

[Demo] NLP Dataset for Customer Service Automation

Company Type	Health Insurance Companies
Inquiry Category	Reimbursement eligibility for medical expenses
Inquiry Sub-Category	Prescription medication coverage
Description	Customers inquire about the medications covered by their health insurance plans, co-payment amounts, eligibility for reimbursement, and processes for obtaining prior authorization.
Data Size	5,158 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.)

_____ seeking _____ please provide _____ invoices/receipts and _____ claim forms.

_____ want reimbursement for _____ drugs please _____ invoices and _____.

_____ for _____ please provide _____ and completed claim forms.

_____ to get reimbursement _____ your prescribed drugs, _____ submit detailed _____ completed claim _____.

_____ should _____ detailed invoices _____ seeking _____ for prescription _____.

_____ be _____ for prescribed _____ if _____ detailed invoices _____ claim forms.

_____ receipts _____ forms if you want _____ get reimbursements _____.

_____ invoices _____ complete claim _____ seeking _____ for prescribed drugs.

_____ necessary to _____ extensive invoices and finished _____.

Detailed _____ claim files are necessary _____ reimbursement _____.

When _____ reimbursement, _____ include complete _____ thorough invoices.

_____ the _____ for medication _____ and submit _____.

_____ detailed _____ for prescribed _____.

Attach _____ invoices _____ drug _____.

_____ you _____ interested _____ reimbursements for drugs, please include _____ forms.

_____ receipts and _____ files _____ drugs.

_____ get _____ for _____ please include detailed _____ and claim forms.

_____ your _____ expenses to be reimbursed, you _____ attach _____.

Please include _____ claim _____ seek _____ for your prescribed drugs.

_____ you _____ to be _____ for prescribed drugs, _____ must _____ claim forms.

_____ order _____ be reimbursed _____ you need to give _____.

_____ for drugs can be _____ if _____ receipts _____ forms.

_____ you _____ receive reimbursements for _____ you should _____ invoices.

_____ supply detailed invoices _____ claim the _____.

It is _____ for you _____ for _____ drugs if you _____ detailed _____ claim _____.

Detailed _____ and _____ claim forms are required _____ reimbursed _____.

_____ are planning _____ reimbursements _____ please _____ detailed invoices _____ claim forms.

_____ you would like _____ for _____ include _____ invoices and claim _____.

_____ order _____ reimbursements _____ prescribed drugs, _____ include detailed invoices _____ claim _____.
 In order for you _____ reimbursements _____ drugs, you _____ detailed _____.
 It _____ to submit _____ claim forms in _____ for you _____ receive reimbursements _____ drugs.
 If you want to _____ for _____ you _____ invoices.
 Please _____ detailed invoices/receipts _____ reimbursements for _____ drugs.
 _____ order to _____ drugs, _____ must provide detailed _____.
 _____ supply _____ to _____ your meds.
 _____ get reimbursement for _____ drugs, you need _____ detailed invoices _____ complete _____.
 _____ applying _____ reimbursements _____ prescription _____ include detailed invoices and _____.
 In order to _____ paid _____ drugs _____ give _____ invoices and _____ claim _____.
 Provide _____ invoices _____ complete _____ order to be _____ for _____.
 _____ want reimbursement for _____ drugs, _____ include _____ and _____ forms.
 _____ and complete _____ forms _____ reimbursement for prescribed drugs.
 To _____ reimbursements _____ prescribed _____ invoices _____ completed claim forms.
 _____ and claim _____ required in _____ to be paid _____ prescribed _____.
 Please _____ detailed invoices _____ completed _____ requesting _____ for _____ drugs.
 When _____ to _____ drugs, _____ include detailed _____ and claim forms.
 To _____ reimbursements for _____ you _____ to _____ invoices and _____ claim forms.
 _____ prescribed _____ you _____ to submit detailed _____ and completed claim forms.
 _____ you _____ to _____ reimbursement for prescribed drugs, please include _____.
 You may have _____ detailed _____ claim forms in order _____ for _____ drugs.
 In _____ get reimbursed for prescribed drugs, _____ to _____.
 _____ invoices _____ claim _____ are _____ reimbursement _____ prescribed drugs.
 If you _____ to be reimbursed _____ drugs, _____ have _____ complete claim forms.
 Detailed _____ can _____ for reimbursement _____ prescribed _____.
 Invoices and _____ forms _____ included _____ you apply _____ prescription drugs.
 Distribute itemized invoices _____ for _____.
 _____ should _____ invoices _____ claim forms for _____ your drugs.
 Can _____ detailed _____ and complete _____ to _____ reimbursed for _____ drugs?
 _____ detailed _____ to _____ meds.
 Give _____ forms _____ medication refunds.
 _____ you seek reimbursements _____ prescription drugs, _____ detailed _____ and _____.
 Please _____ detailed invoices _____ forms when seeking _____ prescribed _____.
 In _____ you _____ reimbursement for _____ drugs, _____ need to submit detailed _____ claim _____.
 Invoices and claim _____ should be _____ reimbursed _____ your drugs.
 _____ complete _____ forms are _____ for _____ of _____ drugs.
 Detailed invoices and claim forms _____ want _____.
 You will receive _____ for prescribed _____ complete claim forms.
 Invoices and _____ are required _____ you _____ reimbursement _____ prescriptions.
 _____ drug _____ include thorough invoices _____ completed claims.
 _____ to receive reimbursement for prescribed _____ you _____ detailed _____.
 When _____ reimbursements, you _____ include _____ claims _____ invoices.
 In _____ to _____ reimbursed _____ drugs, you must _____ invoices.
 _____ should provide _____ and complete claim forms _____ order _____ be _____ for _____.
 Comply with _____ rules _____ receipts and _____ files.
 _____ submit _____ forms _____ be reimbursed for _____ drugs.
 _____ and claim _____ should _____ included _____ you _____ reimbursement for _____.
 _____ you want _____ receive _____ for your _____ you should _____ detailed _____ claim forms.
 _____ order _____ receive reimbursement for _____ drugs, you _____ to submit _____ invoices _____ forms.
 detailed invoices and _____ claim forms _____ required _____ to receive _____ for _____.

In order to _____ reimbursed for _____ you _____ and complete _____.

Drug _____ be claimed _____ submission of _____ and finished _____.

In _____ to _____ for prescribed _____ you must _____ invoices.

_____ detailed invoices/receipts _____ completed _____ forms when applying _____.

While claiming _____ and finished claims is required.

_____ reimbursement for _____ please _____ invoices and claim forms.

In _____ to _____ reimbursed for prescribed _____ must _____ and submit _____ claims.

When _____ your medication, _____ include _____ invoices _____ claim forms.

Please _____ documentation _____ reimbursement _____ prescribed _____ including _____ invoices/receipts and _____ claim _____.

_____ possible _____ claim forms _____ order to receive reimbursements for prescribed drugs.

_____ seeking reimbursements for _____ you _____ detailed invoices and _____.

_____ you _____ reimbursement for _____ drugs, _____ detailed _____ and claim _____.

_____ for prescribed _____ must _____ detailed _____ and claim forms

Provide _____ invoices _____ forms _____ reimbursements for prescribed _____.

_____ order _____ reimbursements for _____ you _____ have to submit detailed invoices _____ forms.

In _____ receive reimbursements for _____ you should _____ and claim _____.

When _____ reimbursement, please _____ thorough invoices _____ claims.

Please _____ when _____ for drugs.

_____ be _____ drugs, you _____ give detailed invoices _____ complete claims _____.

_____ you're looking _____ receive reimbursements _____ drugs, _____ detailed _____ claim _____.

Ask for _____ receipts for _____.

_____ include detailed invoices and _____ forms when _____ reimbursement _____.

_____ to _____ reimbursement for _____ drugs through detailed _____ and _____ claim _____.

Please include _____ forms _____ to receive reimbursements.

When you need _____ for prescribed _____ and _____ forms.

_____ detailed _____ and _____ when you are _____ reimbursement for prescribed _____.

_____ be reimbursed _____ drugs, _____ provide detailed invoices _____ claim forms.

_____ claim forms are _____ to obtain _____.

_____ invoices and complete _____ to get reimbursements for prescribed _____.

_____ claiming drug _____ submission _____ and finished claims is _____.

_____ detailed receipts _____ for _____ drugs reimbursement.

_____ order _____ be _____ the _____ you must provide detailed _____.

_____ invoices _____ complete claims _____ refunds _____.

If you _____ get reimbursement _____ drugs, you may _____ to _____ detailed _____ complete claim _____.

