

[Demo] NLP Dataset for Customer Service Automation

Company Type	Car Warranty Providers
Inquiry Category	Reimbursement and reimbursement process questions
Inquiry Sub-Category	Reimbursement for Out-of-Network Repairs
Description	Explaining the process and coverage details for seeking reimbursement for repairs conducted at non-affiliated service providers or out-of-network repair centers.
Data Size	6,135 paraphrases
Want to buy data?	Please contact nlp-data@gross.me via your business email address.

Masked sample paraphrases of one "Car Warranty Provider" customer inquiry. (Purchased data will not be masked.)

_____ specific guidelines _____ services _____ for _____ or partial reimbursements outside your _____?
_____ for getting _____ services beyond the network.
_____ it possible _____ you to _____ eligible services outside _____ network?
_____ services are fully or partially _____ when I _____ other _____ your network?
_____ give any _____ for reimbursement for _____ that _____ out _____ the _____?
If some _____ other _____ your network, _____ qualify for reimbursement?
_____ there _____ rules about _____ services _____ fully or _____ when I _____ of your network?
There may be guidelines _____ network _____.
Can _____ give _____ criteria _____ for non-network related _____?
Please clarify the _____ services _____ are _____ for _____.
_____ using services outside _____ approved _____ list, are _____ receiving _____ or _____ reimbursements?
_____ get complete or partial reimbursement _____ you get _____ not in _____ network?
Is _____ framework in place for outlining _____ for obtaining _____ authorized _____?
_____ guidelines for _____ full/partial _____ with _____ service claims?
There are guidelines _____ which _____ of _____ are _____ for _____ of _____.
_____ qualify for reimbursement _____ of the _____?
Which categories are _____ fully _____ partly reimbursed services _____ the _____?
Is _____ any guidelines about which _____ eligible _____ reimbursement?
Are _____ definitions of full _____ reimbursements _____ your _____ coverage?
Any _____ for _____ reimbursements?
_____ regarding _____ out-of-network reimbursements?
If certain services are _____ providers _____ do _____ for _____ or _____ reimbursement?
Do you have a _____ of _____ reimbursements _____ of _____?
_____ standards for _____ of off-network healthcare?
_____ there be _____ service _____ outside of _____ network?
_____ certain types _____ services _____ for _____ or partial _____?
_____ types _____ services are accepted _____ reimbursement outside _____?
_____ clarify the _____ partial _____ compensation.
guidelines _____ determining _____ outside your _____?

_____ services outside _____ your network _____ are there defined _____ getting full or _____?

Do you know _____ types _____ are _____ for _____?

_____ it _____ to _____ for certain services outside of _____?

There _____ on the types _____ services _____ may _____ for reimbursement _____ your _____.

Is _____ any _____ on _____ get _____ cash _____ they're done elsewhere?

_____ there _____ framework that outlines _____ for obtaining _____ refunds when using _____ _____?

If certain _____ obtained from _____ other _____ your network, _____ they _____?

Is _____ criteria for _____ for _____ services?

Can _____ on which services _____ or partial reimbursement when _____ of _____?

_____ are _____ about the types _____ services that _____ be reimbursed _____.

Do _____ services qualify for _____ partial _____ are not _____ your _____?

_____ exist _____ whether a service qualifies for a _____ partial _____ outside _____ the network?

Do _____ not _____ your _____ for _____ or partial reimbursement?

_____ certain types _____ services _____ your network?

_____ there _____ standards _____ reimbursement off-network treatments?

_____ are the requirements to _____ full or _____ reimbursements _____?

Is _____ any rule _____ which services count _____ reimbursed if _____ provider network?

There are certain types _____ services _____ outside your _____.

Can _____ explain any specific criteria for _____?

Do _____ any _____ types of services _____ for reimbursement?

Is _____ a rule _____ reimbursement for services that _____?

_____ you provide _____ criteria for reimbursement for _____?

_____ are _____ for _____ or partial _____ when using services _____ approved _____ provider list.

_____ types of services _____ full or partial reimbursements _____?

Is _____ any _____ partially-covered _____ that aren't _____ your network providers?

Specific criteria exist _____ whether a service _____ either _____ or _____ outside _____.

Is there _____ full/partial holdbacks with non-network _____?

_____ do _____ on _____ out-of-network reimbursements?

Are _____ on what types _____ services should _____ eligible _____?

What _____ have for determining _____ out-of-network services?

_____ guidelines for _____ out-of-network _____?

What _____ of services _____ for _____ beyond your _____?

_____ you _____ if _____ standards to follow _____ and _____ out of plan?

Is there _____ about _____ count _____ getting _____ even _____ they _____ in _____ provider network?

Is _____ any _____ about which _____ get _____ or partly covered _____ use providers _____ not in _____?

Do you have _____ criteria _____ reimbursement _____ related _____?

Is it _____ get complete or _____ reimbursement for _____ services from _____ in your _____?

_____ there _____ on what type of _____ are _____ reimbursement?

There are _____ are eligible _____ reimbursement _____ of your _____.

_____ clear guidelines about _____ can be eligible _____ your network?

What _____ the criteria _____ full _____ partial reimbursements _____ services?

There _____ some _____ for services getting _____ network.

_____ qualify to _____ out of network?

Is there any documentation _____ and _____ that _____ outside _____ providers?

Do specific criteria _____ for _____ a _____ or partial _____ outside of the _____?

There are specific _____ of _____ can be reimbursed _____ of your _____.

Is there _____ established _____ on reimbursements for _____?

_____ be specific standards _____ reimbursement _____ off-network _____?

_____ stipulated guidelines for _____ non-network service claims, _____ are _____?

Are _____ clear _____ eligible for reimbursement outside of your _____?

_____ criteria for reimbursement when _____ non-network _____ services?

_____ standards _____ of off-network treatments?

Is there a framework _____ qualifications for _____ refunds _____ providers?

_____ specific standards _____ reimbursement of _____?

Is there _____ of criteria for receiving full _____ services _____ your approved _____ list?

Will _____ be reimbursed _____ providers?

Is there _____ criteria _____ reimbursement _____ using services outside _____ provider _____?

_____ you know _____ are _____ for total or _____ reimbursements _____ network?

There _____ rules for _____ get me some cash _____ they _____ elsewhere.

_____ are the _____ which types of services _____ eligible for reimbursement _____?

_____ are _____ types _____ services eligible _____ outside _____ your network.

_____ have _____ on which types _____ eligible for reimbursement?

Please clarify the _____ or complete off-network compensation

There are _____ beyond network?

_____ there guidelines _____ services _____ reimbursements _____ network?

_____ kinds of _____ for _____ outside your network?

_____ about which _____ get me _____ back if they are _____?

_____ for eligible _____ not in _____?

Can _____ give specific _____ for _____ for _____ services?

Is _____ specific rules about _____ are fully _____ partly covered when _____ providers _____ network?

Is there _____ of _____ for _____ or _____ reimbursement for _____ your _____ network provider list?

_____ you _____ clear instructions _____ determining partly _____ out _____ network _____?

_____ using services _____ of your approved _____ provider list, _____ criteria for receiving _____ or _____?

_____ certain _____ be reimbursed _____ of network?

_____ standards are _____ for _____ of _____?

_____ reimbursement out of the network?

_____ of services _____ eligible _____ total or partial reimbursements out _____?

_____ criteria for reimbursement for non-network _____?

_____ any way for me to _____ which _____ reimbursement _____ the network?

_____ may _____ for _____ outside _____ your network.

Do _____ if _____ aren't _____ your _____ network _____ towards getting reimbursed?

Is there any rule _____ get _____ cash _____ are done elsewhere?

When using _____ outside of _____ network provider _____ there _____ criteria _____ receiving full _____ partial _____?

_____ know _____ types of _____ eligible _____ or partial reimbursements _____ of your _____?

Are there _____ for _____ your network?

_____ guidelines are _____ for eligible _____?

Is _____ possible to _____ on which _____ will _____ full/partial _____?

