

[Demo] NLP Dataset for Customer Service Automation

Company Type	Pet Insurance Companies
Inquiry Category	Coverage details and policy options
Inquiry Sub-Category	Out-of-network coverage
Description	Explanation of coverage for veterinary care received from providers outside of the insurance company's network and any associated reimbursement rates or limitations.
Data Size	7,837 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.)

Does _____ alternative therapies/treatments _____ providers not listed _____ us?
 _____ non- _____ by this insurance?
 Can _____ insurance plan _____ care?
 Will insurance _____ alternate _____ providers?
 Do _____ non-preferred therapists _____ endorsed?
 _____ cover _____ listed, alternative therapies?
 _____ our _____ plan cover _____ that _____ preferred _____ our listing?
 _____ my insurance _____ if _____ is _____ preferred in your network?
 _____ insurance cover _____ from _____ providers?
 Alternative treatments _____ unknown providers _____ by _____ policy.
 Is alternative _____ covered _____ my _____ if _____ is _____ listed as _____ my _____?
 _____ the _____ cover non-linked, _____?
 _____ the _____ therapies used through providers who _____ not part _____ preferred network _____ covered _____?
 _____ the _____ other _____ non-preferred providers?
 Does _____ insurance plan cover _____ providers?
 _____ coverage for _____ providers _____ therapy?
 _____ non-preferred providers _____ the _____?
 _____ I _____ insurance _____ for nonpreferred _____?
 _____ treatments covered by _____ off-list _____?
 _____ our _____ offer alternative _____?
 Does insurance still _____ coverage _____ choose _____ option that's _____ your directory?
 Does _____ policy _____ non-preferred _____?
 _____ policy _____ costs associated with _____ therapies that aren't _____ your _____?
 Is it _____ that _____ covers _____ from _____ preferred _____?
 _____ our policy _____ the _____ alternative therapies _____ are not _____ network?
 _____ my _____ have non-preferred _____?
 _____ insurance _____ alternative Therapies?
 _____ plans applicable _____ treatments with out _____ network _____?

____ this plan applicable ____ out-of-network ____?
 ____ the insurance ____ treatments that aren't ____ the ____?
 ____ the ____ applicable to ____ treatments ____ network professionals?
 ____ insurance ____ from non-preferred ____?
 ____ not ____ preferred ____ your network, is alternative therapy covered ____ my ____.
 Will ____ be covered ____ that are ____ of network?
 Will ____ alternative therapies ____ in our ____?
 ____ my policy ____ providers?
 Is there ____ you ____ cover alternative ____ on ____ list?
 If the provider ____ here, ____ be covered?
 Does ____ insurance plan ____ for alternative ____ if non-preferred ____?
 Is ____ alternative treatments by unlisted ____?
 ____ want to know ____ I'll ____ therapy ____ through out-of-network ____.
 ____ our policy ____ the ____ of ____ therapies ____ aren't in ____ network?
 I wonder ____ for alternative therapies from ____.
 Does ____ policy ____ include ____ or ____?
 What is the stance ____ covering ____ sessions ____?
 ____ insurance cover alternative therapies ____?
 Is ____ insurance ____ treatments?
 ____ cover alternate therapy ____ that ____ in your ____?
 Is the ____ interested ____ alternative ____ non-preferred ____?
 ____ my ____ cover treatments ____ by ____?
 Are ____ alternative remedies ____ therapists covered ____?
 ____ plan cover treatments ____ listed by preferred ____?
 Does ____ treatments ____ unlisted providers?
 I ____ like ____ know ____ alternative ____ are ____ outside ____ network.
 ____ possible ____ get ____ for alternative ____ services ____ provider ____ is ____ currently listed?
 ____ therapy covered ____ even if the provider ____ included in ____?
 Is alternative ____ covered ____ no provider ____ here?
 Is ____ plan applicable ____ unconventional treatments ____ of-network ____?
 Does anyone know if there is ____ of ____?
 ____ there a ____ on covering ____ done ____ providers?
 Does the ____ plan ____ are ____ from our listing?
 ____ policy cover non-preferred ____?
 ____ policy may include ____ by ____.
 What ____ the stance when ____ comes ____ covering ____ sessions ____ non-recommended ____?
 Do ____ alternative ____ that aren't endorsed ____?
 ____ off-list ____ for coverage?
 Will ____ policy cover alternative ____ not ____ preferred network?
 Will alternative ____ be covered ____ the ____ listed?
 Alternative ____ aren't ____ your list, ____ you ____?
 Is it ____ for me ____ alternate therapy ____ healthcare ____?
 Does my policy ____ coverage of ____ providers who ____ your ____?
 Can non-designated ____ care be ____ insurance ____?
 ____ our insurance ____ alternate ____ unlisted ____?
 If ____ choose ____ of your network, is alternative ____ covered?
 ____ insurance include treatments ____ providers?
 ____ my ____ include coverage for ____ on your list?
 Does the ____ cover ____ therapy ____ if we ____ unlisted ____?
 Can ____ insurance cover other ____ options that ____ in ____?

_____ the _____ plan _____ coverage _____ alternative therapies _____ are _____ from _____ listing?

Is there coverage for non-preferred alternative therapies _____?

Is _____ for alternative _____ we _____ find _____ your provider _____?

_____ want to know _____ the _____ alternative _____ non _____ providers.

_____ policy including _____ providers for _____.

Is _____ for _____ treatments by _____ providers?

Does _____ policy include coverage of _____ providers _____ not in _____?

_____ our insurance _____ therapies or treatments _____ aren't preferred?

_____ the insurance _____ therapies from _____ preferred _____?

_____ my insurance pay _____ services _____?

_____ coverage for alternative therapies _____ won't find _____ provider _____?

_____ I use my _____ for _____ in _____ preferred _____?

_____ my _____ pay _____ the non-preferred _____?

_____ providers eligible for _____?

_____ it _____ that non-preferred therapists _____ their treatments _____?

_____ our insurance _____ alternate _____ from _____?

Does the policy _____ out of network?

Does our insurance _____ alternative _____ non-preferred providers _____?

_____ the _____ to cover treatments _____ not listed _____ you?

Does _____ pay for _____?

Are these _____ covered _____?

Is it _____ that _____ pay _____ alternative therapies offered _____ network?

Does _____ policy _____ treatments that _____ on _____ list?

Do you reimburse _____ are outside _____?

will _____ alternative _____ by unlisted _____?

_____ treatments by unlisted professionals?

_____ any insurance that will _____ alternative therapies that we _____ find _____?

Does our _____ cover alternative _____ by our preferred _____?

_____ we _____ alternate treatments not _____ our roster?

Do _____ think _____ will be covered by _____?

_____ of your _____ are _____ covered?

Do you _____ alternative _____ and _____ are not _____ you?

Can my insurance _____ other _____ outside _____ preferred networks?

Can _____ reimbursement _____ alternative _____ I get _____ a provider _____ isn't _____ listed _____ me?

_____ it ok to cover _____ sessions performed _____ providers?

_____ cover alternative _____ that _____ not preferred?

Is there _____ alternative _____ we won't _____ your _____?

Is _____ providers _____ in _____ policy for _____?

_____ my insurance _____ for treatments _____?

Does _____ insurance _____ provided by nonpreferred providers?

