____ in your policy.

Any treatments _____ the _____ umbrella?

You can _____.

_____ tell me _____ stuff won't _____ this policy?

_____ me _____ treatments _____ not covered.

What _____ are _____?

How _____ the _____ that aren't included _____ plan?

_____ policy exclude _____ treatments?

Can you _____ which treatments _____ covered _____?

_____ options _____ not be _____ for under _____?

_____ that _____ excluded from coverage?

Please _____ avoided _____.

There _____ be some _____ that _____ by _____ policy.

I need to _____ out _____ won't _____.

_____ you give me _____ of _____ won't be _____ for?

I _____ to _____ options that are not _____ in _____ plan.

Which _____ been _____ the policy?
 _____ treatments are not _____ under _____?
 _____ there specific _____?
 _____ me _____ of treatments _____ not going _____ be paid _____.
 _____ and procedures aren't included _____ policy?
 _____ about the services that _____ paid _____.
 I wanted to know _____ explain the _____ here.
 There are _____ that are _____ by _____.
 _____ were excluded _____ coverage?
 _____ certain _____ not _____ under this _____?
 _____ treatments are _____ here?
 _____ tell us _____ non-covered _____.
 I need _____ know _____ cover certain _____.
 Do _____ what stuff _____ covered in the _____?
 Which _____ not _____ in my _____?
 _____ treatments _____ in this _____?
 In _____ please specify _____ treatments.
 _____ of _____ treatments _____ not covered _____?
 _____ treatments will _____ from the _____?
 _____ should tell _____ which treatments _____.
 Tell _____ types of _____ my _____ won't _____ for.
 _____ procedures are _____ in the _____?
 _____ you _____ me more _____ treatments _____?
 _____ clarify _____ policy's _____ treatments.
 Which _____ does the policy _____?
 Does certain _____ fall _____ of _____?
 Which treatments are _____?
 _____ funded here?
 _____ which treatments aren't _____ to be _____ my _____.
 Is _____ way _____ list procedures _____ eligible?
 Inform _____ which treatments _____ be paid _____ plan.
 What are the _____ excluded _____?
 I don't _____ treatment _____ that _____ included in _____ plan.
 Tell _____ medical services that _____ unreimbursed.
 _____ and _____ are not part of _____?
 What treatments are _____ included _____?
 There _____ excluded from coverage.
 What _____ therapies that _____ not _____?
 _____ like _____ hear about _____ specific unreimbursed _____ services.
 What _____ covered in the _____?
 _____ are _____ in this plan?
 Tell me _____ forms _____ treatment _____ your policies.
 _____ treatments _____ not _____ policy?
 _____ treatments _____ not cover _____?
 _____ are exempt _____ the _____?
 What _____ of _____ aren't _____ policy?
 Do _____ a _____ of procedures _____ eligible _____ my plan?
 What treatment options _____ paid _____ his _____?
 _____ me _____ what's _____ by this policy, _____ you _____ for me?
 what treatments are _____ covered _____?

Please explain _____ are _____.

_____ let _____ know which treatments are _____.

_____ would _____ know _____ treatments ain't _____.

Does _____ specific treatment?

Which _____ options are _____ for _____ his _____?

_____ me of the uncovered _____ of _____ in _____ policies.

Which _____ not _____ insured?

Can you provide me _____ about _____ covered?

_____ not fall _____ this policy?

What Treatments _____ covered _____ policy?

_____ treatments do _____ fit _____ policy?

Do you _____ options that _____ in my _____?

_____ you give _____ a _____ the procedures _____ included in _____?

Which treatments _____ in _____?

Which _____ don't _____ under _____?

_____ know about the treatments _____ aren't _____.

_____ me _____ what the _____ unreimbursed _____ services _____.

_____ are outside of _____ coverage _____?

Which treatment _____ are excluded _____?

_____ know _____ treatments won't _____ paid _____ my plan now.

_____ be some treatments that aren't covered _____.

Point out _____?

_____ there _____ to detail excluded _____?

_____ weren't covered _____ the _____?

_____ about _____ non-covered _____.

What _____ covered _____ policy?

Is _____ possible _____ tell me which _____ excluded _____?

_____ are some treatments that _____ in _____ plan.

_____ you know _____ the _____ aren't _____?

Let _____ about _____ services that _____.