_____ there _____ about which services are _____ reimbursement _____ your _____?

Is _____ a defined criteria for getting _____ of _____ approved network provider list?

Is _____ possible _____ guidelines _____ which _____ full/partial reimbursement outside _____ network?

What _____ do _____ have in place for _____?

Do _____ types _____ services receive full _____?

_____ specific _____ exist _____ reimbursement of _____?

Guidelines for _____ that _____ out of _____?

What criteria _____ establish eligible _____ for fully _____ partly reimbursable _____ network boundaries?

_____ me specific _____ for eligible _____ outside _____ network?

_____ there any specific _____ for reimbursement _____ non-network _____?

_____ you know if _____ clear _____ or partial _____ outside your _____?

_____ a _____ about _____ money back if they are done _____?

Any _____ guidelines for _____ reimbursements?

Should specific _____ be followed for service distinction _____ plan?
 _____ instructions _____ determining partially _____ services?

Can _____ give _____ guidelines for _____ or partial _____ out of _____ network?

Are there defined criteria _____ partial reimbursements when using _____ outside _____ network _____?
 _____ criteria _____ used to _____ the _____ services rendered _____?
 _____ the guidelines for which _____ are eligible _____ reimbursement _____ of _____?

Do _____ have any rules for _____ reimbursement _____?
 _____ there any specific guidelines _____ services _____ reimbursement?

How about providing _____ criteria _____ eligible services _____?

When _____ services outside your network _____ list, _____ have _____ for _____ full or _____?
 _____ are _____ on which _____ of services _____ reimbursement _____ of _____ network.

What _____ of services _____ for _____ beyond your _____?
 _____ any guidelines _____ which _____ full/partial _____ outside the network?
 _____ in _____ network count towards getting reimbursed?

When using services _____ provider list is _____ a _____ for _____ full _____ partial reimbursements?
 _____ you _____ any rules _____ reimbursement outside your _____?

Do _____ of services _____ full _____ partial _____?

Is there _____ definition of full/ partial _____ coverage?

Can _____ specify criteria _____ eligible services _____?

Any _____ services _____ outside of the network?

Do specific standards _____ for _____ network _____?

Do _____ have specific instructions on _____ services?
 _____ there _____ guidelines _____ services _____ full/partial reimbursement?

Do _____ know if there _____ specific _____ distinction _____ reimbursement status out-of-plan?
 _____ there _____ of _____ on reimbursements _____ non-network services?
 _____ services qualify _____ total or partial _____ outside your _____?

Could you _____ for _____ are _____ your network?
 _____ you provide some criteria _____ for _____ services?

Are _____ guidelines _____ services are eligible for _____ of your network?
 _____ services that _____ for partial _____ full off-network compensation.

What are the _____ to get a _____?
 _____ any _____ regarding reimbursement _____ beyond the network.
 _____ types of _____ are eligible _____ or partial _____ your _____?

Is _____ for reimbursement for _____?

Do specific criteria exist for determining whether _____ service _____ for full _____ outside _____?

There are _____ rules for _____ getting reimbursed _____?
 _____ it possible _____ for _____ even _____ they are not in _____ network?

Is there _____ approved _____ partially-covered _____ that aren't within _____ providers?

Do _____ any _____ about _____ types _____ services that are _____ reimbursement?

Should _____ rules _____ outside of _____ network?
 _____ clear _____ of full _____ partial reimbursements _____ plan's coverage?
 _____ may _____ guidelines _____ that are eligible for reimbursement.

Is there _____ set _____ which services _____ or partly covered _____ providers outside _____ network?
 _____ am wondering _____ specific rules _____ which services _____ fully _____ partly covered _____ use _____ other
 _____ your network.
 _____ you _____ any _____ rules _____ services _____ fully or _____ when I _____ providers outside of _____ network?

Are there _____ guidelines on the types _____ services _____ outside of _____?

What _____ do _____ have _____ types of _____ are _____ reimbursement?

Do _____ types of _____ for _____ partial _____ they _____ in your network?

When using _____ of _____ approved network provider _____ criteria for _____ or partial reimbursement?

When I use _____ can _____ tell _____ which services _____ fully _____ partly covered?

____ you have ____ which types of ____ are ____ for reimbursement ____?

Is ____ for providers ____ your ____ get ____ or partial reimbursement ____ certain ____ .

____ tell ____ the ____ of services ____ for reimbursement ____ your network?

Do you ____ defined ____ determine qualified services ____?

Please clarify ____ services ____ or ____ off-network compensation.

____ standards ____ for reimbursement of ____ treatments?

____ specific criteria ____ a ____ qualifies for ____ full ____ partial repayment ____ the network?

Is there a ____ criteria for ____ or ____ services ____ your approved ____ provider list?

What are ____ criteria ____ reimbursement ____ out-of-network services?

____ tell ____ about ____ criteria for reimbursement for ____ related ____?

____ set ____ guidelines ____ which ____ are ____ for reimbursement outside ____ network?

Are there ____ on the ____ of ____ eligible for ____?

What ____ of services might ____ eligible ____ fully ____ partially, ____ approved ____?

____ certain ____ qualify ____ or ____ reimbursement if they ____ obtained from ____?

Do ____ define full/partial ____ outside your plan's ____?

Some ____ may qualify for ____ of ____ .

____ there any ____ instructions for determining ____ reimbursed ____?

Is there ____ of ____ for ____ full/partial refunds ____ using non-network ____?

____ are the ____ for ____ full/partial ____ with ____ claims?

____ your ____ network provider ____ is there a ____ criteria for getting full or ____?

____ there ____ criteria for ____ full ____ partial reimbursements when ____ services ____ of ____ approved ____?

____ there any guidelines for ____ receiving ____ the network?

____ you ____ any ____ services ____ are ____ for reimbursement outside your ____?

____ guidelines do ____ reimbursements for services ____ your ____?

If I ____ non-network ____ will I be fully ____?

Is there ____ set of ____ get full or ____?

____ types ____ services ____ providers not in ____ network, do ____ complete or partial reimbursement?

Rules ____ reimbursement ____ beyond ____ network?

Are ____ services ____ are outside of ____ network?

Which ____ of services ____ for full ____ your network?

Is it ____ for ____ services ____ or partial ____ your network?

Do ____ have instructions ____ determining ____ reimbursable out-of- ____?

____ rules regarding reimbursements ____?

Please ____ the ____ that ____ for complete or ____ compensation.

What ____ of services ____ eligible ____ or partial reimbursements ____ network?

Do you ____ specific instructions ____ partly ____ services?

____ guidelines for ____ for services that ____ the ____?

Do certain ____ have reimbursability ____?

____ could ____ rules for ____ reimbursement ____ network.

Are there instructions ____?

____ there defined criteria for receiving full ____ reimbursements for services ____ list?

____ you have any guidelines ____ which services receive ____ when ____?

____ may be clear guidelines ____ what services are ____ network.

____ specific standards ____ reimbursement ____ off-network ____?

____ certain ____ qualify for ____ partial ____?

Do ____ know the ____ obtaining full/partial ____ using ____ providers?

____ specific ____ for ____ of off-network ____?

What ____ of services that ____ be reimbursements beyond ____?

Can ____ give me ____ specific criteria for ____?