_____ covered _____ preferred therapies?

_____ the insurance _____ support _____ care?

Is _____ to _____ therapies that aren't _____ our network?

_____ we _____ cover alternative therapies _____ the provider list?

Will our _____ alternative _____ that _____ part _____ preferred network?

Do _____ also _____ alternative _____ endorsed by you?

_____ cover _____ from _____ preferred providers?

Do _____ professionals _____ to these plans?

_____ the _____ cover alternate _____ provider that isn't _____ the _____?

_____ it alright _____ to receive alternate therapy _____ providers?

Is ____ non-accredited ____ included in ____ ?
 ____ have treatment from a ____ ?
 ____ the ____ for treatments that ____ listed ____ me?
 Do ____ plans ____ unconventional treatment ____ of ____ professionals?
 Does my ____ for ____ treatments?
 Do our ____ cover ____ from ____ ?
 Is my insurance ____ to ____ for ____ providers?
 ____ the insurance plan cover ____ not ____ by ____ ?
 Did you ____ alternative ____ and ____ that ____ not ____ you?
 Will our ____ costs for alternative ____ that ____ in ____ ?
 Can ____ offer ____ treatments outside of your ____ ?
 ____ plan provide coverage ____ or treatments not listed?
 ____ the ____ non preferred ____ ?
 ____ about covering therapy sessions ____ by ____ of network ____ ?
 ____ the insurance ____ cover alternative ____ not ____ yet?
 Will ____ cover ____ therapies that aren't ____ ?
 Does ____ plan ____ therapies or ____ from nonpreferred ____ ?
 Is there ____ insurance ____ will ____ we ____ on your ____ list?
 Are ____ compatible with non-designated, ____ ?
 ____ cover ____ by unlicensed providers?
 ____ therapy ____ by ____ even if it isn't listed ____ preferred within ____ ?
 ____ therapists and their treatments.
 ____ non-preferred ____ included ____ my ____ ?
 ____ we be ____ for alternative ____ from ____ ?
 Is ____ insurance ____ pay for alternative therapies ____ won't ____ on ____ ?
 ____ the ____ alternate treatments from ____ ?
 ____ the off-list covered for ____ ?
 Is it ____ that ____ will ____ alternative therapies ____ providers?
 ____ alternative therapies from non preferred ____ ?
 Will ____ alternative treatments ____ unlisted professionals?
 ____ coverage ____ for ____ that is ____ ?
 ____ you ____ covering therapy sessions by out-of-network ____ ?
 Does ____ alternate treatments ____ unlisted ____ ?
 Is ____ therapies ____ doctors ____ ?
 Will ____ cover my treatments from ____ are ____ ?
 Is alternative therapy ____ by ____ if ____ preferred ____ your network?
 If the ____ is ____ are alternative therapies ____ ?
 ____ providers that ____ on ____ list ____ alternative treatments?
 ____ coverage ____ therapy not on ____ ?
 ____ our insurance ____ treatments from ____ ?
 Is ____ for therapy from ____ to ____ covered?
 ____ non-preferred providers ____ insurance?
 ____ we able to ____ alternate ____ non preferred ____ ?
 Are out of network ____ ?
 Do ____ therapies from nonpreferred ____ ?
 Does the insurance ____ ?
 Are non-preferred ____ covered ____ an ____ ?
 Does ____ insurance plan ____ that ____ not preferred by ____ ?
 Can ____ for ____ treatments?
 ____ providers be covered ____ insurance?

_____ there _____ and non-preferred therapists _____ by _____?
 _____ I _____ insurance benefits for _____ preferred by _____?
 Can I _____ for alternative therapy _____ that _____ not currently _____?
 _____ reimbursed for using alternate _____ with _____ providers?
 _____ my _____ include _____ it comes to _____ treatments?
 _____ my _____ for other therapy _____ in my _____ network?
 Will _____ cover _____ that _____ by other providers?
 Is _____ insurance _____ treatments from _____?
 Do _____ policy _____ out-of-network _____?
 _____ stance _____ you _____ on _____ therapy sessions performed _____ or _____ providers?
 _____ our _____ treatments from unlisted _____?
 _____ insurance _____ me _____ use other _____ options?
 _____ alternative _____ from unlisted providers?
 _____ policy _____ of alternative therapies that _____ of _____ preferred network?
 Is there _____ other than those _____ in _____ agreement?
 Can _____ from a non _____?
 _____ is the _____ on _____ by out-of-network providers?
 Is _____ covers alternate _____ non-preferred _____?
 _____ if _____ get reimbursement _____ alternative therapy services _____ provider who _____ currently
 listed with me.
 _____ benefits for therapies _____ aren't _____?
 Should you cover _____ non-preferred _____ endorsed by you?
 _____ to _____ for off-list therapy _____ unbefriended sources?
 _____ our insurance take _____ account _____ from _____ providers?
 _____ the _____ still _____ alternate _____ if _____ choose a provider that _____?
 _____ cover alternative _____ non-preferred providers?
 Is alternative therapy _____ if _____ provider _____ not listed as _____ your network?
 Does _____ insurance cover alternative _____ preferred _____ list?
 Do the _____ provisions include _____ out _____ network _____?
 _____ non-preferred treatments?
 Does _____ cover _____?
 Is _____ to receive insurance _____ practitioners?
 Is _____ treatments with _____ covered by _____?
 _____ insurance _____ alternative _____ from non _____ providers?
 _____ there an insurance benefit _____ therapies _____ practitioners.
 What is _____ stance _____ therapy sessions _____ your network?
 Can the insurance _____ for _____?
 Does the _____ plan _____ care?
 Is _____ insurance _____ cover _____ unlisted professionals?
 Do non-preferred _____.
 _____ cover alternative therapies that _____ not _____ the _____ list?
 _____ we are covered _____ alternative therapies from non-preferred _____?
 _____ sources _____ by the coverage?
 _____ your insurance cover _____?
 _____ the insurance cover _____ therapies from _____?
 _____ cover _____ remedies _____ therapists that _____ endorsed by _____?
 _____ off-list _____ alternative treatments?
 _____ to _____ therapies _____ covered by my insurance.
 _____ covered _____ alternative therapies from non-preferred _____.
 Are _____ for _____ therapies?
 Does _____ cover alternative _____ that _____?

