

[Demo] NLP Dataset for Customer Service Automation

Company Type	Pet Insurance Companies
Inquiry Category	Policy exclusions and waiting periods
Inquiry Sub-Category	Preventive Care
Description	Questions regarding coverage for routine preventive care, such as vaccinations, annual exams, or flea and tick prevention. Pet owners want to understand if these services are covered, if there are any waiting periods or exclusions, and if there are specific requirements for preventive care coverage.
Data Size	5,321 paraphrases
Want to buy data?	Please contact nlp-data@gross.me via your business email address.

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

Can _____ details about preventive care _____ and _____ exclusions or _____ ?
_____ you tell _____ coverage is _____ care?
_____ possible _____ you to _____ restrictions?
_____ you tell me more _____ preventative _____ inclusion _____ ?
Is _____ to provide _____ specifics of _____ regarding _____ coverage.
Can you tell _____ my _____ care _____ ?
_____ there _____ on my coverage _____ preventative care?
I need _____ specifics _____ my policy's coverage _____ care.
_____ are _____ preventative treatments covered _____ ?
I want _____ policy _____ preventive _____.
_____ you _____ me _____ covered _____ my preventative care _____ ?
What _____ limitations _____ for preventative care?
_____ you _____ me about my _____ coverage _____ well as any _____ exclusions?
Is it possible _____ provide details about _____ my _____.
What details can you give _____ my _____ ?
What are _____ details of my _____ coverage _____ preventative _____ well as _____ ?
_____ me what's covered under preventative _____ to _____ policy.
I _____ know _____ details of my _____ preventive care _____.
_____ in my policy for _____ ?
_____ it _____ to give _____ the _____ care coverage and _____ in my _____ ?
Tell me _____ preventative _____ and _____ it applies to _____.
_____ it _____ for _____ to tell _____ about the exclusions _____ limits _____ in _____ ?
What specific _____ you give _____ coverage _____ preventative _____ limitations _____ exclusions _____ by my policy?
Is _____ information _____ me on _____ exclusions and _____ my policy?
_____ preventative care _____ details?
Want to _____ for prevention?
Inform me how _____ to _____ policy _____ covered.

_____ like to know _____ for preventive _____ the _____ in my policy.

Is there _____ on _____ outlined _____ the _____?

Let _____ know _____ preventive _____ in _____ plan _____.

_____ like _____ prevention _____ are _____ by the insurance.

_____ you _____ what _____ covered by _____ preventive _____ policy?

There _____ any _____ exclusions regarding _____?

Inform _____ about the _____ are covered.

_____ is the coverage _____ included _____ my plan?

_____ specifics can _____ give regarding _____ coverage for _____ as well _____ any limitations or _____ my _____?

_____ limits regarding prevention?

Is there an _____ prevention?

What limits _____ exclusions _____ care?

What _____ limits for preventive care?

_____ coverage for preventative _____ well _____ limitations _____ exclusions applied by my _____?

_____ about your _____ and _____ for preventive _____ coverage?

Do you _____ is covered under _____ policy?

Please include any _____ or _____ are related _____.

How prevention is covered _____ tell _____ more _____?

I'd _____ to _____ what types _____ prevention measures _____ covered _____.

_____ limits _____ preventative services in _____?

How are _____ preventive treatments _____?

_____ me about the preventive care _____ my policy?

_____ there _____ my preventative care?

_____ any restrictions _____ services.

_____ you tell _____ if _____ pre-coverage _____?

How _____ coverage _____ treatments in _____ plan?

What can _____ me _____ coverage _____ care, as _____ as any limitations or exclusions _____ are applied _____?

Is _____ you _____ information on the _____ outlined _____ my policy?

Tell _____ my _____ applies to _____.

Inform me _____ extent to which my _____ covers _____ limits or _____.

What _____ restrictions _____ preventive _____ that this _____ has?

Let me know _____ is covered by _____.

I _____ like _____ if _____ any restrictions _____ care coverage.

Do _____ what kind _____ preventive _____ my _____ covers?

Can there _____ restrictions _____ in my policy?

_____ it possible _____ include _____ exclusions or limits in _____ coverage?

_____ in the scope of _____ mentioned in my _____.

There are _____ exclusions on _____?

_____ me what exclusions and limits _____ in _____?

How _____ covered, could you tell _____ more _____?

_____ the limitations on preventive _____ in _____?

Mention _____ preventative services _____ coverage.

I want _____ know _____ for preventative care.

_____ any _____ about _____ coverage for preventive _____?

I _____ you _____ tell me the extent to which my _____.

Do _____ have any _____ on _____ care inclusion?

I'm _____ for some information _____ scope _____ coverage _____ my policy.

Can _____ details of _____ regarding preventive care coverage?

What details _____ provide about the _____ preventative care, as _____ as _____ applied by my _____?

_____ to _____ the _____ of my policy _____ care coverage?

_____ possible to provide _____ my policy _____ care coverage?

I _____ to _____ coverage for preventive _____ as well as any _____ or limitations.

_____ do my policies _____ care?

_____ you tell _____ about _____ policy's coverage _____ as _____ as any limitations _____?

Is _____ limitations regarding _____?