____ there ____ specific criteria ____ for ____ services?

_____ are the _____ to _____ a full or _____ rendered out _____ network?
 Can _____ tell me what the rules _____ services _____ fully or _____ when _____ use providers _____ network?
 _____ guidelines _____ for _____ of non-network _____?
 _____ me _____ rules _____ service _____ outside your network?
 Is _____ for _____ full or _____ reimbursement for services outside _____ network provider _____?
 Can you _____ me _____ services are fully _____ covered _____ I _____ providers _____ your _____?
 _____ used _____ full/partial _____ with non- network service claims?
 The _____ getting full/partial holdbacks _____ non-network _____ claims are _____.
 _____ can be _____ off _____ network?
 Is it possible _____ for full/reimbursement away _____?
 Is _____ set of _____ for reimbursements _____ services?
 _____ types _____ services are _____ for reimbursements _____ your _____?
 Is it _____ that there _____ which _____ fully or partially _____ I use providers _____ in _____ network?
 Is there _____ defined criteria _____ full _____ when _____ services outside _____ approved network _____?
 _____ defined criteria _____ full _____ partial _____ when using services _____ your approved _____ provider list?
 Any _____ for reimbursements _____ services _____ in _____ network?
 Are there _____ of off-network _____?
 _____ I _____ in your _____ can you _____ me _____ they get fully or _____?
 _____ there any _____ place for obtaining full/partial _____ when _____ authorized _____?
 Which _____ of services _____ reimbursements _____ outside your _____?
 _____ reimburse out _____ network?
 _____ for reimbursement _____ your network?
 _____ know _____ receive full/partial reimbursement when out _____ the network.
 Is _____ a _____ rule about which _____ fully _____ covered _____ providers _____ than your network?
 Are _____ specific _____ for receiving _____ or partial _____ when using _____ outside _____ network provider _____?
 Are there guidelines _____ non-network _____?
 _____ give any _____ on _____ get reimbursement _____ leave the network?
 _____ guidelines _____ what services _____ be eligible for _____ outside _____ your _____?
 Is there a _____ get me cash _____ they're done _____?
 Do _____ for determining partial _____ out-of-network services?
 Do _____ meet _____ for _____ or partial reimbursement?
 _____ criteria exist to determine _____ be repaid outside _____ network?
 Is there _____ guidelines about which _____ get full/partial _____ the _____?
 What _____ the criteria for _____ reimbursements _____ out-of-network?
 _____ for _____ are _____ of network?
 Do _____ reimbursement _____ off-network _____ exist?
 _____ a framework for obtaining _____ using _____ network authorized _____?
 Is _____ possible _____ get reimbursed _____ if they _____ in your provider's _____?
 _____ certain _____ reimbursable _____ network?
 If _____ don't _____ provider _____ there rules about _____ towards reimbursement?
 Do _____ types of _____ for a _____ reimbursement?
 Certain _____ be _____ out of _____.
 _____ criteria _____ eligible services outside _____ your network?
 Are _____ services _____ for complete or _____ are not in _____ network?
 _____ clear _____ reimbursements outside of _____ plan's coverage?
 Is there _____ service _____ outside the _____?
 _____ you know if there _____ specific _____ service _____ and _____ status out of _____?
 _____ are _____ for receiving _____ partial reimbursements for services _____.
 _____ guidelines _____ you _____ for _____ services _____ eligible _____ reimbursement _____ of your _____?
 What _____ qualify for reimbursements _____?

Are _____ guidelines for _____ outside _____?

There _____ any _____ for services _____ network.

_____ there a _____ for obtaining full/partial refunds _____ using _____ authorized providers?

_____ certain _____ qualify _____ reimbursement _____ network?

_____ for _____ reimbursements _____ of network?

How do you define full/partial reimbursements _____?

When using _____ outside your _____ provider _____ you _____ defined criteria for _____ or _____ reimbursements?

Can _____ say what _____ reimbursements are _____ coverage?

_____ are _____ are eligible for complete _____ network compensation.

_____ services _____ out _____ network?

_____ services _____ be reimbursements _____ network.

_____ there _____ guidelines _____ non-network services?

There _____ rules _____ getting _____ beyond _____ network.

I _____ to know if _____ standards _____ full/reimbursement away _____.

How _____ which _____ are eligible for _____ your network?

What _____ of _____ eligible for reimbursement, _____ fully _____ outside of your _____?

_____ are guidelines _____ which services _____ reimbursement outside _____ network.

_____ are rules for _____ reimbursed _____ network.

Is there _____ approved and partially-covered _____ that _____ within _____ networks' _____?

_____ services _____ obtained _____ not _____ network, are they eligible for _____ or _____ reimbursement?

_____ me the exact _____ under which certain external _____ providers _____?

Can _____ give _____ which services receive _____ reimbursement when out _____?

_____ there _____ specific criteria _____ non network services?

_____ you have _____ about service reimbursement _____ of _____?

_____ there any _____ for _____ of _____ treatments?

Will _____ get a _____ reimbursement if _____ use _____ service _____?

Are _____ clear _____ reimbursements outside of your _____?

There are _____ of _____ network _____.

Can _____ tell me _____ of _____ be _____ for _____ outside _____ network?

Can you tell me _____ the _____ regarding _____ services are _____ or partially _____ use providers _____ in _____?

_____ outside your network provider _____ you _____ criteria _____ receiving full or partial _____?

Can you _____ for eligible _____ outside your _____?

_____ of _____ are _____ reimbursement outside your network?

_____ may be able to be _____ of _____.

_____ approved _____ eligible _____ complete or partial off-network compensation.

_____ are any rules for _____ reimbursed _____.

Certain _____ be reimbursement _____ network.

_____ of services _____ for partial _____ complete reimbursement?

_____ certain services that _____ eligible _____ complete _____ partial _____ compensation.

Is _____ guidelines _____ non-network services?

Are _____ to determine _____ reimbursable _____ services?

When _____ services _____ of _____ network _____ defined criteria for receiving _____ or _____ reimbursement?

Do _____ that _____ your network qualify _____?

_____ some _____ criteria for reimbursement _____ non-network services?

Is there any _____ about _____ services _____ partial reimbursement when _____ the _____?

Should there be _____ to follow _____ distinction _____ reimbursement status _____?

What _____ of services _____ for _____ or partially, outside of _____ approved _____?

Any guidelines _____ reimbursements _____ the _____?

Did certain _____ reimbursement beyond your network?

_____ may _____ for full _____ partial reimbursement _____ the network.

_____ have any _____ for which services _____ eligible _____ outside _____ your _____?

Do you know _____ services _____ for _____ beyond _____?

_____ are the _____ for _____ full/partial _____ service claims?

_____ it possible _____ provide _____ criteria _____ reimbursement _____ non-network _____?

_____ you tell me _____ reimbursement _____ non-network services?

Can _____ describe any _____ criteria for _____ for _____?

Do _____ for determining _____ out _____ network services?

Do _____ for determining _____ for out of _____?

_____ framework for outlining _____ qualifications for obtaining _____ when using _____ authorized _____?

_____ certain services _____ out _____ network?

_____ exist any specific standards for _____ off-network _____?

There are _____ on _____ of services _____ be reimbursed outside _____.

_____ have any _____ of full/partial reimbursements _____ your _____ coverage?

Do you have any _____ are eligible _____ reimbursement?

Do you _____ for determining out _____?

Is there a _____ for _____ the _____?

_____ categories _____ eligible _____ fully reimbursed _____ reimburseable _____ outside the network _____?

Do specific _____ exist _____ of _____?

Do _____ any _____ for determining _____ services _____ your network?

Is _____ for service _____ beyond the _____?

Is there a _____ guidelines _____ which _____ reimbursement when out _____?

There _____ guidelines on the _____ services _____ outside of _____ network.

_____ possible to _____ or _____ reimbursements for services _____ network _____ list?

_____ you tell me about the _____ that _____ eligible _____ your network?

When using services outside your approved network _____ list, is _____ for _____ full _____?

Do _____ criteria exist to determine _____ for full _____ reimbursement _____ the _____?

_____ there _____ for determining _____ outside your network.

Do you have defined criteria for _____ or _____ reimbursements _____ outside _____ provider _____?

_____ outside your approved _____ provider list, _____ there defined criteria for getting _____ reimbursements?

Are _____ guidelines _____ will be eligible for _____?

_____ rule about _____ fully or partially _____ when I use _____ outside _____ your network?

Can _____ give _____ specific _____ for reimbursement _____ services?

Is there a _____ criteria for _____ services?

Do _____ have _____ specific criteria _____ reimbursement _____ non- _____ services?

_____ should be guidelines _____ outside _____ network.

_____ there _____ specific _____ for _____ network reimbursements?

_____ guidelines for the _____ services.

_____ are any _____ for reimbursement for _____ beyond _____.

Are you _____ to provide _____ criteria for eligible _____?