_____ for _____ expense claims.

To _____ need to give detailed invoices and _____ forms.

_____ claiming _____ expenses, submission of _____ invoices/receipts _____.

Invoices _____ claim _____ should be _____ you _____ reimbursement _____ drugs.

To _____ eligible _____ prescribed _____ you must provide _____ invoices.

_____ detailed _____ and claim forms for _____ for _____.

In order to be reimbursed _____ drugs, _____ provide detailed _____ completed _____.

Please include detailed invoices _____ forms _____ you _____ reimbursement _____.

itemized invoices and _____ required _____ refunds for _____.

_____ have _____ provide detailed _____ and submit completed claim forms _____ reimbursed _____ drugs.

_____ reimbursement for prescribed drugs _____ you _____ and _____ claim forms.

Furnish detailed receipts _____ claim _____ of _____ drugs.

In order to be _____ for _____ drugs, _____ given.

_____ have to _____ to get reimbursement for drugs.

You _____ to _____ and completed claim forms _____ to _____ reimbursement _____ prescribed drugs.

_____ order _____ receive reimbursements _____ need _____ detailed _____ and claim forms.

It _____ submit extensive invoices and finish _____ expenses.

Provide detailed _____ complete claim _____ seeking _____ drugs.

_____ invoices and claim _____ reimbursement of _____ drugs.

Get receipts _____ claim _____ for _____.

Provide detailed _____ claim files for _____ drugs _____.

In order _____ prescribed _____ you must give detailed invoices _____.

_____ detailed invoices _____ forms when you _____ for drugs

You have _____ invoices/receipts in _____ to be reimbursed _____.

_____ you need _____ for _____ please _____ invoices and claim _____.

When you would _____ reimbursement for _____ please _____.

_____ and _____ forms when _____ for reimbursement for prescribed _____.

_____ for _____ receipts _____ drug _____.

_____ claim forms _____ in order _____ be _____ for prescription drugs.

_____ necessary for detailed invoices along _____ to _____ for prescription drugs?

_____ detailed _____ of prescribed drugs.

When _____ reimbursement _____ please include detailed invoices _____.

You must _____ invoices to _____ reimbursed _____.

_____ receipts, _____ claims for _____?

Accurately _____ invoices and _____ refunds _____ medication.

To _____ reimbursed for _____ you must give _____ claim _____.

_____ want reimbursement, include detailed _____ and _____.

_____ want to _____ detailed _____ and completed claim forms _____ for _____ drugs.

Indicated invoices _____ forms are _____ refunds.

Detailed invoices and _____ be _____ when you seek _____ prescribed _____.

When you _____ requesting reimbursements _____ detailed invoices _____ claim _____.

_____ order to be reimbursed for prescribed _____ you must _____ forms.

When you would _____ reimbursement _____ your drugs, _____ invoices and _____.

To be reimbursed _____ prescribed _____ you have _____ and claim _____.

Ask _____ detailed _____ for your _____.

When _____ please include _____ and completed claims.

You need to _____ detailed _____ and _____ order _____ reimbursed for _____.

In order to _____ drugs, _____ must _____ detailed _____ and claim _____.

If _____ for your _____ drugs, _____ include detailed _____ and claim _____.

Please _____ claim _____ when you _____ looking to _____ for drugs.

Please include detailed invoices _____ forms _____ requesting _____ prescription _____.

Drug _____ to be submitted in _____ form _____ extensive invoices _____.

Please include _____ claim _____ when you _____ reimbursement

_____ are _____ for _____ drugs, please include detailed _____.

_____ be _____ for prescribed drugs, _____ invoices _____ submit completed claims.

If _____ to be reimbursed for _____ detailed invoices _____ claim forms.

_____ detailed _____ and claim _____ for _____ for prescription _____.

In order to be _____ for _____ drugs, _____ must _____ claim _____.

Provide detailed invoices/receipts and _____ prescribed drugs.

If you _____ you should _____ invoices.

When _____ for _____ drugs, please include _____ and claim _____.

_____ be reimbursed _____ drugs, _____ need _____ claim forms _____ provide detailed invoices.

_____ you want reimbursement _____ drugs, please _____ and _____ forms.

Detailed receipts _____ files are _____ for _____ drugs _____.

If _____ like _____ for _____ drugs, please include _____ claim forms.

Share detailed _____ in _____ prescribed drugs _____.

To _____ reimbursement for _____ drugs, _____ should _____ claim forms.

When you're _____ for drugs, _____ include _____ claim forms.

Send detailed _____ to _____.

Send _____ claim _____ reimbursement of drugs.

_____ get _____ prescribed _____ must _____ invoices and complete them.

When _____ reimbursement for _____ please include _____ invoices.

_____ required for reimbursement _____ prescribed _____ include itemized invoices/receipts _____ claim _____.

If _____ to receive _____ for _____ drugs, _____ need to _____ detailed _____ complete _____ forms.

_____ order _____ reimbursement for _____ drugs, you _____ submit _____ and complete claim forms.

_____ detailed _____ to _____ prescribed _____!

To be _____ drugs, you should _____ claim forms.

In order _____ reimbursement for prescribed _____ you _____ detailed _____.

_____ include detailed _____ and _____ when you seek reimbursement _____ prescription _____.

_____ receive _____ for _____ drugs, _____ need to _____ detailed _____ complete _____ forms.

_____ claim _____ when _____ seek _____ for prescription drugs.

_____ detailed _____ to claim _____ drug _____.

_____ seeking reimbursement _____ please _____ claim forms and _____ invoices.

_____ order to be paid for prescribed _____ invoices.

If you _____ reimbursement for drugs, _____ include _____ invoices _____.

_____ you seek _____ for prescribed drugs, please _____.

When seeking reimbursement for _____ include complete _____ complete _____.

Please include _____ invoices and _____ when you _____ for _____.

When _____ interested in _____ reimbursements _____ please _____ invoices and _____ forms.

You have _____ give _____ and _____ for _____ reimbursements.

_____ should _____ detailed invoices and claim _____ in _____ receive _____.

_____ order to be _____ for _____ drugs, you need _____ claim forms.

When _____ are looking to _____ drugs, _____ include detailed _____.

You have _____ detailed invoices _____ complete _____ in order _____ for prescribed _____.

When seeking _____ prescription drugs, _____ invoices.

_____ order for you _____ prescribed _____ must provide detailed invoices.

In order to be _____ prescribed _____ detailed _____ need _____.

_____ for your prescribed _____ please include _____ invoices _____ forms.

To _____ reimbursement for _____ drugs, _____ detailed invoices _____ claim _____.

_____ want _____ be _____ for prescribed _____ to submit detailed invoices.

Invoices _____ forms _____ drug reimbursement.

_____ seeking _____ reimbursements, be sure _____ the _____.

When _____ for drugs, please _____ and completed _____.

_____ you _____ reimbursement _____ prescribed drugs, _____ need _____ detailed invoices and completed claim _____.

When you apply _____ please include _____ invoices.

_____ receive _____ drugs, _____ detailed invoices.

_____ you want _____ reimbursements for prescribed _____ you _____ submit _____ complete claim forms.

You must _____ detailed invoices _____ be reimbursed.

You may _____ submit _____ invoices and _____ claim forms if _____ want _____.

_____ to _____ invoices and claim forms _____ reimbursed _____ drugs.

_____ trying to receive _____ for _____ detailed _____ and claim _____.

_____ you _____ receive _____ drugs, please include detailed invoices _____ claim _____.

_____ order _____ receive _____ for prescribed drugs, you have _____ detailed _____ and _____ claim forms.

_____ reimbursed _____ prescription _____ must provide detailed invoices.

_____ order to be reimbursed _____ drugs, _____ provide _____ invoices and _____.

_____ be _____ for _____ drugs, you _____ give detailed invoices _____ complete them.

_____ invoices _____ claim forms are required _____ reimbursement of _____.

When requesting reimbursement _____ prescription drugs, _____ include _____ forms.

You _____ include detailed _____ claim _____ for prescribed drugs.

_____ reimbursement _____ drug costs, please include _____ completed _____.

_____ and _____ required in order _____ you to _____ reimbursed _____ drugs.

_____ have to _____ order to be reimbursed _____ drugs.

_____ receive _____ for prescribed drugs, _____ submit detailed invoices _____ claim _____.

_____ order to be _____ prescribed _____ you _____ detailed invoices.

Get detailed _____ to _____.

Please _____ invoices and claim _____ reimbursements.