_____ treatments _____ not _____ policy?

_____ are _____ not included _____ plan?

_____ give a list _____ procedures _____ included _____ this policy?

_____ you have any treatment _____ that _____ not _____ the _____?

_____ outline _____ treatments are _____.

Can _____ me _____ the medical _____ in the policy?

I would _____ to know _____ are not _____.

Can _____ tell me which _____ won't be _____?

In _____ the non-covered _____.

Can you _____ an _____ treatments?

_____ are there?

Which _____ aren't _____ coverage?

_____ treatments _____ in _____ policy?

There _____ some treatments that are _____ policy.

Can _____ me _____ I'm not going to _____ coverage _____?

_____ treatments _____ not _____ under _____ insurance _____?

_____ the _____ treatments in _____.

_____ are _____ treatments _____ here?

_____ therapies are _____ included in _____?

What treatments _____ not _____?

_____ possible _____ some excluded treatments?

What kind _____ covered by this _____?

There _____ treatments _____ in _____ plan.

Can _____ excluded medical _____?

_____ give me the exact treatment _____ included _____ my _____?

_____ you _____ idea why the treatments are _____?

_____ have insurance coverage?

What treatments _____ not _____ this _____ plan.

_____ therapies aren't _____.

_____ the _____ included here?

_____ be able _____ explain _____ treatments not _____ here?

_____ you _____ which procedures are _____ for _____ plan?

_____ are outside the _____?

Which specific medical _____ aren't _____?

_____ which _____ and procedures are _____ included _____ my policy.

Can _____ tell me _____ by _____ policy?

_____ medications and _____ not included _____ policy?

Can _____ specific _____ are not _____?

_____ this plan _____ are not included.

_____ want to know the treatments _____ are not _____.

_____ details _____ the non-covered _____.

_____ tell me _____ non-covered _____.

_____ about _____ services not _____ for.

What meds and procedures are _____?

Can _____ what treatments are not _____ the _____?

_____ treatments are _____ policy?

Which _____ aren't covered _____ policy?

What treatment isn't _____?

_____ allowed therapeutic options?

Some procedures don't _____ within _____ the _____.

_____ treatments _____ not covered _____ policy?

_____ are certain _____ not included _____ my policy?

_____ not encompassed by this _____?

Do _____ a _____ the _____ not included in this policy?

_____ there _____ medical procedures that _____ not _____ this policy?

Can you give _____ of _____ procedures that _____ included _____ policy?

Which _____ procedure is _____ my policy?

Can you _____ if _____ treatments _____?

_____ me _____ medical services _____ unreimbursed.

_____ treatments are _____ covered _____ policy.

_____ treatments aren't _____ plan?

Can _____ me about the _____ aren't _____.

_____ the _____ treatments, please _____.

_____ medical _____ not covered by the _____?

_____ are not _____ in _____?

Can _____ give _____ information _____ treatments?

_____ can _____ me the _____ aren't _____.

_____ list the medical _____ included in this _____?

Which procedures _____ drugs _____ in _____?

_____ are the _____ not in _____?

Did you explain why _____ here?
 I want _____ know _____ procedures _____ eligible under _____.
 Which _____ include in my _____?
 _____ procedures are _____ included _____ policy?
 _____ treatments won't _____ covered _____ stupid _____?
 Could you _____ some _____ which _____ are not _____?
 _____ need to _____ which _____ be paid for in _____.
 _____ meds _____ procedures aren't in _____?
 What treatments _____ covered _____ Policy?
 Which treatments _____ be _____?
 _____ aren't _____ here?
 _____ procedures that _____ eligible under my _____?
 Which _____ covered by this _____?
 _____ about the services that _____
 Are _____ procedures that aren't _____ can _____?
 What kinds _____ procedures _____ fall within _____?
 Which _____ not _____ by _____?
 _____ do you _____ cover?
 _____ treatments _____ included _____ Policy?
 _____ you _____ me which treatments I won't _____?
 Tell _____ which treatments _____ paid _____ plan.
 Some treatments _____ covered in _____.
 Which meds _____ procedures are _____ included _____?
 What _____ are _____ included _____ policy?
 I am _____ sure if _____ can _____ the _____ not _____.
 _____ types _____ not _____ by _____ policy?
 _____ me _____ treatments _____ going to _____ paid for.
 I want to _____ are _____ from _____ policy.
 _____ are _____ covered _____ time?
 _____ know _____ the uncovered forms of _____ that _____ your policies.
 _____ Treatments are _____ under this _____?
 _____ you know _____ treatments are _____ coverage?
 I _____ the treatment options _____ included _____ plan.
 _____ do not fall under _____ scope _____ policy.
 _____ specific _____ procedures are not _____ in _____?
 _____ treatments _____ outside of _____ umbrella?
 I _____ know which _____ be covered _____ the _____.
 Do _____ are excluded from _____ coverage?
 Are _____ explained?
 Can _____ excluded treatments?
 Can _____ the exact treatment options _____ included in _____ plan?
 _____ not in _____ policy?
 _____ need _____ know which treatments _____ with _____ policy.
 I need to know _____ aren't _____.
 What treatments _____ according _____ the _____?
 What specific _____ procedures are not _____ my _____?
 Do you _____ what stuff won't _____ policy?
 _____ some treatments _____ covered by _____
 _____ treatments are not part _____?
 _____ to know which _____ y'all will _____ for.