_____ have _____ for _____ reimbursable out-of-network _____?

Do _____ guidelines _____ eligible out-of-network _____?

_____ it _____ reimbursement for _____ of services outside _____ network?

Can _____ criteria _____ to determine _____ qualifies for full _____ partial repayment outside of _____?

Can _____ give _____ on _____ when _____ of the network?

Is _____ defined full/partial _____ outside your _____ coverage?

When _____ services _____ than your _____ network provider _____ defined criteria for receiving _____ or _____?

Is certain _____ out _____?

_____ be _____ rules _____ reimbursement beyond _____ network?

_____ are _____ regarding _____ getting reimbursed _____ network.

_____ services _____ off the network?

When using services ____ of ____ provider ____ there ____ criteria ____ receiving full or partial ____?
____ reimbursed for non- ____ providers?

Some ____ fully ____ partially reimbursed ____ your network.

When I use ____ not ____ your ____ tell ____ services ____ fully ____ partly covered?

Please clarify ____ eligible ____ complete ____ partial off-network compensation.

____ clear definitions of full/partial reimbursements outside ____ plan's ____?

Is there specific ____ regarding ____ of ____ eligible ____ reimbursement?

Which categories are eligible for ____ services outside the ____?

Is ____ rules ____ reimbursement ____ network?

Is ____ get reimbursed for services ____ in ____ network?

There ____ services ____ for ____ even if ____ aren't in your ____ network.

____ some ____ for ____ for services beyond the ____.

There might ____ for ____ for ____.

Is ____ possible ____ specific ____ services are fully ____ partly ____ I use providers outside ____ your network?

____ there ____ for ____ full ____ reimbursements when using services ____ your approved network ____ list?

____ give specific ____ for reimbursement of ____?

What ____ partially reimbursed ____ the network?

Is ____ a ____ services will ____ some cash ____ if ____ done elsewhere?

How do ____ know ____ services ____ for total or ____ reimbursements ____ of ____?

Is there ____ clear way ____ reimbursements outside ____ plan's ____?

Is ____ any ____ for reimbursement ____ treatments?

Are ____ rules ____ reimbursement outside ____ network?

____ do you have ____ services are eligible for reimbursement ____?

____ reimbursement beyond the network?

____ clear ____ of services are ____ for ____ outside your ____?

____ there explicit instructions ____ determining ____ services?

Any ____ eligible ____ network ____?

Can you give ____ criteria for ____ for ____?

____ guidelines ____ reimbursements ____ of the ____?

There ____ guidelines ____ services ____ reimbursements ____ of network.

Are there ____ rules ____ reimbursement ____ network?

____ a specific ____ exist to ____ service qualifies for ____ or ____ outside the ____?

____ guidelines for ____ of ____ services.

Please ____ approved ____ are ____ for off-network ____.

Is there ____ established ____ for ____?

Is there ____ rule ____ get fully ____ covered when I ____ not ____ your network?

____ there a ____ definition of full ____ reimbursements ____ your plan's ____?

Is ____ a ____ to ____ reimbursements ____ your plan's ____?

____ a set of ____ for getting ____ partial ____ for services outside ____ approved ____ provider ____?

____ you know ____ types ____ services ____ eligible for total ____?

Do you ____ instructions for determining ____?

____ types ____ services eligible for ____ beyond ____ network?

____ instructions do ____ have for ____ partly reimbursed ____?

____ give us ____ criteria ____ reimbursement ____ non-network services?

Is there ____ me back if ____ done elsewhere?

____ are ____ reimbursement for ____ services.

____ are eligible ____ reimbursed ____ partially ____ services outside ____ network boundaries?

____ using ____ outside your ____ list are ____ for ____ full or partial ____?

Which categories are ____ for ____ reimbursed ____ partly ____ services ____?

If ____ in your provider ____ services ____ toward ____ reimbursed?

I ____ curious if ____ are any ____ rules about which services ____ fully ____ covered ____ use ____ your ____.

Do you ____ rules ____ get ____ cash back ____ they are done ____?

Do ____ have ____ of ____ eligible for ____ outside your network?

____ there ____ clear guidelines ____ are eligible for ____ outside ____ network?

Is there a ____ about ____ services ____ me ____ if ____ done elsewhere?

____ you have clear guidelines ____ what services ____ for ____?

____ you have ____ determining partly ____?

____ there ____ framework for outlining qualifications for obtaining full/partial ____?

____ you get ____ from providers ____ your ____ they ____ for reimbursement?

____ are guidelines ____ which types ____ eligible for ____ reimbursement.

____ services are ____ the network?

Do you know what ____ qualifications ____ obtaining ____ when using ____?

____ certain services ____ be ____ out ____?

Is ____ reimbursement of off-network ____?

What ____ in place ____ getting ____ holdbacks with non-network ____?

Is ____ guidelines ____ what ____ might be eligible for ____ of ____ network?

Do there ____ reimbursement ____ treatments?

____ you provide ____ get ____ or partial reimbursement when out ____ network?

Can ____ specific criteria for ____ that are ____ of ____?

____ types of services ____ might ____ eligible ____ outside ____ your network.

____ you established standards ____ away ____?

____ is the criteria ____ receive ____ for ____ out-of-network?

Is there a way ____ if a ____ qualifies ____ partial ____ network?

____ rules regarding service ____ outside ____ your network?

Any ____ eligible out ____ network ____?

____ it possible to get reimbursed for certain ____ they ____ your ____?

Can ____ any guidelines ____ get full or partial ____?

Do ____ established ____ for ____ services?

Do there ____ non-network ____?

What types ____ services ____ reimbursed ____ your ____?

Even if ____ aren't in your ____ network, ____ there rules about ____?

Should ____ that ____ in ____ provider ____ towards getting ____?

____ possible to ____ on ____ services ____ full ____ partial ____ when out of the ____?

Is there specific criteria ____ eligible ____ outside your ____?

Do you have ____ criteria for ____ when ____ get ____?

____ the criteria to get ____ or ____ reimbursements for ____ network?

____ that go out ____ network?

There are rules ____ beyond ____.

What ____ for ____ beyond ____ networks?

____ there ____ guidelines ____ which ____ full or partial ____ when ____ the network?

____ services ____ accepted ____ reimbursement ____ network?

____ pertaining ____ reimbursements for non-network ____.

Is there ____ guidelines for services ____ out ____?

Can ____ tell ____ which ____ partially covered ____ use ____ that are not in ____ network?

____ for getting ____ with non-network ____ claims are not ____.

Can services ____ are ____ in ____ provider network ____ reimbursed?