Is _____ to _____ of _____ policy's coverage _____ preventive care.

Can _____ me what is _____ under _____ policy?

What _____ the plan's _____ treatments?

So, _____ to _____ me _____ kind of _____ stuff my _____?

_____ tell _____ what's _____ under my _____ for preventative _____?

_____ you give _____ the specifics _____ policy's _____ for preventative _____ as _____ as _____ exclusions _____ limitations?

_____ there _____ the preventive services in _____ plan?

Can you help _____ understand _____ details _____ care _____?

The specifics _____ for _____ care?

_____ exclusion _____ preventable _____ treatments?

_____ detail _____ limits or exceptions _____ care

_____ tell _____ any limits _____ exceptions related _____ care.

_____ tell _____ the _____ which my _____ policy covers preventive _____ any limits _____ exemptions.

_____ kind _____ preventive coverage my policy has?

I would like to _____ any exclusions regarding _____.

What _____ the coverage for preventive care, _____ as _____ or _____ applied _____?

_____ possible to provide _____ with information _____ limits _____ my policy?

_____ to know if _____ on preventative care.

Might _____ receive _____ care _____?

Can you _____ my _____ care _____?

Can you _____ the _____ preventive care coverage _____?

_____ me _____ about the _____ covered.

_____ on _____ preventive care coverage?

_____ there any _____ to my _____?

Can _____ know _____ your _____ exclusions _____ coverage restrictions?

Please _____ the plan.

_____ to know if _____ can give _____ the _____ my policy _____ preventive _____.

Is _____ any _____ the coverage _____ care?

_____ to _____ about _____ preventive care _____ my policy.

Any _____ preventive _____?

What _____ coverage _____ preventative _____ in the _____?

_____ like to _____ prevention measures are _____ the _____.

Tell _____ about my _____.

Please discuss _____ care _____.

_____ me _____ to which my _____ preventive _____ along with _____ exemptions.

_____ you able _____ specify pre _____?

Is _____ to _____ me about coverage _____ care?

Would like _____ are covered _____ this insurance.

_____ are _____ or limits _____ your preventive care _____?

_____ give me information _____ to which _____ policy covers _____ care.

What can _____ tell me _____ my _____ coverage _____ preventive _____ as _____ any limitations _____?

Can you _____ me anything _____ policy's coverage for _____ care, _____ exclusions or _____?

_____ care applies to my _____

_____ are _____ rules _____ preventive _____ in _____ plan?

I would _____ the scope of _____ coverage in _____ policy.

_____ explain _____ limits _____ related _____ preventive care.

_____ policy exclusions for prevention _____.

Can you _____ me _____ information _____ policy's _____ and _____?

I _____ to know more _____ policy's preventative _____.

_____ not _____ in _____ care _____ can _____ tell us _____?

_____ you give _____ details of _____ policy on _____ coverage?

_____ any _____ on the _____ in my plan?

_____ want to _____ for preventive _____ in my plan.

_____ you tell me _____ the details _____ coverage policy?

_____ isn't included in _____ care _____ us more about?

_____ treatments under _____ policy?

_____ let me know the _____ which _____ policy covers _____ along with any _____ or _____.

I want _____ know about _____ coverage _____ exclusions and _____ in my _____.

What _____ covered _____ preventive _____ policy?

_____ tell any _____ related _____ preventive care.

_____ any _____ on _____ coverage for _____ care?

Tell me _____ what's covered.

I _____ like to _____ of my _____ coverage _____ preventative _____ well _____ any exclusions _____ limitations.

What _____ me _____ preventive care _____ and any _____ it?

Can _____ what the preventive care _____?

I _____ know what _____ be covered under _____ prevention.

How _____ covered under my _____ for _____ care?

_____ me more _____ what preventive care is and _____ to _____.

What are _____ details of _____ for _____ care, as _____ limitations or _____ applied _____ my _____?

What limits or _____ is _____?

_____ any _____ in the policy _____?

_____ you want _____ about _____ exclusions _____ prevention?

Is it possible _____ provide _____ coverage and _____ my policy.

_____ any limits _____ exceptions related _____.

_____ my preventive _____ include _____ limits?

What _____ my coverage _____ for _____?

_____ my coverage _____ preventive _____ or _____?

_____ you _____ me about the _____ care in my _____?

Provide _____ extent _____ which my existing _____ covers preventative care.

_____ get preventive _____ details?

Does _____ have _____ on _____ care?

Please tell _____ about _____ plan.

Please provide any _____ exceptions _____ with _____.

_____ any _____ or exceptions _____ preventive _____.

_____ any _____ or _____ to preventive _____

Tell _____ about _____ to which _____ policy _____ preventive care.

Can _____ tell _____ about _____ conditions _____ coverage?

_____ me _____ my policy's coverage for _____ care, as well _____ any exclusions _____?

_____ what is covered under _____ care _____ it _____ to _____ policy.

I want _____ is covered _____ my preventative _____.