_____ treatments _____ included _____ this area?

What _____ don't _____ with _____ policy?

_____ procedures aren't _____ my _____?

What _____ would not be _____ for _____ this _____?

_____ to _____ treatments _____ won't cover.

In _____ specify _____ treatments.

Do you _____ the treatments _____ are _____?

_____ me _____ what _____ medical services _____.

_____ specific _____ aren't _____ my policy?

Can you _____ me the _____ be _____ for?

I _____ treatments aren't _____ to be paid _____.

What _____ by coverage?

_____ you _____ out the excluded _____?

_____ of _____ is not included _____ coverage?

Which _____ types _____ included _____ coverage?

_____ treatments _____ covered _____ insurance plan?

Hey genius, _____ you _____ I won't have coverage _____?

_____ medical procedures are _____ covered _____?

Can you give _____ a _____ medical _____ not _____ in _____ policy?

Point _____ prohibited _____?

_____ don't _____ excluded from coverage.

Please _____ non-covered _____

I _____ know the _____ options _____ are not _____.

Clarify _____ options?

What treatment _____ included _____ my _____?

_____ me _____ the _____ procedures _____ included in the policy?

What treatment options _____ not _____ in his _____?

Some _____ by my _____.

Which _____ covered _____?

_____ treatments excluded from _____?

_____ procedures aren't _____ the _____?

_____ prescriptions _____ procedures are _____ included _____ my policy?

_____ specific _____ therapies?

_____ covered here?

_____ tell _____ the treatments _____ covered?

Is _____ a _____ of _____ procedures _____ included _____ the _____?

_____ it possible _____ list _____ procedures that _____ not _____ for _____?

_____ treatments are left _____ my _____?

_____ it possible _____ excluded _____

Hey, genius, _____ you _____ what treatments I _____ be _____?

_____ procedures _____ not covered _____ this _____?

_____ types are not _____ my _____?

_____ tell _____ which treatments I will _____ covered _____?

_____ me which treatments _____ not _____.

_____ want _____ which treatments _____ going _____ be paid _____.

Can _____ treatments excluded?

_____ treatments _____ included _____ my _____?

Do you have _____ options that _____ the _____?

_____ treatments _____ in the policy?

_____ to know what treatment _____ in _____ plan.

_____ me _____ services are _____.

_____ are _____ types omitted from _____?

_____ types are _____ included _____ this plan's _____?

Which medication _____ are _____ included _____ the _____?

Can _____ tell me _____ specific _____ not _____?

How _____ treatments _____ this policy?

Can you _____ me _____ are _____ covered.

Can you _____ me which _____ the policy?

_____ are not covered?

Can _____ tell us _____ procedures not _____ in _____ policy?

_____ types are not included _____

I _____ wondering which _____ covered.

The _____ avoided _____ be _____.

_____ aren't covered by _____

Can _____ explain which _____ are excluded _____?

What treatments _____ not _____ insurance plan?

Clarify _____ policy's _____

Can _____ what _____ aren't _____ my plan?

What are _____?

_____ medical _____ do the _____ not _____?

How _____ which _____ are _____ covered?

_____ you _____ more _____ on _____ treatments?

_____ specific _____ are _____ my policy?

Can _____ me _____ of which _____ are _____ covered?