____ insurance ____ other ____ besides preferred ____?
 ____ cover ____ remedies that are ____ by you?
 ____ therapy covered ____ my insurance ____ you don't like ____?
 ____ insurance ____ to ____ alternate ____ from non-preferred ____?
 ____ there ____ for ____ providers?
 ____ the ____ have ____ included?
 Can non-preferred ____ be included in ____ for ____?
 ____ the ____ covering ____ practitioners?
 ____ medical scheme ____ for ____ types?
 Are ____ insured?
 ____ available for therapy ____ on ____ list?
 Is ____ a ____ unconventional treatments ____ of your ____?
 ____ the insurance cover alternative therapies ____?
 ____ an alternate ____ option that ____ unlisted in your ____?
 Does ____ policy ____ for alternative ____ if ____ aren't ____ network?
 ____ insurance extended to alternate ____ unlisted ____?
 Does ____ policy include ____ providers that aren't ____ your ____?
 Can ____ use my ____ for other therapy ____ preferred ____?
 ____ non-accredited ____ in the policy?
 ____ the provider ____ here, is ____ therapy ____?
 ____ providers' alternative therapies be ____ by ____ insurance?
 ____ I use ____ for therapy ____ networks?
 Does ____ insurance ____ alternative therapies?
 ____ coverage available ____ providers of ____ therapy?
 ____ our insurance ____ alternate ____ unlisted ____?
 I ____ know ____ my ____ for treatments from ____ providers.
 ____ the ____ listed preferred practitioners?
 Is ____ insurance going ____ cover ____ of ____ professionals?
 Does my insurance pay for ____?
 ____ the ____ therapies other ____ listed?
 ____ I use ____ other options not in ____ network?
 Can I get ____ benefits ____ offered ____ practitioners?
 Does our insurance ____ if non preferred ____ are ____?
 Is ____ any coverage for ____ listed ____?
 Does ____ cover treatments ____ not ____?
 Does my policy include ____ for ____ from providers ____?
 Does your ____ include ____ alternative ____?
 ____ covered by my ____ if the provider ____ preferred in your ____?
 Is ____ way to ____ insurance ____ therapies ____ aren't on your ____?
 ____ the ____ plan cover ____ and treatments ____ non-preferred ____?
 ____ it ____ that off- ____ providers ____ covered for ____?
 Does my ____ pay for ____ non ____?
 Does ____ insurance ____ alternative treatments ____?
 ____ to pay for alternative ____ outside ____ network?
 ____ the ____ alternative therapies?
 Is alternative therapy ____ by ____ insurance even if ____ listed ____ by ____?
 ____ the insurance ____ therapies for ____?
 ____ my ____ include ____ of alternative treatments ____ other ____?
 Is ____ insurance able ____ treatments ____ providers not listed ____?
 Does ____ cover ____ alternate ____ option ____ isn't in the ____?

Will the _____ alternative _____ that _____?

_____ we get _____ to cover _____?

_____ it _____ by _____ alternative treatments?

_____ wonder if _____ offer _____ for _____ treatments outside of _____.

Does _____ insurance _____ non-preferred _____?

_____ allow for alternate _____ from _____ providers?

Do _____ providers _____ for alternative treatments?

_____ cover alternative remedies that _____ preferred _____?

_____ it acceptable to _____ therapy sessions _____ or _____ providers?

Are _____ therapies _____ provider is not _____ here?

_____ this insurance _____ alternatives?

Does _____ insurance _____ include coverage for _____ that _____ our _____ providers?

_____ want to _____ if I'll _____ covered _____ receiving _____ services _____ providers.

_____ non-preferred therapists _____.

_____ think about covering therapy sessions _____ providers?

Is it possible that _____ can _____ alternate therapies _____ unlisted _____.

Does the _____ plan extend _____ for _____ provided _____?

Will _____ cover _____ providers other than you?

_____ my policy _____ alternative treatments _____ that _____ on _____ list?

_____ it possible that _____ covered for _____ non-preferred _____?

_____ the provider _____ not _____ as preferred within _____ is _____ therapy _____ covered by _____?

Is _____ any coverage _____ alternative _____ provider _____ listed here?

_____ alternative therapy _____ insurance even _____ it _____ listed as preferred _____ network?

Will you _____ alternative _____ that _____ your list?

Are non-listed and _____ covered _____?

Can _____ treatments _____ insured?

_____ from _____ for alternate therapies?

Does the insurance _____ non-preferred _____?

_____ insurance _____ alternative _____ listed with us?

Am _____ covered _____ alternative therapies _____?

_____ insurance _____ cover _____ care?

_____ alternate therapy _____ out of _____ providers, _____ I be covered?

Is it _____ me _____ receive alternate therapy services through _____?

Does _____ coverage _____ we choose _____ alternative therapy option _____ is _____?

_____ available from unbefriended sources?

_____ receive coverage for _____ from outside _____?

_____ we cover _____ of alternative therapies that _____ preferred _____?

_____ for alternative _____ from non-preferred sources?

Do these plans _____ of network?

Will _____ costs for _____ therapies that are _____ part _____ your _____?

_____ I choose a provider _____ of your _____ alternative _____?

Are out _____ affiliations valid _____ for reimbursement _____ tied _____ substitute medical practices _____ that are _____?

Will the _____ for _____ weren't listed with _____?

_____ our _____ alternate treatments _____ unlisted _____?

Is there _____ we can't find in _____ provider list?

_____ covered by insurance?

_____ the insurance _____ from _____ providers?

Even _____ the provider is not _____ within _____ is _____ by my insurance?

Does my _____ include _____ for _____ treatments _____ than _____ your _____?

_____ I _____ benefits _____ I offer non-preferred _____?

_____ it _____ to _____ my insurance _____ other therapy _____ besides _____ ?

Does _____ treatments _____ unlisted providers?

_____ sessions performed by _____ providers _____ be covered.

_____ there insurance that will _____ ?

Is _____ insurance going _____ by unlisted professionals.

_____ insurance policy pay _____ non-doctors _____ ?

Does _____ for _____ not on your list?

Will _____ cover the _____ of alternative _____ providers who aren't part _____ ?

_____ policy cover _____ costs of _____ are not in _____ network?

_____ alternative _____ if the provider _____ listed?

_____ cover _____ who are not _____ network _____ alternative treatments?

Does _____ insurance pay _____ providers?

_____ treatments covered by _____ ?

_____ our _____ for treatments _____ unlisted _____ ?

_____ therapy covered under my _____ is not listed _____ your network?

_____ the _____ still provide _____ if the _____ option is _____ directory?

Can _____ non-designated, unconventional cares?

Is treatment by _____ covered _____ ?

Are alternative therapy _____ my insurance _____ the _____ in _____ network?

Is it _____ to _____ insurance benefits _____ ?

_____ you cover _____ services _____ providers?

Does my _____ include coverage for _____ treatments _____ the _____ ?

Are non preferred _____ covered _____ ?

Is _____ that alternative therapies _____ on the _____ covered?

Do _____ have _____ in _____ policy?

_____ know if alternative therapies are _____ outside _____ your _____.

Does our _____ cover alternative _____.

_____ therapy covered by _____ insurance _____ though _____ provider _____ not _____ your _____ ?

_____ the _____ is _____ within your network, _____ therapy covered _____ my _____ ?

Can _____ my _____ therapy outside my _____ network?

_____ insurance plan _____ coverage _____ alternative _____ are excluded from our _____ ?

Can _____ a _____ provider _____ coverage?

_____ cover alternative treatments _____ therapies _____ providers _____ outside your network?

_____ my policy _____ alternate treatments not on _____ ?

Can _____ get reimbursement _____ alternative _____ services _____ a _____ that isn't _____ with _____ ?

_____ there coverage for _____ treatment _____ than those _____ by _____ ?

_____ we cover the costs of _____ in _____ network?

Can _____ cover alternative _____ for _____ providers?

Is my _____ providers _____ in _____ network _____ alternative treatments?

I want to _____ if alternative _____ will _____ my _____.

Is _____ possible _____ me _____ for _____ therapy _____ who is not currently listed with you?

Does _____ extend coverage to treatments _____ yet?

Is _____ possible _____ treatment _____ non recommended provider _____ coverage.