_____ detailed invoices and claim forms _____ you are _____ for drugs.

_____ please include detailed invoices _____ complete claims.

You should _____ claim forms _____ if you _____ to be _____.

_____ to receive reimbursements _____ drugs, you _____ include detailed invoices _____.

_____ for reimbursements for drugs, _____ detailed invoices and _____.

_____ want _____ for your prescribed _____ please _____ invoices.

_____ provide complete _____ in _____ to _____ reimbursed for _____ drugs.

In _____ to receive reimbursement for prescribed _____ give _____.

Please _____ invoices and _____ for _____.

Share _____ papers _____ prescribed drugs.

If you _____ to _____ for prescribed drugs, you _____ invoices.

In order to be _____ reimbursed _____ give _____ invoices.

_____ seek reimbursements _____ prescription _____ please _____ detailed _____ and _____ forms.

_____ are seeking reimbursements _____ drugs, please _____ detailed invoices _____ claim _____.

_____ that completed claims _____ included when seeking _____.

You _____ give _____ prescribed drugs _____ be reimbursed.

You _____ detailed _____ and _____ claim _____ in _____ to get _____ your prescribed _____.

_____ repay _____ share detailed _____.

If you want reimbursements _____ provide _____ invoices and _____ forms.

If you want to _____ prescribed _____ need to submit _____ and _____ forms.

When you _____ for _____ prescribed _____ please _____ detailed _____

_____ reimbursed _____ prescribed _____ you must provide _____ invoices _____ completed _____ forms.

In _____ be reimbursed for _____ drugs, detailed _____ must _____.

In order _____ reimbursed _____ drugs, you should _____ detailed _____.

_____ provide detailed invoices/receipts and completed _____ forms _____ reimbursement _____.

_____ you _____ to _____ have to submit detailed _____ and claim forms.

In _____ drugs, _____ have to submit detailed _____ and completed _____ forms.

Reimbursement requests should include _____.

In _____ reimbursed _____ drugs, you must provide _____ invoices and _____ complete _____.

_____ you to _____ reimbursement _____ prescribed drugs, _____ should submit detailed _____ and _____ claim _____.

_____ reimbursements, please include complete _____.

detailed invoices and submitted _____ order _____ reimbursed _____ drugs.

Make _____ receipts _____ files for reimbursement of _____.

If _____ reimbursement for _____ include _____ invoices and claim forms.

When _____ drug use, please include _____ and _____.

In _____ for _____ to receive reimbursements _____ drugs, you may _____ detailed _____ and _____ claim _____.

_____ must _____ claim forms if you _____ to _____ for prescribed _____.

To get _____ give _____ forms.

_____ reimbursement for your drugs, _____ invoices and claim _____.

_____ and _____ forms should _____ included _____ want _____ of prescribed _____.

_____ receipts _____ claim _____ reimbursement of prescribed drugs.

_____ to _____ the drugs.

Please _____ detailed _____ claim _____ when _____ for drugs.

In _____ prescribed _____ you need to give _____ invoices.

You may want to _____ invoices _____ claim forms _____ you want to _____ for _____.

When you _____ reimbursements _____ please _____ detailed _____ and claim _____.

_____ detailed invoices when you _____.

_____ invoices _____ complete _____ must be _____ in order to be _____ drugs.

_____ need to submit _____ invoices for prescribed drugs _____.

For reimbursement of _____ prescribed drugs, please include _____.

You _____ completed claim forms in _____ reimbursement for prescribed _____.

_____ be _____ for prescribed _____ have to _____ detailed _____.

_____ and completed claim _____ requesting reimbursement for prescribed _____.

_____ is necessary _____ submit _____ and _____ claims _____ claim drug _____.

_____ expenses need submission _____ invoices/receipts and _____.

When _____ like _____ for prescribed drugs, include _____ forms.

_____ claims should be included when _____.

_____ be _____ you have _____ give _____ and _____ forms.

_____ receive reimbursements _____ drugs, _____ include detailed invoices _____ claim _____.

_____ detailed invoices in _____ to get reimbursed _____ prescribed _____.

It is _____ to submit _____ invoices _____ claiming _____ expenses.

When _____ reimbursed _____ please include _____ invoices and claim forms.

If _____ are _____ prescribed drugs, please _____ invoices.

_____ you want _____ receive reimbursements for drugs, _____ claim forms.

_____ detailed _____ and _____ for reimbursement _____ drugs.

You _____ invoices _____ complete _____ forms in _____ to be reimbursed for _____.

When requesting _____ for _____ drugs, please _____ and _____ forms.

Please _____ detailed _____ claim _____ seek reimbursement for _____ drugs.

If you want _____ reimbursements for _____ need to submit _____ invoices _____ claim forms.

Send _____ and _____ forms for _____.

To get _____ to _____ detailed invoices and complete claim _____.

_____ get reimbursements for _____ drugs, _____ must _____ invoices and complete _____.

_____ want reimbursement _____ prescribed drugs, you should _____ and claim _____.

_____ you _____ reimbursement _____ drugs, _____ include detailed _____ and _____ forms.

_____ reimbursement _____ prescribed drugs, _____ to submit detailed invoices and _____.

_____ seeking _____ you _____ completed _____ and elaborate receipts?

It _____ recommended to _____ medication refunds.

Attach _____ when claimed _____.

_____ for you _____ prescribed _____ you _____ submit _____ invoices and completed claim forms.

_____ completed claims _____ seeking _____ reimbursement.

Send detailed _____ and _____ drugs _____.

_____ you need compensation _____ meds _____ include _____ paperwork promptly.

Share detailed papers, _____ and _____ prescribed drugs.

_____ requesting reimbursement _____ medication, _____ submit detailed invoices and completed _____ forms?

You _____ reimbursements for _____ drugs if _____ and _____ claim forms.

You have to _____ detailed _____ and _____ forms to _____ for _____ drugs.

If _____ want to _____ drugs, you should provide detailed _____ forms.

Please include detailed invoices _____ forms _____ you apply _____ prescribed _____.

_____ must submit _____ order _____ be _____ for drugs.

Can I send _____ invoices _____ to _____ reimbursed for _____?

You have _____ detailed _____ complete them _____ to _____ reimbursed for prescribed _____.
_____ detailed _____ for _____ reimbursement.
_____ seeking _____ of _____ please include invoices _____ claims.
_____ detailed invoices _____ apply _____ reimbursement _____ prescription drugs.
_____ receipts _____ claim files for reimbursement _____ prescribed _____.
Furnish receipts and _____ files for _____.
You have _____ invoices and claim _____ to _____ for _____ drugs.
Detailed invoices _____ when you want reimbursement.
_____ receipts _____ claim _____ required for reimbursement _____ prescriptions.
When _____ for _____ reimbursements, _____ invoices and completed _____.
_____ have _____ detailed _____ for prescribed drugs in _____ reimbursed.
In _____ must give _____ invoices and claim forms.
If you seek reimbursement for _____ please _____ and _____.
_____ seeking drug _____ include _____ completed _____.
You _____ prescribed drugs if you _____ detailed invoices _____ forms.
You _____ detailed _____ and completed claim _____ to get _____ for _____.
Please _____ and _____ forms _____ looking _____ reimbursement _____ prescription drugs.
If _____ to be _____ drugs, you must _____ claim forms.
_____ getting _____ for drugs, _____ invoices and claim _____.
_____ invoices/receipts _____ complete claim _____ for _____.
_____ want _____ reimbursements _____ include detailed _____ and claim forms.
While _____ you _____ submit extensive invoices and _____ claims.
_____ expense _____ must be _____ extensive _____ finished claims.
_____ to claim drug _____.
_____ be reimbursed _____ provide detailed invoices and _____ claim forms.
In _____ be _____ for _____ drugs, _____ provide detailed invoices.
You should include _____ and _____ invoices when _____.
_____ seeking drug _____ make _____ you _____ claims.
When you need _____ for _____ and claim _____.
_____ may want to submit _____ invoices and completed _____ order _____ for _____ prescribed drugs.
While _____ expenses _____ extensive invoices/receipts _____ required.
_____ to _____ submitted _____ extensive invoices/receipts.
_____ you _____ for _____ of _____ drugs, _____ include detailed _____ and _____ forms.
_____ reimbursed for drugs, _____ give detailed _____ and _____ forms.
_____ forms are _____ to be reimbursed _____ prescribed drugs.
_____ submit invoices and claims _____.
_____ get _____ prescribed drugs, you must provide _____.
_____ be _____ for _____ drugs, _____ submit detailed invoices.
_____ claim forms and _____ invoices _____ order to _____ reimbursed.
_____ reimbursed for _____ drugs, _____ include _____ invoices and _____ forms.
In _____ for you _____ for _____ have to submit _____ invoices and completed _____ forms.
You _____ want _____ detailed _____ complete claim forms in order to _____ reimbursements _____.
_____ medication _____ should be _____.
When _____ reimbursement _____ drugs, please include _____ invoices.
_____ be claimed _____ the _____ of _____ invoices and finished _____.
_____ order to _____ reimbursed _____ drugs, you need _____ submit _____ invoice.
_____ claims _____ thorough _____ are _____ for _____ refunds.
_____ may want _____ detailed invoices _____ to receive reimbursement _____ drugs.
Ensure complete _____ and _____ receipts when _____ for _____.
It _____ necessary to _____ and finished claims for _____.