_____ you tell _____ specific _____ not covered?

Did you tell _____ treatments _____ covered?

_____ the _____ that _____ be paid for in _____.

Are _____ any specific treatments _____ the coverage umbrella?

I would like _____ that aren't _____.

_____ it possible _____ excluded _____ options.

_____ that _____ here.

Some _____ not _____ by this _____

_____ me the _____ I _____ be gettin' coverage _____?

_____ wanted _____ the _____ options that _____ not included in _____.

Which _____ aren't _____?

_____ procedures are ineligible _____?

_____ excluded treatments?

_____ included _____ this area?

_____ treatments are _____ from _____?

_____ are _____ from coverage?

Tell me what _____ not going to _____.

Which _____ is _____ included _____ policy?

_____ know _____ I won't be covered _____?

_____ treatments aren't _____ by _____?

_____ aren't going to be paid _____.

Is _____ possible that you can _____?

Which _____ will _____ paid for _____ plan?

_____ you spell out which treatments _____ covered _____?

_____ is _____ in the policy?

_____ you _____ me the medical _____ that _____ included _____ policy?

_____ not allowed under the _____?

_____ not going to _____ for in my _____?

Can _____ tell me _____ are _____ eligible _____ plan?

_____ are not _____?

I would like _____ specific _____ are _____ covered.

What _____ will not be _____ insurance plan?

You _____ tell _____ about the treatments _____.

_____ know _____ will not be _____ for in my _____.

Treatments _____ are not _____.

_____ you list _____ medical procedures not _____ in _____?

_____ treatments are _____ covered?

_____ the policy _____ treatment?

_____ me of the _____ of _____ in your policies.

_____ say which treatments I will _____ be _____?

_____ you _____ me the treatments _____?

This _____ does _____ what _____?

I _____ to _____ the exact treatment _____ that _____ included _____ my _____.

_____ there any _____ aren't covered by _____ umbrella?

Which _____ were removed _____?

Which treatments are _____?

_____ reveal excluded _____?

_____ procedures _____ not insured?

Treatments _____ fall _____ the _____?

Is _____ possible _____ clearly _____ medical _____?

Could _____ treatments _____ aren't covered?

_____ fit in the _____?

I _____ to know _____ that _____ this policy.

This policy _____ treatments

_____ treatment types _____ not in _____?

I _____ to know which treatments _____ excluded _____.

Which _____ not _____ by _____ policy?

_____ am looking _____ that aren't covered.

_____ you have _____ of treatments _____ excluded from _____?

_____ medicine _____ procedure are not _____ policy?

What treatments _____ covered _____ plan?

_____ treatment _____ are _____ in my _____?

Let us _____ unreimbursed _____.

_____ not _____ my policy?

_____ treatments _____ not in _____ plan.

Let me _____ about _____ not reimbursed.

What _____ types _____ in this _____?

What _____ not _____ in _____ plan?

Have _____ the treatments not included _____.

Which _____ aren't _____?

Which treatment types _____ not included _____?

_____ me aware _____ the uncovered _____ treatment _____ in _____ policies, _____.

Can you describe _____ I _____ for?

_____ there any chances _____ the _____ included here?

Can you _____ about which treatments are _____?

_____ treatin' _____ of the coverage?

Please _____ treatments.

I _____ to _____ treatments are _____.

Can you give _____ some information _____ covered?
_____ procedures _____ outside _____ scope of _____?

There are _____ procedures _____ don't _____ within _____.

Tell me, _____ will _____ in my plan.

Can _____ tell _____ not included in _____?

What _____ included?

_____ treatments _____ paid for in my _____ right _____?

Let me know _____ by _____ policy, can you _____ down _____?

What _____ by my _____ treatments?

_____ like _____ know what _____ aren't covered.

specific _____?

Can you show _____ are _____?

Specific _____ the coverage umbrella.

_____ treatments _____ not be _____?

_____ tell me what procedures _____ eligible for _____?

_____ treatments are not _____?

_____ treatments don't _____?

_____ treatment _____ be paid for _____ his _____.

_____ know _____ treatment options _____ are _____ included _____ my plan.

_____ could tell _____ treatment options that are not _____ plan.

_____ treatments are _____ covered _____?

_____ treatments _____ be _____ by his _____?

_____ specific _____ ain't _____?

What kind of _____ part of _____?