Does _____ insurance _____ alternate _____ from unlisted _____ ?

Is there insurance that covers _____ ?

_____ for _____ from unbefriended _____

Are any alternative treatments _____ ?

_____ know if the _____ reimburse me _____ treatments _____ other _____.

_____ treatment _____ therapists insured?

Is there insurance _____ alternative _____ that aren't _____ provider's _____ ?

_____ the _____ alternative therapies _____ are not _____ by the _____ company?
 Does _____ plan cover _____ therapies _____ treatments not _____ providers?
 _____ insurance cover _____ therapies?
 This _____ may _____ treatments _____ listed.
 Does the _____ plan cover _____ treatments _____ listed yet?
 Do the insurance _____ provide _____ if we _____ alternate _____?
 _____ cover alternative treatments _____ providers?
 _____ if insurance covers alternate _____ from _____ non-preferred _____.
 Is it _____ find coverage _____ unfriended sources?
 Does _____ include _____ doctors _____ treatments?
 Is the _____ pay for _____ therapies _____ of our _____?
 _____ cover alternative therapies that _____ preferred _____?
 Is my _____ covering alternative _____ who _____ not _____ network?
 _____ policy cover alternative treatments _____ you _____ list?
 What's _____ covering therapy sessions done by _____?
 Will our _____ costs _____ with alternative _____ aren't _____ your preferred _____?
 Does _____ procedures _____ unlisted providers?
 Does the _____ treatments _____ non preferred providers?
 Can _____ insurance for other _____ options that _____ my preferred _____?
 _____ insurance still _____ coverage _____ choose an alternate _____ option _____ in your directory?
 Under _____ plan, _____ covered?
 Does insurance _____ from _____ providers?
 _____ there coverage _____ from _____ sources.
 _____ my insurance _____ non-preferred _____?
 Does _____ include _____ services?
 Does _____ insurance _____ provided by non-preferred providers?
 _____ with a non-recommended _____ under my coverage?
 _____ pay _____ from non-preferred providers?
 I _____ know if _____ insurance _____ treatments _____ non-preferred _____.
 _____ policy cover alternative treatments _____ other providers who _____ not _____?
 _____ there _____ for _____ therapies from non-preferred _____?
 _____ insurance _____ alternative therapies that _____?
 Is _____ insurance _____ will _____ therapies we _____ on your _____ list?
 Is there _____ for _____ therapies _____ can't _____ on your _____ list?
 Is _____ insurance able _____ used for other _____?
 _____ stance _____ performed by out of network providers?
 _____ am _____ will be _____ for receiving _____ services _____ out-of-network providers.
 Does our _____ from non-preferred _____?
 Should _____ cover _____ therapies _____ non-preferred _____?
 Is there coverage for non-preferred _____ therapies _____ provider list?
 _____ insurance cover _____ non _____ providers?
 Is _____ that _____ are covered _____ our policy?
 Is _____ okay _____ me _____ receive alternate _____ services _____ providers?
 _____ the insurance _____ provide coverage if we choose an _____ directory?
 Does _____ insurance plan cover _____ included _____ listing?
 Are non-preferred _____ covered _____?
 Does _____ plan _____ non-preferred _____ offer alternative therapies?
 _____ unknown _____ covered by the policy?
 Will _____ insurance cover _____ by _____?
 Does insurance cover _____ providers?

____ our ____ good for ____ ?
 ____ these ____ to unconventional ____ of network doctors?
 Is ____ listed, ____ covered by ____ ?
 ____ wonder ____ can receive ____ benefits for non-preferred ____ .
 Is ____ therapies ____ covered by ____ ?
 ____ agree with ____ therapy ____ by non-recommended or ____ ?
 Are ____ covered when ____ not listed?
 Can ____ my insurance ____ therapies ____ my preferred ____ ?
 ____ there a ____ therapy sessions performed by ____ ?
 ____ the ____ on covering therapy sessions ____ providers?
 ____ and non-preferred therapists ____ your coverage?
 Does my ____ cover ____ from ____ ?
 Is the ____ cover ____ ?
 Does ____ insurance ____ coverage ____ we choose an alternate ____ is ____ ?
 ____ alternative ____ your list covered?
 Does ____ therapies ____ are ____ in your network?
 ____ alternative ____ covered ____ the ____ is not listed?
 ____ the ____ nonpreferred therapists ____ ?
 ____ out-of-network ____ included ____ provisions?
 Can I ____ my ____ that aren't in ____ networks?
 ____ it possible to ____ for therapies that ____ ?
 Do ____ non-preferred providers for ____ in ____ policy?
 Will I ____ covered for receiving ____ out-of-network ____ ?
 ____ providers not ____ the ____ covered ____ treatments?
 ____ covers alternate ____ unlisted providers?
 Does ____ insurance ____ for ____ providers?
 ____ our ____ plan ____ alternative ____ that are ____ by our ____ providers?
 Are ____ treatments provided ____ covered ____ our policy?
 ____ the policy ____ non- ____ therapists?
 ____ able ____ alternate therapies ____ unlisted non-preferred providers?
 ____ the ____ nonpreferred ____ therapies?
 Do you think ____ insurance will ____ listed ____ you?
 Did ____ cover non-preferred ____ ?
 Is it ____ to ____ insurance ____ therapies ____ by non-preferred ____ ?
 Will the insurance ____ don't see ____ you?
 ____ policy ____ therapies ____ providers other ____ your network?
 Will ____ insurance ____ providers?
 Can ____ my ____ for other ____ that ____ the preferred ____ ?
 ____ you ____ any ____ of ____ remedies ____ non-preferred therapists?
 ____ it ____ to obtain ____ benefits ____ therapies ____ non-preferred practitioners?
 ____ insurance ____ from not ____ providers?
 ____ the insurance ____ therapies?
 Are off-lister ____ alternative ____ ?
 Does my ____ treatments ____ therapies that are ____ in ____ ?
 ____ my ____ cover alternative therapies other ____ your ____ ?
 ____ my policy cover ____ treatment ____ are not in ____ ?
 ____ cover alternative ____ providers outside of ____ network?
 Does ____ cover alternative therapies or ____ aren't ____ ?
 ____ our insurance ____ unlisted providers?
 Is it ____ get insurance to ____ we ____ on your ____ ?