When you need _____ your _____ include _____ invoices and _____.

When applying for _____ make _____ claims _____ complete.

_____ provide detailed invoices in _____ reimbursed for prescribed _____.

In _____ reimbursed for prescribed _____ to _____ detailed invoices.

_____ invoices _____ forms are _____ in order _____ be paid _____ prescribed _____.

_____ order _____ reimbursements _____ drugs, _____ should _____ detailed invoices and _____ claim forms.

In order to be _____ for _____ provide _____ invoices and _____ claim _____.

When seeking reimbursement _____ drugs, please _____ completed _____.

_____ invoices _____ complete claim forms _____ order to _____ reimbursed _____ drugs.

An itemized invoice and claim _____ for _____.

_____ must give _____ invoices in order _____ reimbursed _____ drugs.

Please _____ invoices _____ claim forms _____ of _____ drugs.

_____ reimbursements for _____ make sure _____ claims are complete _____.

You must give _____ invoices _____ submit them in _____ be _____.

detailed invoices and completed claim _____ required to _____.

Provide _____ invoices _____ claim _____.

_____ seeking reimbursement for drug _____ please _____ claims.

It is _____ for prescribed drugs through detailed _____ and _____ claim _____.

_____ include _____ when _____ seek reimbursement for _____ drugs.

Invoices and claim forms _____ required _____ for _____.

_____ be reimbursed for _____ need _____ give detailed _____ and _____ claim forms.

In _____ to _____ reimbursed _____ drugs _____ to give _____ invoices _____ complete _____ forms.

_____ want to get _____ your prescribed _____ please _____ detailed invoices _____ forms.

_____ and make claims _____ medication _____.

_____ detailed invoices and _____ when you _____ reimbursement for prescription _____.

For medication refunds, _____ thorough _____.

Reimbursement _____ prescribed _____ be done _____ detailed _____ and claim _____.

_____ you want to _____ drug reimbursements, _____ claims _____ completed.

Please include _____ claim _____ when you _____ reimbursements for _____.

Refer _____ detailed _____ and _____ files for reimbursement _____.

_____ be _____ prescribed drugs _____ submit detailed invoices and _____ forms.

_____ should _____ invoices _____ claim forms _____ your medication _____.

_____ drug _____ of lengthy invoices/receipts _____ required.

_____ invoices and _____ forms _____ of medicine.

When you want _____ you should _____ detailed invoices _____.

_____ need _____ invoices _____ forms _____ be reimbursed for drugs.

_____ is _____ to _____ invoices _____ claim forms in _____ to be reimbursed _____ drugs.

Receipt _____ claim forms _____ for _____ reimbursements.

_____ reimbursed for drugs, _____ to _____ detailed invoices and _____.

_____ are looking to _____ drugs, you _____ include _____ invoices and _____ forms.

_____ to _____ reimbursement _____ prescribed drugs, _____ may want to submit _____ invoices and _____ claim _____.

_____ detailed _____ for _____ of _____ drugs.

You _____ submit detailed _____ completed claim _____ order to get _____ prescribed _____.

To _____ drugs, you _____ provide detailed _____ and claim _____.

_____ get _____ for prescribed drugs, _____ detailed invoices _____ claim _____.

_____ invoices _____ required when _____ want reimbursement _____ your prescribed drugs.

Provide detailed invoices/receipts _____ drugs.

_____ you want reimbursement _____ please _____ detailed invoices and _____

_____ prescribed drugs, _____ must provide _____ and submit _____ claim forms.

_____ and claim forms for _____ refunds.

_____ to _____ for prescribed drugs, you _____ invoices and completed claim forms.

Drug _____ submission of _____ invoices _____ finished _____.

Give _____ claim forms if you _____ get _____ drugs.

_____ and completed claim forms _____ required _____ to be _____ for _____.

_____ invoices _____ forms are _____ for _____.

_____ you want _____ get _____ reimbursements, _____ have _____ give _____ and claim _____.

_____ you _____ for _____ drugs you _____ detailed invoices and _____ forms.

Can _____ send complete claim _____ and detailed _____ for _____ get _____?

Prescription invoices and _____ forms _____.

You have to give _____ invoices _____ reimbursement of prescribed _____.

_____ and claims for medication _____.

Detailed invoices _____ forms are _____ for _____ of _____.

Detailed _____ and _____ files _____ needed for prescribed _____.

_____ you _____ to receive reimbursements _____ prescribed _____ may _____ to _____ detailed _____.

_____ and _____ forms _____ to _____ drug reimbursements.

_____ reimbursements, please _____ invoices _____ claims.

_____ must _____ detailed _____ and submit complete _____ forms _____ be reimbursed _____.

In order _____ be _____ prescribed _____ detailed invoices _____ claim forms.

You have to give _____ invoices and _____ forms _____ to _____ for _____.

If _____ to get drug reimbursements, _____.

_____ is advisable to include complete _____ seeking _____.

_____ forms must be included when seeking _____ for _____.

_____ medication _____ if you _____ thorough invoices.

You may be _____ reimbursements for prescribed _____ if you _____ invoices _____ forms.

_____ must _____ detailed invoices in order to receive _____.

_____ itemized _____ forms for _____ refunds.

_____ claim forms _____ drug reimbursement.

_____ seeking reimbursements _____ drugs, please _____ invoices _____ claims.

_____ requesting _____ please include complete _____.

_____ should include detailed invoices _____ forms _____ reimbursements _____ drugs.

Please _____ completed claims _____ reimbursement.

_____ you want reimbursement _____ drugs, _____ detailed invoices and _____ forms.

Share _____ drug claims.

Provide _____ claim forms _____ medication _____.

When you _____ your _____ drugs, _____ include detailed invoices.

Drug _____ must _____ claimed _____ submission of _____ claims.

Can _____ send detailed invoices _____ claim _____ get _____ my _____ drugs?

_____ order to _____ reimbursed _____ prescribed drugs, _____ must _____ and complete _____.

_____ bills/receipts _____ requesting _____ reimbursements

_____ order to _____ reimbursed _____ drugs, _____ have _____ give _____ and _____ forms.

Please _____ invoices/receipts _____ requesting reimbursements _____ prescribed _____.

_____ prescribed drugs, please provide _____ invoices/receipts _____ completed claim _____.

_____ reimbursement _____ ensure complete claims and elaborate _____.

Ensure _____ for _____ reimbursements.

In order to be _____ for _____ drugs, _____ invoices.

_____ detailed receipts and _____ for _____ of _____

_____ claim forms _____ needed to _____ reimbursements _____ drugs.

_____ order to be paid _____ you must _____ detailed _____.

_____ is necessary to give detailed _____ and _____ forms _____ to _____ drugs.

_____ want _____ for drugs, _____ include _____ invoices.

_____ order _____ be reimbursed for drugs, you _____ invoices and _____.

_____ and _____ forms _____ required _____ get _____ reimbursement.

_____ are seeking drug reimbursements, _____ completed claims _____ thorough _____.

To _____ reimbursements _____ prescribed _____ you need to submit detailed _____.

_____ be reimbursed _____ you _____ give _____ invoices and submit.

Is _____ possible to _____ invoices _____ complete _____ for _____ drugs to _____ reimbursed?

_____ seek reimbursements _____ please include detailed _____.

You _____ submit invoices _____ in _____ be reimbursed.

_____ submission of extensive invoices and final claims.

_____ invoices and claim _____ when looking _____ receive reimbursements _____.

_____ and complete forms _____ claim _____ drug _____?

_____ invoices _____ claim forms _____ want to _____ reimbursements for drugs.

If _____ are seeking _____ include detailed _____ and claim forms.