Treatments _____ included in _____ coverage.

_____ detail excluded treatments?

Can you _____ me about the procedures _____ included _____?

_____ like _____ which treatments aren't _____.

_____ types of _____ that don't fall _____ policy?

Some _____ covered by the _____.

_____ to know _____ won't be _____ for.

What _____ be _____ this _____ plan?

_____ treatment _____ are not _____ this _____?

_____ you _____ more _____ on _____ treatments?

_____ treatments _____ in the _____?

_____ us about some excluded _____?

_____ me _____ treatments _____ be _____ for.

Do certain treatments not _____?

_____ fit _____ the _____ of the policy?

_____ clarify the _____ medical _____?

Which _____ treatments are not _____?

Can you _____ medical _____ that aren't included in _____ policy?

Which _____ covered _____ your policy.

Do _____ know _____ treatments _____ covered.

_____ treatments are _____ my _____?

_____ procedures do _____ get _____?

_____ know which _____ from my policy.

Which specific _____ in _____ policy?

Please _____ in touch _____ me _____ uncovered _____ of treatment in _____.

_____ be part of _____ insurance _____?

_____ are _____ is not clear.

_____ spell out _____ I _____ not be _____ for?

_____ need to _____ are _____ covered by this dumb _____?

Tell _____ which _____ are not going _____ be _____ in _____.

_____ it possible _____ excluded _____?

Is there _____ you _____ not included here?

How about _____ are not _____ under my _____?

_____ want _____ know which _____ won't be _____ for.

I need _____ about the treatments that _____.

_____ to know which treatment types _____ in my _____.

_____ policy doesn't _____ some _____

_____ can't _____ done here?

There _____ treatments _____ from _____ my _____.

What _____ not included _____?

Which _____ covered _____ this?

_____ it _____ to _____ excluded _____?

I want to _____ options are _____ in my _____.

_____ treatments are left _____?

What _____ covered _____ this insurance _____?

_____ treatments _____ you not _____ under the _____ plan?

I want to _____ the specific _____ options that _____ my _____.

Can you give _____ the _____ I _____ getting _____?

_____ be paid for under _____?

_____ you have examples _____?

_____ explain which meds and procedures aren't _____.

What procedures _____ cover?

_____ procedures _____ not _____ covered?

_____ are the procedures that _____ this _____?

_____ be covered _____ this policy.

_____ tell _____ the treatments _____ not covered?

_____ you _____ the _____ excluded from _____?

_____ there certain _____ covered?

What _____ covered _____.

What are _____ treatments that _____ not _____?

Which treatments _____ in _____ policy?

Is _____ the medical procedures _____ included _____ the policy _____?

_____ to _____ specific treatments aren't _____.

_____ by my _____ for treatments?

Can _____ give _____ a _____ not included in the _____?

_____ subject to my policy?

_____ to know _____ are excluded _____ this policy.

Can _____ give _____ information on _____ that _____?

_____ you tell _____ that I won't _____ covered _____.

Which _____ are _____ in _____ policy.

_____ types are not _____ my _____.

Tell me _____ unreimbursed.

_____ treatments that _____ covered _____ policy?

Can you _____ me the exact _____ not _____?

_____ kinds _____ treatment aren't _____?

Can you _____ medical _____ are _____?

_____ you provide _____ about _____ medical _____?

Can _____ spell _____ treatments I _____ be _____ coverage for?

Please _____ treatments.

Do you _____ not included?

_____ are _____ included in my _____.

_____ options _____ be _____ in the plan?

_____ treatments aren't _____?

Please explain _____ not _____ my _____.

Which _____ not _____ my policy?

_____ types _____ are not _____ to _____ paid for in _____ plan.

_____ the _____ treatments in _____.

Can _____ tell me _____ treatments I _____ get _____.

_____ are not covered by _____?

What treatments are _____?

I _____ know _____ treatments _____ aren't _____.

_____ tell me about _____ services.

Does _____ policies _____ specific _____?

Which treatments are _____ my _____?

Can you point out _____ treatments _____?

_____ possible _____ procedures that _____ not eligible under my _____?

_____ the excluded treatments?

What treatments _____ not _____ policy.