If the _____ is _____ are _____ therapies _____?
 _____ my policy _____ coverage for alternative treatments _____ providers _____ aren't _____?
 Will insurance cover _____ of _____ therapies offered _____?
 _____ the insurance include _____?
 _____ the insurance _____ treatments by _____?
 _____ insurance cover treatments _____ listed with you?
 _____ insurance cover _____ therapies _____ non-preferred _____
 Does _____ cover _____ providers _____ alternative _____.
 _____ alternative _____ covered _____ even if _____ provider is not _____ provider?
 Is _____ for _____ un befriended sources?
 Does _____ cover alternative treatments _____ on _____ list?
 Does _____ insurance _____ alternate therapy options _____ unlisted in _____?
 _____ policies include methods of _____?
 _____ any _____ for non-listed _____ providers?
 _____ reimbursement for alternative therapy services _____ provider _____ not _____ listed _____ you?
 _____ to non-preferred providers?
 _____ I be _____ using alternate therapies that _____?
 _____ there _____ plan _____ covers non-listing _____?
 _____ our insurance _____ cover alternative _____ from our list?
 _____ true _____ pay for alternative therapies _____ of _____ network?
 _____ coverage for non- _____ providers _____ therapy.
 _____ our _____ plan _____ for treatments that aren't _____?
 Out-of-network _____ or methods might be _____ the _____.
 _____ there _____ coverage for _____ providers _____ therapies?
 Is there _____ way to _____ insurance _____ therapies _____ provider list?
 I _____ offer reimbursement _____ unconventional treatments _____ your _____.
 _____ alternative treatments covered by _____?
 Does _____ insurance plan include coverage _____ treatments provided _____ non-preferred _____?
 _____ want to know _____ my _____ treatments from non-preferred _____.
 _____ is the stance on covering _____ done _____ out-of-network _____?
 _____ our insurance _____ non-preferred _____?
 Is _____ coverage _____ non-preferred _____ for alternative _____?
 Are _____ therapies _____ the _____ is not _____?
 _____ insurance _____ alternative _____ that _____ not your favorites?
 _____ get coverage _____ therapies from _____?
 _____ plan applicable to unconventional _____ professionals.
 _____ insurance include _____ that are _____?
 _____ our policy provisions _____ methods _____ network?
 Is it possible _____ get reimbursement _____ services _____ a _____ who is _____ listed with you?
 I wonder _____ the insurance _____?
 Does the insurance _____ coverage for alternative _____ that _____?
 Is there reimbursement _____ outside _____ your network?
 Are these _____ with _____ treatments _____ of _____ professionals?
 Is _____ insurance able _____ treatments from _____?
 _____ therapy sessions _____ by out-of-network _____?
 _____ alternative treatments by unlisted _____?
 Is _____ non-preferred providers of alternative _____?
 Does _____ policy include _____ that _____?
 Can _____ insurance _____ for treatments _____?
 Has _____ included non-preferred _____ treatments?

Is the _____ practitioners?
 _____ practitioners _____ under _____ plan?
 _____ see a _____ provider under _____?
 _____ it _____ me _____ for using alternate therapies with unlisted _____?
 _____ insurance _____ alternative therapies _____ by non-preferred providers?
 _____ our insurance also _____ alternate _____ from _____?
 _____ is the stance on _____ therapy _____ non- recommended _____?
 Does insurance _____ alternative _____ providers?
 Does my _____ include _____ alternative _____?
 _____ there _____ for unconventional treatments _____ your _____?
 Is _____ any _____ therapists _____ aren't _____?
 Is there insurance that _____ on our provider list?
 Can I use my _____ that _____ in _____ preferred _____?
 Are our policy _____ out-of-network _____?
 Does _____ have _____ alternative _____?
 Does _____ insurance still _____ options _____ aren't _____ the directory?
 Is alternative _____ are not _____ here?
 Will I be _____ to _____ non-preferred practitioners?
 Is _____ therapies _____ the _____ is _____ listed?
 _____ there _____ listed providers of _____ therapies?
 Does _____ cover non _____ that aren't listed _____?
 _____ the _____ plan _____ alternative _____ by _____ preferred providers?
 Does the _____ paying _____ non-accredited _____?
 Can _____ coverage _____ other therapies _____ providers?
 _____ plan _____ alternative therapies and _____ that are _____ yet?
 Can _____ insurance benefits for therapies _____ preferred _____?
 Will _____ covered _____ alternate therapy through out-of-network _____?
 _____ willing _____ pay _____ therapies outside of our _____?
 Does my _____ alternative treatments?
 Will insurers _____ for _____ therapies that aren't _____?
 _____ insurance _____ coverage _____ alternative therapies that _____ not listed _____?
 _____ not performed on your list?
 Is _____ able to cover _____?
 Will _____ for alternative _____ are outside _____ network?
 _____ possible _____ benefits for therapies that aren't preferred _____?
 _____ wonder _____ I _____ get reimbursed _____ therapies with _____ providers.
 _____ coverage _____ alternative therapies?
 If _____ not _____ in _____ is alternative therapy covered by _____ insurance?
 _____ for _____ therapies we won't find on your _____?
 Is _____ for _____ by unlisted _____?
 Is _____ if I choose _____ network provider?
 _____ insurance _____ to _____ treatments from _____ preferred providers?
 _____ our insurance _____ non-preferred _____ alternative therapies?
 Is it ok for me to _____ services _____?
 Will the insurance _____ unlisted _____?
 _____ out of _____ therapists _____ in _____ policy _____?
 _____ these plans apply _____ unconventional _____ with _____?
 Is alternative _____ by my insurance _____ not listed _____ within _____?
 Do _____ plans _____ unconventional _____?
 Are _____ covered for _____ from non _____?

Does _____ include coverage of alternative treatments _____ aren't _____ your _____?

I _____ to know if _____ treatments _____ non-preferred _____.

_____ know _____ will _____ receiving _____ therapy services through _____ of network providers.

_____ there any coverage _____ alternative therapies _____ here?

_____ the insurance _____ cover alternative treatments _____ providers?

_____ include coverage _____ therapies that aren't in _____ network?

_____ providers _____ aren't _____ the list _____ for _____?

_____ there _____ coverage for alternate _____ that _____ in the _____?

_____ insurance cover alternative _____ nonpreferred _____?

Will _____ insurer _____ alternative therapies that _____ preferred list?

_____ alternative treatments _____ policy?

_____ alternative therapies be _____ if they _____ listed _____?

_____ the plan cover _____?

Does _____ cover _____ providers for _____

_____ possible that _____ remedies that _____ endorsed by you?

_____ insurance _____ non-preferred providers?

_____ it _____ that _____ apply to _____ with out-of-network professionals?

Does these plans apply to _____ professionals?

_____ apply to unconventional treatments _____ out- _____ professionals?

_____ insurance _____ non-preferred providers' _____ therapies.

Is _____ covered by my insurance _____ it's _____ listed in _____?

Can _____ a non-recommended provider under _____?

Is _____ possible _____ benefits for therapies _____ non-preferred practitioners.

_____ this _____ non-preferred practitioners?

_____ may _____ alternative _____ listed with us.

_____ our _____ include non preferred _____ alternative _____?

Are _____ practitioners covered _____?

Is the _____ treatments with _____ professionals?

_____ coverage for _____ from outsiders?

_____ our insurance _____ treatments _____ unlisted _____?

Does the _____ cover _____ therapy _____ provider _____ in the directory?

Do _____ policy _____ cover _____?

_____ cover non- _____ providers?

Can off-list providers be _____?

_____ I use _____ insurance for _____ therapy options _____ are _____ networks?

_____ about unconventional treatments _____ network _____?

Does the insurance _____ from non-preferred providers _____?

_____ cover alternative therapies that aren't listed _____?

Is _____ covered _____ alternative _____ from _____.

_____ extend coverage to _____ provided by _____ providers?

Does my _____ alternative therapies _____ on _____?

Will _____ pay _____ offered by _____ other than _____ network?

_____ therapy covered _____ my insurance _____ isn't preferred _____ you?

Is _____ for alternative _____ non _____ sources?

Is _____ scheme _____ for unendorsed _____?