Give _____ and claim _____ to get drug reimbursements.

_____ make claims for _____ of medication.

_____ requesting reimbursements for medication.

In _____ for _____ reimbursed for _____ you _____ provide _____ invoices.

To _____ reimbursed, you have _____ invoices _____ complete _____ forms.

When _____ reimbursement _____ medication _____ should _____ itemized _____.

_____ reimbursement _____ drugs, you have _____ give detailed _____ and complete claim _____.

_____ you _____ wanting _____ reimbursements for _____ include detailed invoices and _____.

_____ detailed invoices/receipts and _____ claim _____ seeking reimbursements for _____.

_____ detailed invoices _____ claims.

_____ looking for reimbursements _____ include detailed invoices and _____.

In _____ to _____ submission of _____ invoices and _____ is required.

The _____ extensive invoices is required _____ claiming _____.

If you _____ get _____ for _____ and claim forms.

Receipts and claim _____ required _____ drugs.

In order _____ be paid for prescribed drugs, you _____ provide _____.

You _____ detailed _____ if you _____ reimbursement for drugs.

_____ get _____ for _____ you _____ detailed invoices _____ claim forms.

If _____ to _____ drugs, you must submit detailed _____ complete _____ forms.

When you _____ drugs, please include detailed _____.

_____ should _____ detailed _____ and _____ forms when _____ reimbursement for _____.

When you _____ to receive _____ for drugs, please _____.

_____ and claim forms _____ refunds _____ medication.

In _____ to be reimbursed _____ need _____ detailed invoices and complete _____.

When _____ drug _____ include complete _____ claims.

Detailed invoices/receipts and completed _____ forms _____ required _____ prescribed _____.

Detailed _____ should be _____ seeking reimbursement for _____.

Is it _____ for detailed _____ along with _____ forms to _____ reimbursement _____?

Receipt _____ forms are needed _____ obtain _____.

Provide detailed _____ and _____ claim forms _____ seeking _____.

_____ for prescribed drugs, you must give _____ invoices.

In _____ reimbursed for prescribed _____ provide detailed invoices.

_____ detailed receipts _____ files _____ reimbursement _____ prescribed drugs.

_____ you want to _____ your drugs, include _____ invoices _____ claim _____.

_____ include detailed _____ reimbursement for your drugs.

_____ detailed _____ and completed _____ forms _____.

You must _____ to _____ be reimbursed for prescribed _____.

Appropriate paperwork and _____ is _____ for meds _____.

Drug expenses _____ be submitted _____ invoices/receipts _____ finished _____.

_____ refunds, _____ thorough _____ complete claims.

_____ require submission _____ detailed _____ and _____.

Please _____ invoices and _____ when _____ are _____ for reimbursement.

If _____ your prescribed _____ you _____ include _____ invoices _____ claim forms.

Please include _____ forms _____ want reimbursement of _____ drugs.

_____ be _____ for the _____ you _____ detailed invoices.

_____ itemized _____ and claim _____ for _____ refunds.

_____ order for you to _____ for _____ you _____ submit detailed _____.

You _____ want _____ submit _____ invoices _____ complete _____ forms in order _____ reimbursement for _____ prescribed _____.

If you _____ to get _____ drugs, you _____ include detailed _____.

_____ provide detailed invoices and _____ claim _____ seeking reimbursement _____.

If _____ trying _____ receive _____ for _____ include detailed _____ and claim _____.

If you're _____ give detailed _____.

Receipt and claim _____ reimbursements for _____ use.

Detailed _____ should be _____ prescribed _____.

_____ order to be _____ prescribed _____ to _____ detailed _____ and _____ claim forms.

_____ to _____ detailed _____ and _____ when I _____ reimbursement for my medication?

_____ bills/receipts when _____ reimbursement _____ medication

Provide _____ invoices _____ forms _____ reimbursement of prescribed _____

You _____ to _____ detailed invoices and _____ them _____ order _____ for _____.

_____ must _____ claim _____ and provide detailed invoices _____ order _____ reimbursed for _____.

In _____ be paid for prescribed drugs, _____ need to _____ invoices _____.

When you _____ include detailed invoices and claim _____.

_____ want _____ reimbursed for _____ drugs you _____ give _____ invoices _____ complete _____ forms.

It's a _____ to _____ detailed _____ for drug _____.

Detailed _____ required for reimbursement _____.

To get _____ prescribed drugs, _____ submit detailed invoices _____ claim forms.

You may _____ submit detailed _____ completed claim _____ you want _____ prescribed _____.

You may _____ to submit detailed _____ order for you _____ prescribed _____.

_____ of _____ have detailed receipts and _____.

When _____ seek _____ for prescribed drugs, _____ include _____ claims _____.

_____ the documentation _____ for _____ drugs, including _____ invoices and completed _____ forms?

For reimbursements _____ prescribed _____ detailed invoices _____ claim _____.

When you _____ reimbursement for prescribed _____ include _____ invoices and _____.

In _____ paid _____ drugs, _____ must _____ detailed invoices and claim _____.

_____ forms for drug reimbursement.

You might _____ reimbursement _____ drugs if _____ submit detailed invoices and _____ claim _____.

_____ may _____ completed _____ forms in order to receive _____ for prescribed drugs.

If _____ want _____ drugs, please _____ detailed _____.

If _____ want to be _____ for _____ must give _____.

_____ detailed invoices and _____ claim _____ when _____ reimbursement _____.

_____ for you _____ receive _____ for _____ you must _____ detailed invoices _____ complete claim _____.

You _____ submit detailed invoices _____ order _____ get _____ for your _____ drugs.

_____ it _____ to reimbursements _____ drugs, _____ detailed invoices and _____ forms.

_____ submit invoices _____ refunds for _____

_____ be reimbursed _____ prescribed _____ give detailed _____ and complete _____.

If you _____ for prescribed drugs, _____ to submit detailed _____ and _____.

_____ need to give _____ and _____ for drug _____.

_____ you want to get _____ prescribed drugs, _____ may _____ invoices.

In order to be _____ for prescriptions, _____ to _____.

You _____ reimbursement _____ drugs if _____ submit _____ and complete claim forms.

_____ give _____ invoices/receipts when seeking _____ drugs.

Invoices and claim forms _____ drugs.

You should _____ invoices and _____ forms in _____ to get reimbursement _____.

_____ want to _____ reimbursed _____ prescribed _____ you should _____ detailed _____.

_____ reimbursement for drug _____ should you have completed _____?

You _____ to submit detailed invoices _____ in order to receive _____ prescribed _____.

_____ should _____ complete claims and thorough _____.

It is _____ claims when _____ reimbursement for _____.

_____ order _____ you to receive _____ prescribed drugs, _____ have _____ submit _____ and complete claim _____.

Detailed invoices and _____ claim forms _____ to get _____ prescribed _____.

Is it _____ send _____ invoices _____ claim _____ get _____ for prescribed drugs?

_____ give _____ invoices and completed _____ forms for _____ of _____.

_____ want reimbursement _____ drugs, you _____ include _____ and claim forms.

For _____ refunds, _____ thorough invoices.

When _____ reimbursements, make _____ have _____ claims.

_____ possible to submit _____ claim forms in order _____ reimbursement _____ drugs.

_____ for drugs, make _____ you complete _____ claims.

Give _____ invoices for _____ refunds.

_____ order to _____ drugs, you must _____ detailed invoices.

_____ reimbursements _____ be obtained _____ giving _____ and claim _____.

Share detailed _____ and filled _____ for prescribed _____.

_____ you _____ get reimbursements for _____ you need to _____ detailed _____ and completed _____.

_____ you want to be _____ your drugs, _____ include detailed _____.

_____ seeking drug _____ include _____ invoices.

To _____ reimbursements for _____ you _____ submit _____ invoices _____ claim forms.

_____ you seek _____ please _____ detailed invoices and _____ forms.

If _____ want to receive _____ prescribed drugs, _____ have to _____ invoices and _____.

Drug _____ to _____ submission of extensive invoices.

Provide detailed _____ reimbursement _____.

In _____ to _____ for _____ must provide detailed invoices.

If you _____ drug _____ sure you _____ claims.

_____ receive reimbursement for _____ drugs, you have _____ submit _____ claim _____.

You _____ to submit detailed _____ forms _____ to receive _____ for _____ drugs.

In order _____ receive _____ for _____ drugs, _____ will _____ to submit _____ invoices _____ completed claim _____.

_____ receipts and _____ for prescribed drugs _____.

Attach detailed invoices _____ claiming _____.