_____ options are not _____ by _____?

_____ treatments will not _____ paid _____ in my _____ now.

_____ treatments are _____ this plan?

_____ you _____ me _____ treatments are _____ coverage?

_____ aren't included in this plan?

How _____ that _____ in my plan?

Can _____ that are _____ covered?

Which _____ will not _____?

_____ me _____ of the unreimbursed _____.

_____ this policy do not _____?

Please _____ me about _____.

Are _____ treatments _____ from _____?

_____ know _____ treatments will _____ covered _____ my plan?

Can _____ the prohibited therapeutic _____?

_____ not included?

_____ give _____ list of procedures _____ included _____ this _____?

_____ there anything _____ therapies?

_____ you _____ me what _____ are _____ covered _____ policy?

_____ policy's _____ "

What treatments are _____?

Which _____ permitted in _____ policy?

_____ are _____ included _____ coverage umbrella.

_____ me _____ the _____ medical services.

What _____ do _____ the scope of _____ policy?

What treatments _____ this _____?

_____ not sure _____ the treatment options _____ are _____ included in _____.

Which _____ do not fall _____ scope _____ this _____?
_____ in this plan?
_____ me about _____ options.
What treatments _____ not _____ coverage?
_____ treatments that are _____ covered _____.
Do _____ what treatments aren't _____?
_____ tell me about _____ treatments _____ covered.
_____ procedures _____?
Can _____ not covered by the _____?
Certain _____ are _____ covered _____ policy.
Is _____ Possible _____ excluded _____?
Can _____ me _____ treatments that aren't covered?
_____ treatments are _____ in _____.
_____ possible to outline which treatments _____ coverage.
_____ medical _____ are not _____ policy?
_____ covered by the policy
_____ options _____ included in _____ plan?
_____ treatments are _____ covered _____ this policy, _____?
_____ not included _____ my policy?
What treatments _____ coverage?
_____ ya tell me _____ I won't _____ for?
Which treatments _____ paid _____ his _____.
_____ you discuss the treatments _____?
Which treatments _____ policy?
_____ you _____ treatments _____ won't be covered for?
_____ the policy _____ therapies?
_____ you give _____ list _____ I won't _____ covered for?
_____ treatments _____ not _____ covered _____?
_____ it possible _____ state which treatments are _____?
_____ you _____ why the _____ included?
I need _____ know _____ treatments _____ by this _____.
I was wondering _____ options _____ not _____ in _____ plan.
_____ want _____ if you have _____ treatment options that _____ in _____ plan.
_____ treatments _____ of my _____?
_____ treatments _____ excluded _____ the _____ plan?
What treatments _____ included in _____?
_____ are not included _____ policy.
Which options will _____ the plan?
Tell _____ kinds _____ treatments won't _____ paid _____.
What treatments _____ the _____?
Let _____ know _____ that are unreimbursed.
_____ me _____ types of treatments aren't going _____.
_____ this policy _____ treatments?
_____ fall _____ the _____ of the policy?
_____ treatments will I _____ be _____?
_____ there any treatment _____ included _____ the _____?
_____ if _____ that _____ not eligible under my _____ can be listed.
What _____ is _____?
_____ you have _____ about which _____ covered?
_____ you _____ treatments?

Which specific _____ procedures _____ not _____ policy?

_____ necessary _____ clarify _____ avoided _____.

I don't _____ what _____ included _____ my plan.

_____ treatments will not _____ in _____?

_____ treatment _____ will not be _____?

Which _____ types _____ by my _____?

_____ me which types _____ will _____ paid.

Is _____ explain the treatments that aren't _____?

_____ about the _____ not _____ for.

_____ tell _____ non-covered treatments _____.

What _____ the therapies _____ are _____?

I _____ know which _____ in my policy.

_____ details _____ the non-covered _____.

What kinds _____ do _____ the scope of _____ policy?

Is _____ which treatments are _____ covered?

_____ me what _____ are not _____ for _____ plan?

_____ aren't _____ in _____ policy?

_____ and _____ are not included _____ policy?

_____ to know _____ treatment _____ covered.

What _____ this _____ cover?

_____ policy bar _____ treatments?

_____ types aren't included _____ the _____?

What procedures are _____?

What types _____ are not _____ by _____?

_____ are the _____ that are excluded _____?

I _____ to _____ what _____ are _____ covered _____ this _____.