_____ know if I'll _____ receiving alternate _____ services through _____ healthcare providers.

Does _____ policy _____ coverage _____ from providers who _____ in _____ network?

_____ insurance _____ to unconventional care?

Our _____ extend _____ providers for _____ therapies.

Do these plans _____ for _____ out-of-network _____?

_____ be covered _____ I receive alternate _____ services _____ out-of-network _____?
 Is _____ insurance _____ therapies _____ we _____ see on your provider _____?
 Can my insurance _____ used _____ other _____ than _____ networks?
 _____ there insurance benefits _____ offered by _____?
 _____ the _____ listed, is _____ therapy _____?
 _____ my _____ alternative therapies _____ not _____ the preferred list?
 Does _____ insurance _____ providers _____ alternative _____?
 _____ policy _____ alternatives _____ on the _____?
 _____ our _____ cover _____ treatments?
 _____ the insurance plan cover _____ and treatments _____ yet?
 Can _____ unconventional treatments with out-of-network _____?
 _____ alternative _____ insurance if _____ is not preferred _____ your network?
 _____ nonpreferred practitioners receive _____ therapies?
 Does the _____ coverage _____ we _____ alternate _____ option not listed _____ directory?
 _____ the _____ cover alternative _____ nonpreferred _____?
 _____ my _____ include _____ for _____ aren't listed _____ your list?
 _____ providers fit into _____ policy for _____?
 _____ the _____ alternative treatments _____ non-preferred _____?
 _____ it _____ me to receive _____ therapy _____ network healthcare providers?
 _____ know if _____ are covered _____ your network.
 Does _____ alternative _____ providers not on your _____.
 _____ alternative therapy covered by my _____ provider is not _____ a _____?
 Does _____ plan cover _____ by preferred providers?
 Will _____ insurance plan allow _____?
 _____ like _____ know if alternative therapies _____ of your _____.
 _____ alternative therapy _____ by _____ the _____ isn't preferred within your _____?
 If I _____ provider _____ of your network, _____ by you?
 Is _____ possible _____ treatment _____ a non-recommended _____ coverage?
 _____ my insurance _____ alternative _____ not listed on _____ preferred _____?
 _____ insurance allow me _____ options outside of preferred _____?
 Is _____ to _____ treatments?
 _____ it _____ to cover alternate _____ non-preferred _____?
 Is coverage _____ that _____ not on the _____?
 Does my _____ alternative _____ and _____ from _____ other than _____?
 _____ are alternative _____ by _____ outside _____ network.
 Will I _____ insured for _____ through _____ healthcare providers?
 _____ there any _____ for alternative _____ aren't _____?
 Does _____ policy _____ non-preferred _____ provide alternative _____?
 We _____ policy _____ include _____ therapists or methods.
 Does _____ include coverage for _____ that are excluded _____ list?
 Is _____ insurance plan applicable _____?
 Should _____ from non-preferred _____ covered?
 Is there any _____ for _____ I _____ a _____ provider?
 Is _____ insurance _____ therapies?
 _____ cover _____ that aren't _____ by you
 _____ the insurance _____ for treatments from _____ are not listed _____?
 Is our _____ non-preferred _____ for _____ therapies?
 _____ you cover alternative _____ that _____ included _____ your _____?
 _____ cover _____ cures?
 I _____ I will _____ covered _____ receiving alternate therapy services _____ out of _____ providers.

____ I ____ insurance ____ other ____ not in ____ preferred network?
 ____ the ____ of alternative ____ they ____ in your preferred network?
 ____ the ____ still ____ coverage ____ we go ____ an ____ option that is unlisted ____ your ____?
 Is ____ policy ____ not ____ the list?
 Is my ____ cover treatments from ____?
 Alternative ____ utilized through providers ____ part ____ your ____ network will ____ covered by ____.
 ____ policy cover ____ from other providers ____ not ____ your list?
 I ____ wondering ____ receive insurance ____ for ____ practitioners.
 ____ the ____ reimburse for treatments ____ with ____?
 ____ non-preferred ____ insured?
 ____ our insurance plan include ____ alternative ____ providers?
 Is there insurance ____ for non-preferred alternative therapies that ____?
 Is there ____ non-listed providers ____ therapy?
 ____ you ____ alternative ____ that ____ by you?
 Will ____ the ____ alternative therapies ____ part of ____ preferred network?
 ____ my ____ cover ____ providers?
 ____ you ____ to ____ alternative ____ that are not endorsed ____?
 If alternative ____ listed here, are ____?
 ____ providers on the ____ alternative ____?
 ____ the ____ not ____ as preferred ____ your ____ it still covered by my insurance?
 ____ insurance ____ treatment from unlisted ____?
 ____ we covered ____ non-preferred ____?
 Is it ____ use ____ for ____ other than ____ networks?
 ____ plan cover ____ practitioners?
 Does these plans apply to ____?
 ____ alternative therapy covered ____ insurance ____ the ____ isn't listed ____ preferred ____ network?
 ____ I ____ benefits for therapies not preferred ____?
 Does the ____ provide coverage ____ aren't listed ____?
 ____ plan be used in ____ care?
 Is ____ cover ____ offered by ____ outside of our ____?
 Will ____ be able ____ get alternate therapy ____?
 Is it okay for me ____ alternate ____ services ____?
 ____ cover treatments ____ preferred providers?
 I would like to ____ if I will ____ receiving ____ of network providers.
 ____ therapy sessions ____ by non-recommended ____ out-of-network ____?
 ____ by ____ even if you don't prefer it?
 Can ____ alternative ____ be ____ by ____?
 ____ my ____ have ____ for ____ treatments ____ on your ____?
 Does ____ non-preferred providers?
 Are ____ treatments covered ____ insurance?
 Is ____ therapy ____ my ____ if the provider ____ preferred one?
 ____ non-preferred ____ insured?
 Does ____ insurance plan ____ coverage ____ therapies ____ non-preferred providers?
 Can we get ____ for ____ from ____ outside ____?
 Is there insurance ____ cover alternative ____ find ____ provider list?
 Does ____ insurance ____ coverage for ____ therapies that aren't ____?
 ____ treatment options that aren't ____?
 Is ____ alternative ____ that we can't find ____ your provider ____?
 Does ____ policy ____ providers ____ are ____?
 Do ____ plans apply ____ unconventional treatments that ____ in ____?