When seeking _____ include complete _____.

_____ takes detailed _____ complete claim forms to _____ reimbursed _____.

_____ you _____ reimbursement for your _____ drugs, you have _____ detailed invoices and _____ claim _____.

_____ include _____ when _____ want reimbursement for prescribed drugs

_____ you _____ to _____ drug _____ sure _____ have completed claims.

_____ claim _____ are required _____ to receive reimbursements _____ prescribed drugs.

_____ include _____ claim _____ when _____ reimbursement for prescription drugs.

In _____ be _____ drugs, you _____ to _____ detailed _____ and complete _____ forms.

_____ be reimbursed for _____ drugs, _____ must submit detailed invoices _____.

_____ you want to be reimbursed _____ give _____ invoices.

If you _____ to _____ reimbursement for _____ prescribed drugs, _____ detailed _____ complete _____ forms.

You _____ submit _____ completed claim _____ in _____ to _____ reimbursements _____ prescribed drugs.
 _____ detailed invoices in _____ to _____ paid for prescribed _____.
 Receipts and claim forms are _____ to _____.
 They _____ itemized _____ and claim forms for _____.
 _____ sure _____ include detailed invoices and _____ forms when _____.
 In order to _____ drugs, you _____ to give _____ invoices and _____.
 To be reimbursed _____ you must _____ claim _____.
 You must give _____ invoices _____ order _____ for _____.
 If you _____ to _____ reimbursements for _____ include detailed _____.
 _____ reimbursements _____ drugs, you should _____ and claim forms.
 _____ receipts and _____ files for _____.
 Please provide _____ invoices/receipts _____ reimbursement _____ prescribed drugs.
 When _____ reimbursements please _____ complete _____ and thorough _____.
 _____ claim drug _____ attach _____?
 _____ for reimbursements _____ use, make sure the claims _____.
 _____ detailed receipts _____ for prescribed _____ reimbursement.
 Ensure _____ claims are _____ when seeking reimbursement _____.
 Can _____ those pills paid for? _____ some proof _____ the _____.
 Please _____ and detailed _____ when you _____ reimbursement for _____.
 In order to _____ for prescribed drugs, _____ to _____ invoices _____ complete claim _____.
 _____ and claim forms _____ for reimbursement _____ prescribed _____.
 In order _____ drugs, you must _____ invoices and _____ them.
 Please include detailed _____ when _____ to receive _____ for _____.
 _____ give _____ invoices and _____ get _____ for prescribed drugs.
 Attach _____ you _____ drug expenses
 _____ seeking _____ for drugs, _____ sure _____ claims.
 _____ necessary _____ extensive invoices and finished _____ claiming drug _____.
 To be reimbursed _____ drugs, you _____ and _____ them.
 In _____ get _____ prescribed drugs, _____ detailed invoices.
 _____ to _____ detailed _____ and complete _____ forms in order to _____ drugs.
 In _____ to _____ for prescribed _____ you may _____ submit _____ invoices _____ claim forms.
 _____ may want to submit _____ and _____ claim _____ reimbursement for _____ drugs.
 _____ reimbursements, _____ that the claims are _____.
 _____ should _____ detailed _____ and _____ forms in _____ to receive _____ for prescribed _____.
 If you _____ receive _____ prescribed _____ you _____ invoices and completed claim forms.
 If _____ drugs, please include detailed _____ and claim forms.
 When looking _____ drug _____ include _____ invoices _____ claims.
 _____ you _____ to _____ reimbursed for _____ you must _____ detailed invoice.
 _____ reimbursement for _____ that the claims are _____.
 _____ want _____ drugs, _____ invoices and claim forms.
 Print _____ claim files _____ reimbursement of prescribed _____.
 When _____ are trying _____ drugs, _____ include detailed invoices _____ claim _____.
 _____ order to _____ paid _____ prescribed _____ to give detailed _____.
 _____ be _____ for _____ you _____ provide _____ invoices _____ complete claim forms.
 _____ need to _____ and completed _____ forms in order _____ reimbursements _____ drugs.
 When _____ receive reimbursements for _____ include detailed _____ claim _____.
 _____ include detailed invoices and _____ forms _____ to _____ for drugs.
 If you _____ be _____ prescribed drugs, you have _____ provide detailed _____ submit completed _____.
 If _____ for _____ drugs, please include _____ invoices.
 _____ want _____ for prescribed _____ you must submit claim _____.

If you _____ to _____ drugs, you _____ detailed invoices and _____ forms.
 _____ order _____ get _____ prescribed _____ you need _____ submit detailed _____ completed _____ forms.
 _____ receipts and _____ are _____ for _____ of prescribed _____.

Repayment _____ drugs _____ detailed invoices _____ forms.

While _____ extensive _____ and _____ claims are required.
 _____ invoices and _____ forms are _____ in order to _____ for _____.

When requesting _____ make sure _____ complete.

If _____ for prescribed drugs, _____ detailed invoices _____ claim forms.
 _____ invoices with _____ claim papers _____ get your _____ reimbursed.
 _____ should _____ detailed invoices _____ claim _____ with your _____.

You must give detailed _____ claim _____ of prescribed _____.

Attach _____ claiming _____ expenses.

When seeking reimbursements for _____.

_____ seeking reimbursement for drugs, _____ are completed.
 _____ looking to receive reimbursements, _____ detailed invoices _____.
 _____ and claim _____ required to _____ drug _____.

_____ reimbursement of drugs, _____ include _____ invoices _____ claims.
 _____ order for _____ get _____ for prescribed _____ you must _____ detailed invoices and _____.

Drug _____ need to _____ invoices and finished claims.
 _____ can _____ claimed _____ of extensive invoices/receipts.

When _____ reimbursements for _____ drugs, _____ should include _____ invoices _____.

_____ reimbursement _____ prescribed _____ include detailed _____ and claim _____.

Drug expenses _____ be _____ with submission _____ extensive _____ and _____.

You _____ give receipts _____ claim forms _____ get _____.

_____ requesting _____ please _____ complete _____ and claims.
 _____ are complete _____ thorough invoices _____ refunds.
 _____ have to _____ detailed invoices and _____ claim forms _____ to _____ reimbursement _____ drugs.
 _____ order _____ you to _____ reimbursed for prescribed drugs, you _____ detailed invoices _____.

In order _____ be _____ for _____ must give _____ and complete _____.

In order to get _____ for _____ provide _____ invoices _____ forms.

Give itemized _____ and _____ reimbursement.

_____ seeking _____ drugs, please include thorough invoices _____.

_____ request that _____ give me _____ detailed invoice in order _____ reimbursements _____.

_____ invoices _____ forms for medication _____.

_____ seeking _____ reimbursements, make sure you _____.

Provide detailed _____ meds.

_____ to be paid for _____ drugs, you _____ detailed _____ them.
 _____ and _____ forms are _____ for _____ refunds.
 _____ must _____ detailed _____ in order _____ be reimbursed _____ drugs.
 _____ invoices and claim _____ you _____ seeking reimbursements for _____.

_____ repay prescribed drugs

When seeking reimbursements _____ drug _____ please _____ and _____.

Furnish detailed receipts _____ for _____.

You should _____ invoices and _____ order to receive reimbursement _____ drugs.

When _____ want _____ reimbursement for _____ drugs, _____ invoices and claim forms.

Provide _____ for _____ when seeking _____.

_____ can submit _____ refunds _____ medication.

Receipts _____ claim _____ to get reimbursement for _____.

If _____ reimbursement, please include _____ invoices and _____.

You _____ submit detailed _____ claim _____ in order _____ reimbursed for _____ drugs.

_____ confirm the documentation _____ prescribed drugs, including _____ invoices.

_____ you want _____ you need to submit detailed invoices.

Reimbursements for prescription drugs _____ and _____.

_____ for _____ drugs, _____ detailed invoices and claim forms.

_____ must be _____ with _____ invoices _____ finished claims.

You should _____ itemized _____ claim _____ of medication.

To be reimbursed _____ drugs, you _____ provide detailed _____ and _____.

_____ you _____ seeking _____ please provide detailed _____ and complete claim _____.

_____ detailed receipts _____ claims.

_____ to get _____ need to submit detailed invoices _____ complete _____ forms.

If _____ want to _____ reimbursement _____ prescribed drugs, _____ submit detailed invoices and _____.

_____ to _____ reimbursed for your _____ please include _____ invoices.

_____ order _____ receive reimbursements _____ drugs, _____ should submit _____ invoices _____ claim forms.

_____ be _____ prescribed drugs, _____ provide _____ invoices and _____ claim forms.

Please _____ completed claims _____ drugs.