_____ tell _____ about the _____ that _____ not covered.

_____ spell out _____ not be covered for?

What _____ the procedures _____ aren't _____ under _____?

_____ you _____ the _____ I won't _____ covered for?

Can you tell me _____ treatments _____ by _____?

_____ treatment is _____ this policy?

What _____ will they _____ for _____ the _____ plan?

I need _____ know _____ treatments are _____ the _____.

There _____ omitted _____ this plan.

Which _____ not _____ by Insurance?

_____ make _____ excluded _____ options?

There are _____ that _____ covered _____ the _____.

Which _____ not _____ policy?

_____ can't be paid for under _____?

Please _____ specify the non-covered _____.

_____ please specify _____ non-covered _____.

Which _____ medication _____ procedure _____ included _____ my policy?

_____ treatments _____ not included _____ policy.

Hey, genius, can _____ tell me _____ have coverage _____?

_____ will not get _____?

Are _____ procedures _____ are _____ my plan?

_____ and procedures _____ not included _____ my _____?

Can you tell me _____ treatments _____ covered _____?

_____ kind of treat is _____ coverage?

Which _____ be paid for with _____.

_____ types _____ procedures _____ covered by the policy?

What _____ aren't _____ by _____?

_____ you _____ me about _____ treatment options _____ are not _____ plan?

Which _____ count _____?

_____ types of _____ my plan won't pay _____.

Are _____ in the plan?

_____ which _____ excluded from coverage?

Which procedures _____ within the scope of _____?

What treatment types _____?

_____ there _____ you can _____ that _____ not included here?

What _____ this _____ cover?

_____ treatments _____ not _____ in this _____?

_____ you _____ me _____ treatments _____ from coverage.

_____ know which _____ ain't _____?

_____ treatments _____ not _____ in this _____.

_____ treatments will _____ be _____ with _____ policy?

What _____ out of _____?

Can you _____ of the _____ options that aren't _____ in _____?

There are some _____ included _____ the _____.

_____ the types _____ treatments _____ plan won't _____.

Please explain which _____ aren't _____.

_____ provide the treatments _____ not _____.

_____ there _____ that you can _____?

Some _____ not fall within _____.

_____ treatments are _____?

Is _____ a _____ of _____ that aren't _____ in _____ policy?

_____ tell me about _____ treatments that _____?

_____ medical procedures _____ not covered _____ the _____?

There _____ that _____ this plan.

Which _____ types _____ not _____?

_____ you provide a _____ procedures _____ are not _____ policy?

_____ you _____ me _____ treatments I won't be covered _____?

What _____ don't _____ in line _____?

_____ us about prohibited _____.

_____ want _____ know exactly what _____ included _____ my plan.

Let me _____ what's denied _____ can _____ break _____ for me?

_____ wanted to _____ the treatment _____ weren't _____ my plan.

_____ treatments _____ included _____ this policy?

_____ procedures _____ insurance _____?

Which therapies _____ my _____?

_____ which treatments _____ to be _____ for now.

_____ you tell _____ which treatments _____ allowed to _____ for?

_____ me some information _____ which treatments _____ covered?

_____ aren't covered _____ dumb policy?

_____ treatment _____ would not _____ paid _____ by his _____?

Which _____ procedures and drugs are not _____?

Did _____ which _____ excluded from _____?

_____ to _____ if _____ clarify excluded medical options.

Can _____ what the treatments aren't _____?

What treatment _____ unavailable _____ plan?

_____ treatments are banned _____?

_____ the _____ does not cover?

Is it _____ the excluded _____?

What _____ can't _____?

_____ an _____ for the _____ not _____ here?

_____ what _____ won't be covered by _____ plan.

Say something _____ therapies _____?

About _____ non-covered _____?

_____ you have a list _____ that _____ included _____ the _____?

_____ denied _____ this policy, can you tell _____?

Which _____ and _____ excluded _____ my _____?

What _____ in my policy?

_____ not _____ insurance coverage?

I need _____ which treatments _____ to be covered by _____.

What treatments _____ by the _____ plan?

What treatments won't be _____?

_____ treatment _____ will not be _____ with _____?

_____ me which treatments _____.

_____ give me some _____ treatments _____ not covered?

What _____ have _____ been covered _____?

_____ provide the procedures _____ are _____?