_____ that _____ treatments by unknown providers are _____ by _____?
 _____ my _____ pay _____ treatments from _____ preferred _____.
 _____ alternative _____ covered by _____ insurance even if the provider _____ preferred _____?
 Is these _____ applicable _____ treatments _____ professionals?
 Is _____ guarantor _____ alternative treatments by _____?
 Can the _____ non-preferred _____.
 _____ my _____ going _____ cover _____ therapies _____ you _____ prefer?
 _____ the _____ cover _____ therapies _____ providers?
 _____ apply to _____ treatments with out-of- _____ doctors?
 _____ insurance _____ to cover alternative therapies that _____ on your _____?
 _____ insurance for alternative _____ that you won't _____ on _____?
 Did _____ policy include coverage _____ treatments that _____ on _____?
 Does my policy _____ alternative _____?
 Is _____ insurance plan _____ care?
 _____ the insurance cover _____?
 Can _____ have coverage _____ from _____ providers?
 _____ plan cover non-listed _____?
 The insurance _____ might _____ unconventional _____.
 _____ my _____ include _____ providers?
 _____ there _____ insurance that will _____ non-preferred _____ therapies?
 Does _____ coverage allow me _____ with a _____?
 Do I _____ non-preferred providers?
 Can I _____ therapy that _____ not _____ preferred network?
 Does _____ insurance _____ alternative _____ they aren't _____ our listing?
 _____ the _____ covers treatments from _____?
 Will I _____ covered _____ receiving _____ therapy services _____ providers?
 _____ it possible to _____ reimbursed _____ alternate _____ are unlisted?
 Is it _____ that insurance covers _____ non-preferred _____?
 Is _____ therapy covered _____ my _____ if the provider isn't _____?
 Is _____ coverage available _____ alternate treatment _____ aren't in _____?
 _____ insurance cover alternative _____ from _____ preferred _____?
 _____ your _____ include alternative remedies _____ are _____ by _____?
 Would alternate therapies _____ doctors _____?
 We don't _____ covers alternative _____ from non-preferred _____.
 _____ I _____ insurance coverage _____ practitioners?
 Can _____ get alternate _____ services _____ out of _____?
 _____ reimburse _____ treatments that _____ outside of your _____?
 _____ my policy cover alternative _____ aren't in _____ network?
 Will _____ insurance _____ treatments _____ people?
 Does insurance pay _____ providers?
 Is _____ that _____ cover alternative therapies _____ find in _____ list?
 _____ these _____ apply _____ unconventional _____ non-network professionals?
 _____ my _____ cover _____ treatments and therapies from _____ network?
 Is _____ for _____ plans _____ to unconventional _____ out-of-network professionals?
 _____ my policy include _____ for alternative _____ other _____ on your _____?
 Does _____ insurance plan _____ alternative _____ are not _____ patients?
 Does the insurance _____ include _____ alternative _____ or treatments _____ preferred _____?
 _____ insurance _____ for _____ doctor's _____?
 Is there _____ non-preferred alternative therapies _____ the provider _____?
 Does my _____ for alternative therapies?

____ insurance ____ that ____ not preferred?
 Does our ____ alternative treatments?
 Can ____ get ____ for therapies that ____ not ____?
 Will ____ cover ____ therapies ____ in ____?
 ____ going ____ pay for ____ therapies ____ our network?
 Is it possible ____ coverage ____ unbefriended sources?
 I'm ____ I'll be covered for ____ services ____ out ____ providers.
 Does ____ insurance ____ alternate therapies ____?
 ____ my policy ____ coverage ____ alternative ____ from ____ outside ____ my ____?
 ____ any coverage for ____ from ____?
 Is therapy ____ sources ____.
 I wonder ____ the insurance ____ for treatments ____ listed with ____.
 Does ____ include ____ providers ____ alternative ____?
 ____ there ____ for ____ therapies from non-preferred ____?
 ____ providers ____ off-list ____ covered for ____ treatments?
 ____ possible ____ get ____ alternative ____ that we won't find on ____ provider ____?
 Is insurance ____ to ____ alternative therapies offered ____ network?
 Is coverage ____ therapy ____ sources?
 ____ non- ____ included ____ the insurance?
 Does ____ alternate ____ by ____ preferred ____?
 ____ plan ____ coverage to non-preferred ____ for alternative ____?
 Does ____ cover ____ from ____ not on ____ list?
 Does ____ alternative therapies ____ nonpreferred ____?
 ____ the insurance plan ____?
 If the ____ listed ____ there any ____ alternative therapies?
 ____ the ____ covers ____ providers?
 Is there ____ for ____ sources?
 ____ insurance policies include non-preferred ____ alternative ____?
 Does ____ policy ____ treatments and ____ from ____ not ____ network?
 ____ there any ____ for other providers ____?
 ____ it ____ me to ____ reimbursed ____ alternate therapies ____ unlisted ____?
 ____ this insurance cover non- ____?
 ____ for ____ from ____ sources?
 ____ policy include ____ treatments ____ therapies ____ in your network?
 ____ my policy ____ non-preferred ____?
 ____ I'm reimbursed for ____ alternate therapies ____ unlisted ____.
 Does ____ cover ____ treatments from ____?
 Can I be reimbursed ____ alternative therapy ____ a provider ____ currently listed ____?
 ____ wonder ____ my insurance ____ treatments ____ providers.
 Will alternative ____ be covered ____ I ____ provider ____ your ____?
 ____ insurance ____ to cover non-preferred ____ for ____ therapies?
 Will my ____ alternative ____ are ____ your preferred list?
 ____ we ____ for alternative treatments not ____ our ____?
 ____ my insurance cover ____ from ____?
 ____ choose ____ provider ____ of your network, ____ it covered ____ therapies?
 Does ____ coverage for ____ aren't on the ____?
 Does ____ cover alternative treatments of ____ list?
 ____ our ____ alternate treatments from ____?
 Does ____ alternative treatments?
 ____ we ____ covered ____ therapies ____ non-preferred ____?

Is _____ possible that insurance _____ pay for alternative _____?

_____ the insurance _____ therapies?

Is _____ for _____ from non preferred _____?

_____ alternative therapies _____ our network?

_____ by _____ other than _____ your list?

_____ our _____ treatments _____ unlisted providers?

_____ insurance plan _____ for alternative _____ or treatments _____ our listing?

Does the _____ treatments _____ are _____?

_____ alternative therapy _____ by _____ if _____ provider is not _____ as preferred _____ network?

_____ insurance _____ other therapies from _____?

_____ insurance cover _____ therapies?

_____ be covered _____ provider isn't listed here?

_____ insurance cover _____ from _____ aren't listed?

_____ we _____ that are _____ preferred?

Is _____ paying _____ treatments _____ non preferred _____?

_____ alternate therapy _____ out-of-network healthcare providers?

If _____ not listed _____ can alternative _____ be _____?

_____ we _____ coverage for alternative therapies _____?

_____ the insurance plan _____ non-designated, _____?

_____ therapies _____ covered if the provider _____ here?

_____ policy include _____ alternative therapies not _____ your _____?

_____ there insurance _____ will _____ alternative therapies?

Is there _____ off-list _____?

Are we _____ by _____ alternative _____?

Will you cover _____ therapies performed _____ aren't _____ your _____?

_____ use my insurance _____ therapy outside the _____?

_____ the _____ cover _____ providers?

_____ policy that _____ non-accredited therapists?

Is _____ insurance available _____ will pay _____ alternative _____?

Is alternative therapy _____ insurance if _____ provider _____ not a _____?

_____ our _____ cover alternative therapies _____ providers?

_____ the insurance still _____ coverage if _____ choose an _____?

_____ insurance _____ coverage for _____?

_____ isn't listed as preferred within the network, _____ therapy covered _____?

_____ get _____ for alternate therapies from _____?

_____ my policy _____ coverage _____ providers _____ not in _____ for _____ treatments?

_____ there any _____ for _____ therapy providers _____ listed?

_____ cover _____ therapies from _____ preferred _____?

Is there any insurance _____ therapies that _____ find _____ your provider _____?

Does _____ alternative _____ from _____ preferred _____?

_____ insurance reimburse alternative _____ from _____?

Can _____ insurance cover _____ of _____?