It is possible _____ to _____ reimbursement for _____ invoices and _____ claim forms.

_____ be _____ prescribed drugs you need to give _____.

To _____ reimbursed _____ prescribed _____ give _____ invoices _____ complete them

You _____ submit _____ invoices _____ completed claim _____ if _____ to get reimbursement _____.

You _____ to give _____ and claim _____ order _____ for drugs.

Provide detailed _____ and claim _____ for _____ prescribed _____.

While claiming _____ expenses _____ to _____ extensive _____.

Drug _____ genuine invoices _____.

When seeking reimbursement for _____ include invoices _____.

When you _____ reimbursement _____ include _____ invoices and _____ forms.

To _____ for prescribed drugs, _____ may want to submit detailed _____.

It's _____ reimbursements for prescribed _____ you _____ detailed invoices _____ complete claim _____.

_____ detailed _____ and claim forms _____ be _____ when _____ want _____.

_____ and claim files should _____ for _____ drugs _____.

In _____ to _____ reimbursed _____ drugs, you need to _____ forms.

When _____ drug _____ please _____ completed _____ and thorough _____.

Receipt _____ claim _____ to get reimbursement _____ drugs.

In order for _____ to _____ prescribed _____ must _____ detailed invoices and _____.

_____ claim _____ are _____ order to be _____ for prescribed _____.

Detailed invoices and claim forms _____ want reimbursement _____.

_____ itemized receipts and _____ reimbursement _____ drugs.

To be _____ for _____ must give _____ invoices/receipts.

I _____ like _____ give _____ detailed invoice _____ get reimbursements _____ my medication.

_____ detailed _____ claim forms for reimbursement of prescribed _____.

_____ reimbursement _____ prescribed drugs, _____ detailed receipts _____ files.

Take _____ and _____ for your medication _____.

_____ and claims should _____ seeking _____ for drugs.

_____ to be _____ prescribed drugs, you must _____ a _____.

Invoices _____ must _____ submitted _____ refunds.

_____ it comes _____ for _____ include _____ invoices and claim _____.

_____ detailed invoices _____ expenses.

If you _____ prescription _____.

Drug _____ with _____ invoices _____?

_____ seeking _____ for prescription drugs, _____ include _____ claim forms.

_____ and _____ forms _____ drugs should _____ included.

To be _____ you _____ to give detailed _____ and _____ forms.

Drug _____ must be _____ of extensive invoices/receipts and _____.

Attach comprehensive _____ filled-out claim papers to get _____.

_____ be reimbursed for _____ drugs if _____ detailed invoices and _____.

Please include _____ and claim _____ if _____ want reimbursement _____.

You may _____ able _____ receive reimbursements _____ drugs if _____ submit detailed _____ and _____.

When _____ reimbursement _____ include _____ invoices and claim _____.

In order _____ get reimbursement _____ drugs, _____ to submit _____.

_____ itemized invoices _____ forms _____ refunds.

When claiming _____ expenses, please _____.

_____ and _____ forms _____ for _____ of prescribed drugs.

_____ wish to be _____ drugs, you _____ detailed _____ and _____ claim forms.

To _____ reimbursement _____ prescribed drugs, you _____ to _____ and _____ claim _____.

_____ to _____ drug reimbursements, _____ the _____ claims are _____.

You _____ submit detailed _____ and complete _____ forms _____ order _____ for prescribed drugs.

_____ drug reimbursements, make sure the _____ are _____.

It _____ necessary to _____ extensive invoices/receipts _____ expenses.

_____ and _____ are required to _____ drug _____.

If you _____ provide _____ claim.

_____ claiming drug expenses, _____ invoices/receipts is _____.

_____ would like reimbursement _____ prescribed _____ detailed invoices and _____ forms.

_____ must submit detailed _____ want to _____ reimbursed _____ drugs.

Send _____ claim _____ for drug _____.

_____ include claim forms and detailed _____ for drugs.

To request _____ drugs, _____ provide detailed invoices _____ claim _____.

_____ and _____ claims _____ be included _____ seeking _____ reimbursements.

To get reimbursement _____ you _____ want _____ and complete claim forms.

_____ your _____ and _____ drug reimbursement.

Can _____ invoices and complete _____ for _____ drugs to _____ reimbursed?

_____ submission _____ invoices/receipts and finished claims.

_____ expenses _____ extensive invoices/receipts and finished claims are _____.

_____ include claim _____ detailed invoices when you _____.

_____ can be _____ detailed invoices.

_____ order _____ reimbursement for prescribed _____ you must submit _____.

When _____ reimbursement for _____ drugs, you _____ detailed _____ forms.

Invoices and claim _____ when _____ seek reimbursement for _____.

_____ will be able _____ get reimbursement for _____ drugs _____ you _____ and completed _____.

_____ invoices and completed _____ forms _____ get _____ prescribed drugs.

Receipts and claim _____ are required _____ reimbursement _____.

In order _____ get _____ for prescribed drugs, _____ should _____ invoices _____ completed _____ forms.

Drug expenses need to be _____ submission _____ finished _____ invoices.

_____ include _____ invoices and claim _____ when you _____ to _____ drugs.

_____ claim forms are required _____.

_____ to _____ reimbursement for prescribed _____ need _____ submit _____ invoices and complete claim _____.

_____ must provide _____ invoices and submit _____ forms _____ reimbursed _____ prescribed drugs.

There _____ detailed invoices _____ attach _____ expenses.

When _____ for _____ include _____ and claims.

_____ invoices and claim _____ when you _____ reimbursement _____ drugs.

_____ invoices and completed claim _____ for you to _____ for _____.

_____ order _____ get reimbursed, you must give _____ forms.

If _____ want _____ receive _____ prescribed drugs, _____ submit _____ invoices _____ claim forms.

When seeking _____ prescription _____ please _____ invoices _____ claim _____.

_____ need _____ submit _____ and _____ forms in order _____ get _____ for _____ drugs.

_____ to _____ drugs, _____ must _____ detailed invoices and complete claim forms.

Ensure complete _____ for drugs.

I _____ that you give me _____ invoice _____ order _____ get reimbursements _____.

_____ give detailed invoices and _____ claim _____ to _____ reimbursed for _____.

In order _____ be _____ drugs, you have _____ give _____.

Drug reimbursements _____ include thorough _____.

_____ you want to seek _____ make sure _____ are _____.

It is possible for _____ reimbursement for prescribed drugs if _____ invoices _____ complete _____.

If you _____ to _____ medication _____ itemized invoices _____ forms.

Attach _____ while _____ drug _____.

_____ to be _____ for prescribed _____ you need to _____ invoices _____ submit _____.

_____ prescribed _____ should _____ detailed invoices/receipts.

In _____ be _____ for prescribed drugs, _____ provide _____ invoice.

_____ and claim _____ are _____ get _____ reimbursement.

_____ detailed _____ claim drug _____.

Provide _____ claims for prescriptions?

_____ reimbursement for your prescriptions, please _____ invoices _____ claim _____.

It's _____ submit _____ invoices and finish claims while _____.

_____ you're _____ to receive reimbursements _____ drugs, please _____.

To _____ receipts and _____ forms.

Please provide _____ for prescribed _____ seeking _____.

_____ is possible _____ reimbursements for prescribed _____ by submitting _____ and _____ claim forms.

When you _____ please include detailed invoices.

You have _____ provide detailed invoices in order to be _____ prescribed _____.

To get reimbursements _____ drugs, please _____ claim forms.

_____ detailed _____ claim drug _____.

_____ to _____ reimbursements _____ prescribed _____ have _____ submit _____ invoices and _____ claim forms.

Send _____ your drug reimbursement.

_____ detailed _____ they claim drug _____.

_____ give _____ invoices and complete _____ in order _____ reimbursement for _____ drugs.

_____ drugs, please _____ thorough invoices.

_____ be reimbursed _____ you have to _____ invoices and submit _____.

_____ to _____ invoices and _____ claim forms in _____ be reimbursed for _____.

_____ should give _____ invoices and _____ forms _____ refunds

In order _____ to be _____ for _____ drugs, _____ to _____ detailed _____.

If _____ for _____ drugs, _____ include detailed invoices and _____ forms

Detailed _____ and claim _____ required for _____ of _____.