There ____ service ____ of your network

____ the approved ____ for ____ partial off-network compensation.

____ you give any ____ on ____ receive ____ out of ____ network?

____ there ____ set of ____ about which ____ be ____ outside your ____?

_____ for eligible _____ of network _____?
 _____ any criteria for reimbursement _____ getting _____?
 Is there any documentation explaining _____ procedures that _____ networks' _____?
 _____ services work for _____ or _____ beyond your _____?
 _____ a defined criteria for _____ or partial _____ when _____ outside your _____?
 If _____ use _____ providers, will _____ be _____ or partially _____?
 _____ rules for reimbursement _____ beyond the network?
 Do you _____ a set _____ for _____ non-network _____?
 Can you _____ if there _____ on _____ services may be _____ reimbursement?
 Please clarify the _____ services for _____ partial _____.
 Guidelines for _____ services getting _____ of _____?
 _____ me about the types of services that are _____ network?
 _____ are rules _____ services will get me _____ back _____ they're _____.
 If certain _____ of services are obtained from providers _____ they _____?
 _____ is the _____ for _____ services rendered out-of-network?
 _____ you're _____ your _____ network, which services count _____ getting _____?
 _____ there any documentation _____ and partially-covered procedures _____ are _____ providers?
 Is _____ on _____ outside your network?
 Is _____ services _____ out _____ the _____?
 Do you _____ explicit instructions _____ determine _____ reimbursable _____?
 _____ guidelines on eligible _____?
 I _____ to know if there _____ specific rules _____ fully _____ when I use _____ in your _____.
 Can you give _____ criteria for _____ related services?
 Are _____ any specific _____ services outside _____ network?
 _____ may be _____ for reimbursements _____.
 _____ specific standards _____ to _____ treatments?
 What _____ are used _____ eligible categories _____ services _____ the _____ boundaries?
 What _____ services that _____ for _____ beyond _____ network?
 Do standards _____ or _____ reimbursement of _____ treatments?
 _____ can _____ out of the network?
 Is there a _____ rule about _____ services get _____ covered _____ I _____ providers _____ network?
 Do _____ what _____ of _____ qualify for total _____ reimbursements?
 Do certain services _____ network?
 Do specific criteria _____ to _____ service _____ for _____ or _____ outside the _____?
 _____ give me _____ instructions _____ partly reimbursable services?
 Is _____ any _____ services get me _____ they _____ done elsewhere?
 _____ there an explicit instruction _____ determining _____ reimbursed _____?
 _____ it possible _____ on which services get _____ out of the _____.
 _____ it _____ guidelines _____ which services get _____ out of the network?
 _____ exist for _____ off-network medical treatments?
 _____ of services are _____ total _____ partial reimbursements outside of _____?
 Is _____ of _____ reimbursement when using _____ outside _____ your network _____ list?
 Is it possible _____ get full _____ reimbursements _____ using _____ outside _____ provider _____?
 Which services may be eligible _____ reimbursement, _____ network?
 _____ different _____ of _____ that could be _____ for _____ your network.
 _____ the _____ of _____ treatments exist?
 _____ are not in _____ provider network, _____ count _____ getting reimbursed?
 _____ are _____ service _____ outside of your network.
 _____ you have any specific standards _____ distinction and resulting _____ plan?
 _____ some _____ of services qualify _____ reimbursement if _____ are _____ your _____?

_____ approved services _____ can be _____ off-network.

What _____ do you have _____ types _____ services can be _____ ?

Is _____ any guidelines _____ eligible _____ that _____ network?

_____ specific standards exist _____ off-network _____ ?

_____ any _____ for services that are _____ out _____ ?

_____ using _____ outside _____ list are there defined _____ for _____ full or partial reimbursement?

There _____ be _____ guidelines _____ what services are eligible _____ outside _____ .

There are _____ on _____ are eligible for reimbursement outside _____ .

Which _____ qualify _____ total _____ outside your network?

_____ get services from providers _____ than _____ do _____ qualify _____ reimbursement?

Do some _____ services _____ for full _____ are obtained _____ other providers?

_____ any specific _____ for reimbursement _____ non-network related _____ ?

_____ services can _____ beyond your _____ .

_____ you _____ which services _____ fully _____ covered _____ providers outside your network?

_____ possible to get _____ for certain _____ if they _____ provider network?

_____ you _____ what _____ rules are about _____ services are _____ partly _____ when I _____ outside of _____ network?

I am wondering if _____ are _____ rules about _____ services are _____ or _____ in your network.

When using _____ outside of your _____ network _____ list, _____ there _____ for getting full _____ ?

_____ any rule about _____ services _____ fully _____ partially _____ when I use _____ not _____ your _____ ?

_____ are rules _____ services _____ network.

Is there a _____ in place _____ securing _____ non-network authorized _____ ?

_____ any way _____ determine _____ a _____ for _____ or partial _____ outside _____ network?

Do _____ have any _____ outlines _____ procedures that aren't _____ networks' providers?

_____ categories are eligible _____ fully _____ versus partially _____ outside _____ network _____ ?

_____ provide _____ criteria for _____ non- network _____ services?

_____ services deserve _____ or partial reimbursement beyond _____ ?

_____ certain types of _____ beyond your _____ ?

_____ an _____ of network _____ can I expect to be _____ fully _____ ?

Is there _____ specific rule about which services _____ fully _____ when _____ use _____ that _____ your _____ ?

_____ certain _____ partial _____ complete reimbursement if _____ from other providers?

Please _____ the services _____ compensation

_____ guidelines on _____ are _____ network?

Please clarify _____ services _____ eligible for full _____ off-network _____ .

There could _____ specific _____ off-network treatments.

Please tell _____ the _____ eligible _____ full _____ partial off-network _____ .

_____ you _____ explicit instructions _____ how _____ determine _____ out-of-network services?

_____ determining qualified _____ outside of the network?

_____ if there are _____ to follow _____ distinction and reimbursement _____ out _____ .

_____ out _____ network reimbursements?

Do you know if there _____ specific standards _____ service _____ reimbursement _____ ?

_____ there _____ way _____ whether _____ for full or partial _____ outside of the _____ ?

_____ there _____ definitions _____ reimbursements outside your plan's _____ ?

_____ I _____ reimbursed _____ I use _____ network service _____ ?

_____ qualify _____ beyond the network.

_____ criteria _____ be _____ for eligible _____ outside _____ network.

_____ using non-network _____ is there a _____ for _____ refunds?

_____ you _____ types _____ services may _____ eligible _____ reimbursement _____ your network?

What services _____ for complete _____ compensation?

Do you _____ guidelines _____ of _____ are eligible _____ reimbursement?

_____ exist for _____ if _____ service qualifies for _____ full _____ repayment outside the _____ ?

_____ services _____ for total or partial _____ network?

_____ me what services _____ eligible _____ partial off-network compensation.

_____ there any specific _____ about which services _____ or partly covered _____ I _____ your _____?

I _____ to _____ are guidelines _____ which _____ receive _____ when out of the _____.

Do you know _____ there are _____ standards _____ follow _____ and reimbursement _____ of _____?

Some services _____ for reimbursement _____ your _____.

_____ are _____ for full or partial _____ network.

_____ criteria could you _____ for _____ your network?

Do certain types of _____ outside _____ network?

_____ the _____ getting full/partial holdbacks _____ non- network service _____?

Do _____ services _____ out _____ network?

What _____ used _____ eligible _____ reimbursement of services outside _____ network _____?

Do you have any _____ reimbursable services?

_____ specify _____ specific _____ for reimbursement for _____ services?

_____ criteria exist _____ determine if _____ service _____ partial _____ outside _____ the network.

_____ give _____ guidelines _____ which services _____ reimbursement _____ out of the _____?

Is there _____ for _____ being _____ beyond the _____?

Is _____ a _____ guideline _____ out-of-network _____?

What criteria _____ be used to establish _____ reimbursement _____ outside the _____?

Can _____ which services _____ full reimbursement when out _____ the _____?

Are there _____ qualified _____ your network?

_____ some services _____ out of _____?

_____ for service _____ outside of your network?

Rules _____ the _____ of _____ beyond _____.

_____ there _____ what types of services are _____ for _____ approved network?

Do specific _____ exist for determining whether a _____ is eligible _____ network?

_____ there a set _____ about _____ outside _____ network?

There are _____ for which types _____ be _____ for _____ network.

What should _____ for _____ full/partial holdbacks _____ service claims?

Can _____ for reimbursements _____ services?

_____ about reimbursement _____ services _____ the _____?

_____ specific _____ for _____ off-network treatments?

Please _____ us know the services that _____ complete _____ off-network _____.

_____ on _____ for non- _____ services?

_____ I _____ or _____ reimbursed if I use _____?

Clarify _____ approved services that are _____ for _____.

When _____ outside of _____ approved _____ provider list, are there _____ for _____ full _____ partial _____?

_____ guidelines for _____ network _____?

Do _____ for _____ outside your network?

Is _____ any specific _____ reimbursement when obtaining non- _____?

_____ any way to tell _____ when they _____ the network?

Is it _____ to receive _____ partial reimbursements _____ rendered _____?

_____ which _____ are eligible _____ complete or _____ compensation.

Is it _____ for providers _____ your _____ to _____ or partial _____?

_____ there any rule about _____ count towards _____ even if _____ aren't _____ network?

_____ you give specific _____ services that _____ in _____?

_____ there _____ set of _____ for _____ refunds _____ non-network authorized providers?

Is _____ place to outline _____ for _____ refunds when utilizing non-network _____ providers?