Is _____ covered?

I _____ unsure if _____ will be covered _____ receiving _____ providers.

Does the insurance _____ therapies _____?

_____ want _____ know if I _____ receive _____ therapy _____ out-of-network healthcare _____.

Does insurance _____ for _____ therapies _____ non _____?

Will my insurance _____ me to _____ therapy _____ preferred _____?

_____ non-preferred providers _____ the _____ therapies?

Is there _____ alternative treatment options that _____ the _____?

Insurance _____ alternate therapies from _____.

Are _____ who _____ listed _____ treatments?

_____ my insurance that pays _____ treatments _____ non-preferred _____?

_____ the _____ able _____ unlisted professionals _____ alternative treatments?

Is _____ possible that _____ get _____ alternate therapies _____ providers?

Does _____ cover _____ therapies _____ by non-preferred _____?

Does _____ different therapies _____ other _____?

Are _____ treatments _____ policy?

If _____ provider _____ your network, is _____ therapies covered?

Does _____ cover _____ providers' alternative _____?

_____ not _____ the _____ cover alternative _____?

Does _____ include coverage for providers _____ those _____ list?

Is alternative _____ unlisted professionals _____ the _____?

_____ we _____ to get _____ outside providers _____ alternate _____?

Can _____ plan _____ unconventional care?

Is _____ from unlisted providers?

Does the insurance still provide _____ therapy option _____ the directory?

_____ it _____ that _____ covers alternative _____ from non-preferred _____?

Are alternative therapies _____ I _____ your _____?

Can you _____ alternative _____ not on _____ list?

_____ my policy _____ treat patients?

Are providers that are _____ on the _____?

Is there coverage _____ alternate _____ aren't _____ agreement?

_____ the _____ be used for _____?

Did _____ plans _____ to _____ treatments _____ professionals?

Does _____ policy _____ to treat?

Do our policies _____ methods or _____ that _____?

_____ cover non-preferred providers?

Will _____ insurance _____ that _____ on your preferred list?

_____ my insurance _____ for _____ providers

Does _____ insurance plan _____ or treatments _____ listed?

Is _____ possible _____ get _____ therapies that are _____?

_____ my insurance for other therapies _____ of _____ preferred _____?

_____ covered for _____ from non-preferred _____.

_____ our policy cover _____ costs of alternative _____ that _____ your _____?

_____ we _____ coverage _____ alternate treatments _____ are not _____ roster?

Is alternative _____ my _____ even if _____ provider isn't _____?

Does _____ include _____ providers _____ your network who offer alternative _____?

Is _____ for alternative _____ if I _____ a provider _____?

_____ therapy sessions _____ out-of-network providers _____?

Is it _____ that you _____ for unconventional treatments _____?

_____ our insurance _____ treatments?

Is _____ covering _____ treatments from _____?

Our insurance _____ cover _____ for _____.

Can _____ reimbursed for _____ therapy _____ from a provider who isn't _____?

Are off-_____ providers _____ alternative _____?

I wonder if _____ be _____ for _____ therapy _____ out-of-network _____.

_____ providers _____ for _____ treatment?

_____ and non-preferred therapists?

Should _____ coverage for alternative treatments that _____?

Is _____ by _____ insurance even _____ the _____ isn't _____ the _____ list?
 _____ there any _____ that will _____ we won't _____ on _____ list?

Will insurance cover _____ therapies _____?
 _____ we _____ for _____ therapies _____ other _____?

Do _____ providers _____ treatment _____ insurance?
 _____ covered for _____ therapy _____ through out-of-network providers?

Will _____ for alternative _____ offered _____ unlicensed _____?

Will _____ insurance _____ for my _____ other _____?

Is _____ coverage _____ off-lister _____?

Is _____ coverage for alternative therapy _____ than _____?

Are _____ I _____ a provider outside _____ network?
 _____ the insurance plan _____ alternative therapies _____ are _____ listed?
 _____ insurance _____ cover alternative therapies _____ currently listed _____ the _____?
 _____ wonder _____ alternative therapies are _____ if _____ listed here.

Is _____ insurance that _____ cover alternative therapies _____ doctor?

Will _____ alternative treatments?
 _____ alternative _____ covered by my insurance even _____ the _____ in your _____?

Can the _____ plan _____ non-designated, _____?
 _____ alternate therapy _____ out-of-network _____ providers you _____ not endorse?
 _____ any _____ alternative therapies _____ we won't find on your _____ list?

Does _____ non-preferred healthcare providers?
 _____ insurance plan cover _____ providers _____ therapies?

Should these _____ apply to _____ professionals?

Does _____ policy _____ from providers _____ not in your _____?
 _____ policy include _____ network therapists _____ methods?

Is my policy covering _____ from _____ on _____?
 _____ for the treatments _____ not listed with you?

Is this plan _____ treatments with _____ doctors?

Will our _____ costs for _____ that _____ part of your _____?

Is _____ pay _____ alternative therapies that _____ outside _____ network?

I am _____ if I will be _____ alternate _____ services _____ out of _____.

Is there _____ treatment options other than _____ approved _____?
 _____ there _____ therapy off-list?

_____ I be _____ for _____ therapies _____ unknown providers?
 _____ therapies that are _____ preferred?
 _____ a provider outside _____ covered _____ alternative therapies?
 _____ my _____ cover alternative treatments _____ other providers?
 _____ treatments _____ providers who aren't in your network?
 _____ get insurance for non-preferred _____ therapies?

Will our policy _____ of _____ therapies _____ providers _____ part of your _____?
 _____ alternative _____ if there _____ provider listed here?
 _____ my _____ cover _____ non preferred _____?
 _____ there _____ coverage for alternative _____ aren't listed?

Does insurance _____ alternate _____ preferred _____.
 _____ our _____ include alternative treatments _____?
 _____ our insurance accept _____ unlisted _____?
 _____ okay for _____ receive alternate _____ out-of-network providers?

Does _____ pay _____ that _____ preferred?
 _____ insurance _____ alternative _____ unauthorized providers?

Are _____ included in _____?

Does ____ policy ____ coverage of ____ from ____ are not in ____ ?
____ the stance on ____ sessions by ____ out-of-network providers?
Can ____ use my ____ to ____ therapy ____ preferred networks?
____ pay for non-preferred ____ ?
____ insurance be ____ for other ____ options ____ preferred ____ ?
We don't ____ insurance ____ pay ____ of our network.
____ possible ____ alternative ____ that aren't ____ your list?
____ insurance include ____ treatments?
Does the insurance ____ cover ____ that aren't ____ ?
____ alternate therapy services through out-of-network providers?
____ may ____ alternate ____ unlisted ____ providers.
____ insurance ____ to pay ____ alternative treatments ____ professionals?
____ our ____ plan cover ____ therapies ____ not preferred ____ the preferred ____ ?
Is ____ treatment of ____ .
____ include non-preferred providers?
____ insurance plan cover alternative ____ if ____ preferred?
____ off-list providers ____ covered for alternative treatments.
____ our ____ includes out-of-network ____ ?
Is ____ that will cover ____ therapies ____ don't find on ____ ?
I ____ if ____ for receiving alternate ____ through out ____ providers.
Does ____ have ____ or methods?
Are ____ covered by us?