_____ you _____ prescriptions, _____ detailed invoices and claim forms.

_____ make sure you have completed claims.

_____ detailed _____ and claim _____ for reimbursements _____ prescribed _____.

_____ to provide detailed invoices and _____ claim forms _____ order _____ drugs.

_____ give _____ for your _____ refunds.

If you want reimbursement _____ drugs, please _____ detailed _____

_____ for you to _____ for prescribed drugs, _____ must _____ invoices.

_____ detailed invoices/receipts and _____ for reimbursement _____ prescribed _____.

If _____ want reimbursement _____ your _____ include _____ invoices and _____

To be reimbursed for _____ to give _____ complete claim _____.

In order for _____ receive _____ drugs, you need to _____ invoices _____ completed _____ forms.
Reimbursement _____ detailed invoices _____ prescribed drugs _____ be _____.
Drug reimbursements _____ and _____ claims.
Receipt _____ claim _____ necessary to get reimbursements _____.
_____ detailed invoices/receipts and _____ claim _____ seeking _____.
You _____ invoices and _____ forms when _____ want _____ drugs.
Please _____ invoices _____ forms when you _____ to receive _____.
If _____ seek drug reimbursements, make _____ you _____ the _____.
To _____ drugs, you _____ give detailed invoices.
_____ is _____ claims when seeking drug reimbursement.
When _____ reimbursement for _____ drugs, please _____ detailed _____ claim _____.
Provide _____ invoices _____ claim forms when seeking reimbursement.
_____ include detailed _____ forms _____ request reimbursement for _____ drugs.
_____ requesting _____ for my prescribed medication, _____ to _____ invoices _____ claim forms?
You may want to _____ and completed claim forms _____ to receive _____ prescribed _____.
Invoices and _____ forms _____ be included when _____ reimbursement _____.
_____ itemized invoices _____ claim forms _____ refunds.
Give itemized _____ and _____ you want _____ refunds.
To be _____ for _____ must give detailed invoices _____.
_____ include detailed _____ reimbursement for prescription drugs.
_____ for prescription _____ please _____ invoices and claim forms.
_____ must give _____ invoices and claim forms _____ order _____ get _____.
Provide _____ file claims _____ drugs.
Drug expenses need _____ invoices and _____ claims.
_____ you need to _____ reimbursements for _____ include detailed _____ forms.
Share detailed receipts _____
_____ detailed _____ and _____ files for reimbursement of _____.
You _____ give detailed _____ in _____ be _____ prescribed drugs.
_____ you wish _____ receive reimbursements for _____ invoices and _____ forms.
It _____ a good idea _____ itemized _____ medication _____.
_____ detailed invoices and submit _____ claim _____ in _____ to be _____ drugs.
When you need _____ reimbursements _____ detailed invoices and _____.
_____ and _____ forms are needed _____ for drugs.
_____ you _____ to be _____ for _____ provide detailed invoices.
_____ forms for your medication refunds.
_____ order _____ for _____ drugs, _____ will _____ to submit detailed invoices and complete _____.
_____ you _____ reimbursement _____ please include detailed invoices.
Attach _____ along _____ papers to _____ your drug expenses _____.
_____ seeking _____ reimbursements, _____ claims and invoices.
_____ claim forms are required _____ obtain _____ drugs.
Prescribed _____ Share detailed _____.
_____ give detailed invoices and complete _____ in _____ get _____ drugs.
_____ itemized _____ and claim _____ are _____ medication refunds.
While _____ medicine _____ back, insist _____.
You need to give _____ invoices _____ in order _____.
When you _____ looking to receive _____ for _____ detailed _____.
If _____ want drug _____ detailed _____.
Detailed _____ completed claim forms are _____.
_____ drug reimbursements, please include _____ invoices _____ claims.
_____ seeking _____ for drugs, _____ completed claims and elaborate _____?

_____ detailed _____ and claim _____ you _____ looking to receive _____.

Give itemized _____ and _____ forms for _____.

_____ you want reimbursement for _____ drugs, please _____ detailed _____.

_____ forms _____ be used _____ drug reimbursement.

_____ you _____ to _____ reimbursements _____ drugs, you _____ submit _____ invoices and _____ forms.

Prepare _____ and claim _____ refunds of _____.

When _____ reimbursements for prescription drugs, please _____ detailed _____.

_____ include claim _____ and invoices when _____ drugs.

_____ have to _____ invoices and claim _____ to be reimbursed _____ prescribed _____.

Provide receipts and claim forms _____ to _____ for _____.

Detailed _____ and submission are _____ in _____ for prescribed _____.

In _____ to _____ prescribed _____ provide _____ invoices and complete claim forms.

If _____ to get _____ prescribed _____ you _____ submit detailed invoices _____ complete _____.

When you are seeking _____ drugs, please _____.

When _____ reimbursements _____ make _____ the claims _____ completed and _____.

Please _____ detailed invoices _____ claim _____ of your _____.

_____ itemized _____ claim _____ refunds for medication.

_____ possible _____ receive _____ drugs _____ you submit detailed invoices and _____ claim forms.

Drug _____ must be _____ submission _____ claims and extensive _____.

Invoices and _____ submitted for _____ medication.

You need _____ invoices and _____ completed claim _____ to _____ reimbursed for _____.

_____ should include detailed invoices _____ forms when _____ seek _____.

_____ receive reimbursements for _____ drugs, you _____ submit detailed _____ complete _____ forms.

Accurately record your _____ refunds _____ itemized invoices _____.

In order to _____ for prescribed drugs, _____ to _____ submit _____ claim forms.

You _____ to _____ invoices _____ be reimbursed _____ drugs.

When you _____ drugs, please include _____ invoices _____ claim _____.

When _____ reimbursement _____ prescribed drugs, please _____ and _____ forms.

_____ for itemized invoices and _____ for _____.

While _____ expenses submission _____ is necessary.

Please _____ detailed invoices when _____ prescription _____.

_____ order _____ be reimbursed for prescriptions, _____ give _____ claim forms.

_____ give itemized _____ for _____ refunds.

_____ get _____ for prescribed _____ want _____ submit detailed invoices.

Invoices _____ claim _____ should be _____ when you _____ for _____.

If you _____ reimbursements, please _____ completed claims.

_____ order to _____ reimbursed for _____ drugs, _____ detailed invoices.

Please _____ detailed _____ and claim _____ when _____ reimbursement

Invoices and claim _____ important for _____ drugs.

Drug _____ are claimed _____ submission _____ invoices _____ claims.

Drug expenses _____ submission of extensive invoices _____ claims.

_____ submit _____ invoices _____ claim forms for _____ of prescribed drugs.

You _____ give _____ in order _____ reimbursed for drugs.

In _____ get reimbursement for _____ you should _____ detailed invoices and _____.

_____ receive _____ for prescribed _____ you must give detailed _____ them.

_____ invoices _____ claim forms _____ for medication _____.

_____ order to receive reimbursement for _____ please _____ invoices and _____.

_____ claim forms _____ want reimbursement for your prescriptions.

_____ you _____ your _____ you _____ include detailed invoices and _____ forms.

If _____ want to receive _____ for prescribed _____ submit _____ invoices _____ complete _____ forms.

It's possible _____ claim forms _____ order to _____ reimbursement for _____ drugs.
_____ seeking _____ reimbursements, _____ include the invoices _____ completed _____.

Reimbursement _____ invoices for prescription _____ be _____.

Use _____ invoices _____ claim _____.

_____ include complete claims _____ drug _____.

Contribute itemized _____ refunds.

If you _____ reimbursement _____ drug use, _____ detailed _____ claim forms.

Furnish detailed receipts _____ claim _____ for _____.

_____ you _____ reimbursement _____ drugs, _____ include _____ invoices and claim forms.
_____ detailed _____ claim files _____ reimbursement.

Invoices _____ claim _____ needed in _____ to be _____ prescribed _____.

In order _____ paid _____ drugs, you _____ to _____ detailed _____.

When _____ want _____ for _____ include detailed invoices _____ claim forms.
_____ is possible to submit _____ and _____ to receive reimbursements _____ prescribed _____.
_____ itemized invoices and claim _____ for _____.

Please _____ detailed invoices and _____ when _____ want to _____ drugs.

When _____ looking for _____ for drugs, please include _____ invoices _____.

_____ can _____ reimbursed _____ prescribed drugs if you _____ complete claim _____.

_____ detailed invoices and claim _____ when _____ apply _____ prescription drugs.

Provide detailed receipts and claim _____.

If _____ are _____ for prescribed _____ please _____ and completed _____ forms.
_____ invoices and claim forms when you _____ looking _____.