There are _____ for obtaining _____ refunds when _____.

_____ am wondering _____ are any specific _____ which _____ fully _____ partially covered when _____ providers not _____ your _____.

What _____ services _____ for _____ or _____ reimbursement outside _____ network?

Do you have any _____ get non-network _____ services?

Is there a _____ in _____ to _____ people _____ full/partial _____ when _____ authorized _____?

Can _____ rules _____ service reimbursement _____ your _____?

_____ there guidelines _____ which _____ are _____ reimbursement outside your _____?

Are there clear _____ eligible _____ reimbursement _____ your network?

There _____ different types of services _____ be _____ reimbursement _____ network.

Is _____ for eligible _____ receiving _____ out _____ network?

_____ what full and _____ reimbursements _____ outside of _____ plan's _____?

Are there _____ guidelines on _____ can be _____ outside _____ your _____?

_____ you give us _____ criteria for _____ non-network _____?

Is _____ any guidelines _____ for _____?

Even _____ you aren't _____ provider's network, _____ getting reimbursed?

_____ your _____ have any _____ for _____ outside?

_____ using _____ approved network _____ list, are there _____ for _____ reimbursement?

_____ obtained _____ other than _____ network, do _____ for _____ or partial reimbursement?

Is _____ any guidelines _____ which services _____ full/partial reimbursement _____ network?

_____ outside your approved network _____ list, _____ you have _____ criteria _____ getting _____ or _____ reimbursements?

_____ for services _____ reimbursements _____ of _____?

There _____ for services _____ beyond the _____.

Are there _____ guidelines on _____ can _____ your network?

_____ a _____ criterion for _____ for _____ related services?

_____ there _____ stipulations _____ full/partial reimbursements _____ your plan's _____?

_____ criteria _____ to _____ if a _____ is _____ for _____ outside the _____?

Is _____ of _____ complete _____ partial reimbursement if obtained _____ providers?

_____ rules for _____ reimbursement _____ of your network?

_____ services _____ qualify for _____ or partial _____ network.

Can _____ exist _____ reimbursement _____ off-network _____?

Can you give _____ guidelines _____ services _____ full _____ when _____ of _____?

Specific _____ for _____ services outside _____ would be _____.

Is _____ to _____ precise _____ whereby certain external _____ deserve _____ compensation?

_____ there a _____ of criteria _____ or partial _____ for _____ outside _____ approved network provider _____?

Can _____ give _____ for _____ when getting _____ related _____?

Do _____ exist _____ of off-network _____?

_____ clarify _____ approved _____ are eligible for _____ off-network _____.

_____ the services that are _____ partial off-network _____

Can _____ give _____ for _____ services _____ full/partial _____ of the network?

Can _____ criteria _____ reimbursement when _____ related services?

_____ you know what _____ for _____ outside your network?

Should services _____ your provider network _____ reimbursement?

_____ are the _____ that _____ reimbursements beyond your _____?

_____ any _____ criteria for reimbursement for non-network related _____?

Should certain _____ out _____ network?

Is _____ a _____ place for obtaining _____ refunds when utilizing _____?

_____ specific _____ for _____ or _____ service qualifies for full _____ partial _____ outside the network?

Can _____ specific _____ for reimbursement for _____ network _____?

Are certain _____ eligible for _____ or _____ outside of _____?

Do you know which _____ eligible for _____ partial _____ network?

Are _____ guidelines on what services _____ be paid _____?

_____ know _____ there are guidelines on _____ receive full/partial _____ out _____ the network.

Is there ____ specific ____ for reimbursement ____ obtaining ____ services?
 ____ any documentation ____ and partially-covered procedures that aren't within ____?

Is there any ____ about ____ partially covered when I ____ providers ____ of your ____?
 ____ outlining ____ qualifications ____ obtaining full/partial refunds when using ____ authorized ____?
 ____ guidelines for reimbursement for ____?

Which ____ for total ____ partial reimbursements ____ the ____?

There ____ being reimbursed beyond network.
 ____ there any rule ____ services get me ____ back ____ done ____?

Is ____ any ____ for ____ for services beyond ____?
 ____ specific ____ for reimbursement ____ non-network services?

Is ____ to ____ certain criteria ____ of your network?
 ____ the stipulated ____ for ____ network ____ claims?

Is it possible ____ or ____ reimbursements for ____ network ____?

Are ____ for ____ qualified ____ outside ____ your ____?

Do ____ exist ____ determine ____ qualifies for repayment ____ the network?
 ____ using ____ outside of ____ approved ____ list are there ____ full or partial reimbursements?

There ____ be clear guidelines ____ services ____ for reimbursement outside of ____.

Do ____ instructions ____ how to ____ partly ____ out-of- network ____?
 ____ have ____ for getting full or ____ for ____ outside ____ approved network ____ list?

Is there any specific ____ on ____ reimbursements?

Would you ____ criteria for eligible ____ outside your ____?
 ____ criteria ____ used ____ determine ____ for partially ____ outside ____ network boundaries?

Is there ____ framework in ____ the qualifications ____ getting ____ when using ____?

Is ____ services eligible ____ beyond ____?
 ____ exist ____ for reimbursement of off-network ____?

Is there ____ for obtaining ____ refunds ____ using non-network ____ providers?

Does specific criteria ____ to ____ whether a service ____ eligible for full ____?
 ____ you give ____ criteria for eligible ____ outside ____?

____ tell ____ guidelines ____ services get full or ____ reimbursement when ____ of the ____?

Is ____ possible to ____ or partial ____ when using ____ network provider ____?
 ____ there ____ be rules for service ____ network?

Are certain ____ reimbursable ____?

Can you tell me what ____ about ____ services are fully ____ covered ____ I ____ than ____ network?
 ____ for services receiving reimbursements outside ____.

____ the network, can ____ give ____ which services receive ____ reimbursement?

When using ____ outside ____ provider ____ are ____ defined criteria ____ full ____ reimbursements?
 ____ are ____ criteria ____ receive ____ partial ____ rendered out of network?
 ____ for ____ out of network reimbursements?

Should ____ guidelines ____ qualified services outside ____ network?

Some ____ might be ____ reimbursement out ____.

____ have any guidelines ____ which ____ eligible ____ reimbursement outside ____ network?

What instructions ____ for ____ out-of-network ____?
 ____ certain ____ out of ____.

Rules ____ services ____ network?
 ____ defined ____ receiving ____ or partial reimbursements ____ using ____ of your approved ____ provider list?

If you ____ services outside ____ provider list, ____ defined criteria for getting full ____?
 ____ to ____ the preferred service ____ warrant total/ ____ reimbursements ____ primary network ____?

Is ____ possible to ____ specific criteria ____ outside of ____?

There ____ about ____ count for reimbursement, even ____ not ____ provider network.

Are there guidelines for ____ are ____?

____ certain types ____ for complete or partial ____?
 Do ____ types ____ a full or ____ reimbursement?
 ____ criteria exist ____ determine if a ____ is eligible ____ or ____ the network?
 ____ framework in place that spells out the qualifications ____ obtaining full/partial ____ when ____?
 guidelines ____ determine ____ your network?
 ____ have ____ for eligible ____ of your network?
 Certain services ____ reimbursable out ____.
 ____ there ____ reimbursements ____ non-network services?
 ____ there be ____ stipulations about full/partial reimbursements ____ your ____?
 ____ there clear guidelines on ____ for ____ your network?
 ____ rules about which ____ are fully ____ partially ____ when I ____ providers not ____ your ____?
 What ____ which services are ____ for ____ your network?
 ____ possible to ____ criteria ____ eligible ____ outside your ____?
 ____ there ____ about ____ services ____ fully ____ partly covered ____ I use ____ not ____ your network?
 Do ____ exist to determine if ____ service ____ or ____ repayment outside of ____ network?
 ____ are guidelines ____ network services.
 ____ there a standard ____ complete ____ partial ____ of ____?
 Is it possible ____ specific criteria ____ reimbursement for ____?
 Can ____ get full ____ partial reimbursements ____ services ____?
 ____ know ____ are ____ standards ____ follow ____ distinction ____ reimbursement status out of plan?
 ____ certain ____ be reimbursed out ____?
 Does ____ criteria ____ determine whether ____ service ____ or ____ payback ____ the network?
 ____ there any rule ____ services get ____ cash back ____ they're ____?
 ____ specific ____ to determine whether a service ____ or partial ____ outside ____ network?
 Are ____ guidelines for determining qualified ____ network?
 Some ____ reimbursed beyond your ____.
 Can specific standards ____ used ____ reimbursement ____?
 ____ a ____ place ____ getting full or ____ refunds when ____ authorized providers?
 ____ there any specific criteria ____ for ____?
 Is ____ set of criteria ____ reimbursement when ____ your ____ provider ____?
 ____ certain ____ reimbursable out ____ network?
 ____ can ____ full or ____ reimbursement beyond your ____.
 ____ any specific ____ types of services are eligible ____?
 Do ____ have any guidelines ____ are eligible ____ outside ____ network?
 Which ____ can ____ paid for outside ____?
 ____ tell me what ____ rules ____ which ____ are fully or ____ covered ____ providers outside ____ network?
 ____ have any ____ for eligible services?
 ____ a defined criteria ____ receiving full or ____ reimbursements for services ____ are ____ your ____?
 ____ types of ____ qualify ____ or part reimbursement?
 ____ exist ____ determine ____ a service is eligible for full ____ outside the designated ____?
 ____ there a ____ receiving full or partial ____ when using ____ outside the ____?
 Do ____ defined ____ for ____ full or partial reimbursements when ____ outside of ____ list?
 Certain services ____ qualify ____ reimbursement ____.
 There ____ services ____ reimbursed outside of your ____.
 What are ____ to ____ full or ____ reimbursement for ____ out-of-network?
 ____ services might ____ for ____ beyond ____.
 ____ you give ____ criteria ____ of ____ related services?
 ____ clarify what services ____ eligible ____ partial ____ compensation.
 ____ possible to ____ for services ____ your network?
 Guidelines for reimbursements ____ that ____ not ____ network?

When using services _____ approved _____ list, _____ criteria _____ receive full or partial _____?
 _____ there a _____ receiving full or partial _____ services outside of _____ approved _____ list?

There _____ to _____ or partial reimbursements for _____ rendered _____.

There are certain services _____ eligible _____ reimbursement _____ of _____.

Are certain services _____ for _____ beyond _____ network?

_____ for _____ or _____ reimbursements outside your network?

There _____ certain criteria _____ reimbursement for _____.

I would _____ to _____ there are any specific _____ about _____ are _____ or _____ when _____ providers outside your _____.

Is _____ place _____ the qualifications _____ obtaining full/partial refunds _____ authorized providers?

Do _____ types _____ services _____ complete _____ partial reimbursement?

Do you _____ definitions _____ full/partial reimbursements outside _____ your _____?

Can you _____ us _____ for reimbursement _____ non- network _____?

_____ criteria could be _____ for _____ your network?

_____ you _____ any _____ criteria for _____ for _____ related services?

Do _____ have any _____ for _____ for _____ network related _____?

_____ there _____ for receiving full or _____ reimbursements when using _____ network _____ list?

_____ be rules for service _____ outside _____ your _____?

_____ have _____ guidelines _____ services _____ full or partial _____ of the network?

Can _____ guidelines on which _____ get _____ or _____ when out of _____?

_____ you _____ what types of _____ are eligible _____ outside _____ network?

_____ there _____ for service reimbursement _____ network?

Is _____ a particular _____ for _____ services _____ of _____?

_____ for reimbursement _____ beyond _____ network?

_____ be _____ to establish _____ categories for fully _____ services _____ network boundaries?

_____ the types of _____ qualify for reimbursement _____ your _____?

Is there a criteria _____ services _____?

Do _____ specific _____ about _____ are fully or partly covered _____ I _____ providers _____ your network?

Is there _____ for which services _____ eligible _____?

_____ there standards _____ qualified _____ outside of _____ network?

_____ there _____ set of _____ for obtaining full/partial _____ when _____ non- _____?

_____ services eligible for _____ your _____?

_____ I _____ reimbursed for _____ non-network _____?

Do _____ the _____ determining qualified services _____ network?

Do certain types _____ services _____ for a _____ or partial reimbursement _____ in _____?

Can you give any guidelines _____ services get _____ when _____?

Is there a _____ non-Network related services?

Do you _____ guidelines _____ what types _____ services _____ be _____ for _____?

Do _____ have _____ how to _____ out-of-network services?

Is it _____ get _____ full _____ partial reimbursement for _____ outside _____?

Do specific criteria exist to _____ whether _____ service _____ for _____ or _____ designated _____?

Do _____ standards exist _____ of off-network _____?

_____ a service is obtained from _____ in your network, _____ it qualify _____ complete _____?

_____ there _____ guidelines for _____ of _____ eligible services?

Which types of _____ for total _____ partial reimbursement _____?

What _____ do you _____ for determining _____ are eligible for _____ outside _____?

Which services _____ be fully _____ network?

Is _____ possible _____ types of _____ for complete _____ partial reimbursement?

_____ you _____ any specific _____ reimbursement _____ non-network related _____?

_____ there _____ criteria for receiving _____ or _____ using services _____ of _____ approved network _____ list?

_____ should be _____ to _____ full _____ partial _____ out-of-network services?

____ you ____ specific criteria for reimbursement ____ services?
 ____ there a criteria for eligible services ____?
 ____ criteria ____ be ____ for ____ non-network related services?
 ____ there any guidelines on ____ get full/partial reimbursement when ____?
 ____ guidelines ____ services receive full ____ when out of the network?
 ____ are ____ which services ____ eligible for reimbursement ____ of ____.
 ____ I ____ partially reimbursed if ____ use ____ providers?
 What are the criteria ____ get ____ full ____ reimbursement ____ rendered ____ network?
 When ____ services outside ____ list are there ____ criteria for ____ reimbursements?
 Has ____ been set ____ net?
 ____ specific rules ____ are fully or partly covered ____ not in the network?
 ____ in place ____ obtaining ____ when using non ____ authorized providers?
 ____ rules for service ____ network.
 ____ you ____ me ____ are fully ____ covered ____ I use ____ not in ____ network?
 ____ be reimbursed ____ of network.
 Is certain ____ services ____ for ____ partial reimbursement?
 Can ____ me the ____ of ____ that ____ eligible for ____ of your ____?
 Do ____ determining ____ reimbursed services?
 ____ for ____ receiving reimbursements ____ of ____?
 Do ____ reimbursement for ____ services?
 ____ specific ____ exist ____ service is ____ for full or partial ____ outside ____ network?
 Is ____ get reimbursed ____ certain services ____ they ____ in ____ network?
 ____ qualified services outside ____ your ____
 ____ explicit instructions for ____ partially reimbursed ____?
 ____ know if ____ that ____ in your ____ network ____ towards ____?
 ____ of ____ are ____ for full or partial ____ network?
 ____ service ____ that ____ total/limited reimbursements beyond primary ____ centers?
 ____ there a ____ get me cash back if ____ done ____?
 What ____ the guidelines ____ which ____ full/partial reimbursement ____ the network?
 I ____ if ____ are any specific ____ about which services get ____ covered ____ providers not ____ your network.
 ____ specific criteria ____ to determine ____ service ____ for a full or ____ repayment outside ____?
 Is ____ guidelines ____ what ____ of services ____ eligible for ____?
 Are ____ reimbursement ____ non-network services?
 Is there a framework ____ outlining ____ getting ____ refunds when ____ network ____?
 Does it exist ____ specific standards ____ reimbursement ____?
 Is ____ any guidelines on ____ non ____?
 Do some ____ for reimbursement ____ of ____?
 Do ____ know the ____ to get ____ or ____ services?
 ____ there a ____ of ____ reimbursement?
 Is ____ any rule about ____ some ____ back if they're ____?
 ____ clear what types ____ services may ____ eligible ____ reimbursement outside ____?
 Do specific ____ exist ____ whether ____ qualifies for either full ____ outside ____ network?
 What ____ the ____ get ____ services rendered out ____ network?
 Is ____ defined ____ reimbursement ____ services ____ your network provider list?
 Specific ____ out-of-network ____?
 ____ the guidelines ____ which services ____ for reimbursement ____ your network?
 ____ guidelines on ____ out-of-network reimbursements?
 ____ services get ____ or ____ reimbursement ____ the network?
 Which services ____ eligible ____ or ____ outside your ____?
 ____ standards to ____ about ____ and reimbursement status ____ of plan.

Certain _____ be _____ of network.

Is _____ to _____ certain kinds of services _____ aren't in your _____?

_____ you _____ instructions _____ reimbursements for out-of-network services?

_____ there _____ guidelines about which _____ eligible for _____?

_____ the _____ to get _____ reimbursements for services _____ out-of-network?

Are _____ clear guidelines _____ services may _____ eligible for reimbursement _____?

Is there _____ specific standards _____ reimbursement _____ treatments?

_____ there guidelines that determine _____ your _____?

Please _____ are _____ standards to follow _____ distinction _____ reimbursement status _____.

_____ are _____ for _____ or _____ outside your network?

_____ specific _____ for _____ off network _____?

_____ which _____ are eligible _____ complete or partial _____.

_____ there exist _____ if a _____ qualifies _____ full _____ partial repayment _____ the network?

Can _____ provide specific criteria _____ eligible services _____?

Is it _____ to provide criteria _____ eligible _____?

Are certain _____ reimbursable outside _____?

Can you _____ me which _____ of services _____ for reimbursement _____?

Do certain _____ for _____ outside of your network?

_____ there established guidelines _____ services?

_____ there any _____ about _____ of _____ count towards _____ reimbursed?

Any _____ for _____ beyond _____?

_____ you tell _____ what _____ rules _____ about _____ services _____ fully or partially covered _____ use _____ in _____ network?

There _____ certain types of _____ which _____ eligible for _____ of _____.

Is there a _____ reimbursement of off-network _____?

_____ of rules for _____ reimbursement outside of your _____?

Is _____ reimbursement beyond the _____?

_____ possible _____ give specific criteria _____ eligible _____ your network.

_____ possible _____ receive _____ or partial _____ for _____ services?

Is _____ about which _____ count _____ reimbursement if _____ aren't _____ your provider _____?

_____ services _____ paid beyond _____?

_____ the approved _____ eligible for _____ or partial _____ compensation.

Do you _____ guidelines _____ which types of services _____ outside _____ network?

_____ guidelines on _____ types of services may _____ eligible for _____ outside _____?

_____ certain services able _____ reimbursed _____ of _____?

Is it possible to _____ guidelines for _____ services _____ full/partial _____ network?

_____ different _____ might be eligible for _____ outside of your _____.

Is there _____ documentation regarding _____ and _____ not within _____ network's _____?

_____ specific criteria exist to determine if _____ qualifies _____ partial _____ the designated _____?

Is there _____ rule regarding which _____ get _____ back _____ done elsewhere?

_____ it _____ to _____ partly reimbursable _____ services?

Is there _____ guidelines _____ for _____?

Specific guidelines on _____?

_____ do you determine partly _____?

Are _____ able to give _____ eligible services outside _____?

_____ of _____ be _____ for reimbursement beyond _____ network.

Is _____ possible to _____ guidelines _____ which _____ will _____ reimbursement when _____ of _____?

Do _____ exist _____ qualifies for a full or partial repayment outside _____?

Is _____ guidelines on which _____ of _____ are eligible _____?

What _____ criteria for receiving _____ rendered out-of-network?

_____ eligible services being reimbursed _____?

_____ guidelines are used _____ of _____ reimbursements?

What _____ reimbursement _____ off-network treatments?

_____ the _____ services that _____ eligible for _____ or partial off-network _____.

_____ specific _____ exist to determine if a _____ is _____ full or _____ repayment _____ network?

_____ there guidelines _____ qualified _____ of your network?

_____ it _____ to _____ full or _____ reimbursements when using services _____ list?

Is there _____ determine qualified _____ your _____?

_____ from _____ not _____ your network, do _____ qualify _____ complete or partial _____?

There _____ for services _____ reimbursed _____.

_____ there _____ set _____ reimbursement outside of the _____?

_____ standards exist for _____ of _____ treatments?

_____ know if you _____ set standards for _____ away _____.

_____ certain services eligible _____ full _____?

_____ any _____ for _____ for _____ services?

Is _____ a _____ of rules about _____ fully or _____ covered when I use _____ your _____?

_____ you _____ on which services _____ full or _____?

There _____ on _____ of services that _____ be reimbursed _____ your _____.

_____ you _____ on what types _____ are _____ for reimbursement?

_____ are guidelines _____ qualify for reimbursement _____ network.

_____ tell me which _____ of _____ are eligible _____ outside your network?

_____ the criteria to receive _____ for services _____ of _____?

There ought _____ rules for _____ your network.

_____ specific standards exist _____ off- network _____?

Is _____ for _____ to be _____ reimbursed off _____ network?

Is _____ of _____ full/partial _____ when using non network _____ providers?

_____ services _____ be _____ off the _____?

_____ services _____ partially or fully _____?

_____ the standards for _____ or _____ reimbursements for _____ rendered out _____?

_____ services _____ full or _____ reimbursement?

_____ it _____ get _____ certain types of _____ outside _____ network?

_____ types _____ are obtained from providers not in _____ network, are _____?

What services should be _____ reimbursements _____?

_____ there _____ guidelines _____ reimbursements _____ non-network _____?

_____ there _____ specific standards to _____ for service distinction and _____ plan.

_____ services could be reimbursable _____.

Is there _____ which services _____ or partially covered when _____ use _____ not _____ network?

_____ are the guidelines for _____ qualified _____ network?

_____ many _____ of _____ eligible _____ total _____ reimbursements outside _____ your network?

_____ any _____ exist to _____ whether a _____ full or _____ repayment _____ the _____?

_____ about _____ are eligible _____ reimbursement outside your network.

Which types of _____ eligible for _____ full reimbursements _____?

Do _____ specific criteria for _____ non-network _____ services?

Do _____ outside your network?

What are the criteria _____ full _____ partial _____ for _____?

Can _____ used _____ determine whether _____ service _____ for a full _____ partial repayment _____ the _____?

_____ be _____ for service _____ outside _____ your network?

I want _____ if there are any _____ about which services _____ fully or _____ use _____ network.

_____ there _____ standards _____ of off-network treatment?

_____ using _____ your approved _____ list are there _____ criteria _____ reimbursement?

Do you _____ how _____ partly reimbursable services?

____ you tell ____ if there are ____ for ____ or ____ reimbursements ____ your approved network provider ____?

____ rule on which ____ get me ____ if ____ done elsewhere?

Do standards ____ off ____ treatments?

____ services ____ eligible ____ a reimbursement beyond ____ network.

____ it possible for ____ your network to receive complete ____ partial ____?

Any ____ out-of-network reimbursements?

What types ____ are eligible for ____ outside your ____?

____ are the criteria to ____ for ____ out-of-network?

____ there any rules ____ reimbursement ____ of your ____?

____ guidelines exist ____ for ____ services?

____ should ____ services ____ reimbursed ____ of ____?

____ types of services ____ be ____ for ____ or ____ outside ____ network?

____ there ____ service reimbursement ____ the network?

____ there a ____ about which ____ fully or partially covered when ____ providers not ____?

Can ____ tell ____ services ____ and partially ____ when I use ____ your network?

Which types of ____ are ____ or partial ____ outside ____ your ____?

____ there guidelines ____ qualified services ____ the ____?

____ types of services that ____ eligible for reimbursement?

____ criteria for ____ for ____ of network services?

____ there any ____ about ____ money ____ they are done elsewhere?

____ on what ____ of services ____ be ____ for reimbursement?