_____ you _____ more details _____ my policy's preventative _____?

_____ there _____ exclusion _____ limit _____ coverage _____ preventive care?

_____ policy mention any restrictions _____?

_____ be any limitations _____ exclusions regarding _____?

_____ to _____ more about _____ scope of _____ care _____ in _____ policy.

_____ any _____ on the _____ my policy?

_____ much _____ are there _____ preventive treatments in _____?

_____ _____ limit _____ my coverage _____ preventative care?

_____ _____ limits related to _____ care.

_____ insight into _____ for preventing _____?

_____ there any _____ about _____ care _____?

_____ give _____ information _____ exclusions and _____ outlined in my _____?

I want to know _____ of _____ policy's _____ preventative care, _____ as _____ exclusions _____ limitations.

Can _____ give _____ details _____ coverage for _____ care, _____ as any restrictions?

Do you know what _____ cover _____ has?

_____ and _____ to prevention?

I would _____ to know _____ there are _____ on _____ care.

_____ tell _____ more _____ my _____ coverage for preventive _____ as _____ as any _____ exclusions?

What _____ for _____ treatments _____ plan?

_____ possible _____ give _____ information _____ care _____ and any _____ on it?

Please tell me _____ covers preventive _____ with _____ limits or exemptions.

_____ like _____ details about the _____ for _____ care.

_____ like to _____ about _____ for _____ care.

What specific _____ can you _____ for preventative care _____ or exclusions _____ to _____ policy?

I need to know _____ to _____ my existing _____ covers _____ with _____ limits or _____.

_____ want to know what _____ preventive _____ policy.

_____ you have any _____ on _____ for _____?

Can you tell me _____ details _____ policy's _____ preventive _____.

There may be _____ or exclusions _____ my _____.

_____ there any _____ about _____ care _____?

Are there _____ restrictions _____ prevention _____?

Does _____ contain limits _____ care _____?

Tell me the extent _____ covers preventive _____ limits _____ exemptions.

_____ coverage for _____ care, as well _____ limitations _____ to my _____ can _____ given.

"Any _____ print I _____ of _____ coverage _____ care?"

What _____ specifics of _____ coverage policy?

Tell me _____ covered _____ preventive _____ it affects _____ policy.

_____ limits to my _____ for _____?

What details _____ you have about the coverage for preventive care, _____ any _____ apply _____?

_____ to know _____ preventive care _____ my _____ and what's _____.

Can _____ the _____ I need on _____ coverage?

_____ it _____ the specifics of my _____ coverage policy.

Please _____ any limits _____ preventive care.

_____ any limits or exclusions to _____ my _____?

Is there _____ health care?

_____ are my preventive _____?

Is _____ about _____ care _____?

Is _____ that I can receive preventive _____?

Please _____ limits _____ related _____ preventive care.

_____ want to _____ what _____ covered in this insurance.

_____ any limits _____ my _____ for preventative _____?

I want to _____ there _____ restrictions for _____.

Is _____ restrictions on the coverage _____?

Can _____ give me _____ about my policy's _____ preventive care _____ well _____ any _____?

_____ my policy have limits _____?

What _____ not included in preventive _____ tell _____?

I _____ if you _____ give _____ information _____ exclusions _____ in my policy.

_____ to know _____ my _____ regarding preventive _____ coverage.

_____ want to _____ of preventive care _____ in my _____.

_____ you're going _____ me _____ preventive policy covers?

I would like _____ the _____ to _____ covers preventive care, _____ with _____ limits _____ exemptions.

_____ the _____ of prevention measures covered by this _____.

_____ wonder if _____ in _____ coverage _____ preventative care.

May _____ receive coverage details _____?

_____ treatments _____ included in _____ current _____?

Is there _____ limits _____ my policy _____ care _____?

Is _____ restrictions or _____ services?

_____ preventative _____ coverage _____ policy limits?

_____ specific _____ about my _____ coverage for preventative _____ and any _____ or _____?

_____ what _____ scope _____ care _____ is in my policy.

Can _____ give me more _____ about my _____ care?

_____ there _____ this policy for _____ care?

I want to _____ of my _____ preventative _____ coverage.

_____ you _____ on preventive _____ coverage _____ the exclusions?

_____ me what _____ by my preventive _____.

_____ me more about the _____ inclusion?

Can you give the details _____ care, as well _____ any exclusions _____?

_____ can you _____ about the _____ preventive care _____ any limitations or exclusions _____ policy?

Is _____ in _____ policy _____ prevention?

_____ tell me more _____ my _____ inclusion.

Is _____ possible _____ give _____ details _____ policy's coverage for _____ as well as _____ or _____?

Is _____ possible _____ additional clarity on policies _____ proactive _____?

_____ to tell me _____ kind of preventative _____ has?

Tell me _____ the preventive _____ applies _____ my _____.

What information can _____ provide about _____ coverage for preventative _____ as well _____ any _____ policy?

_____ I know _____ preventative _____ are _____ this plan?

Please tell _____ exceptions related to _____.

What _____ care coverage can you tell?

_____ there _____ in _____ coverage _____ preventative care?

_____ you able to give _____ on _____ care _____?

Please state _____ exceptions _____ to _____ care

_____ want to _____ about _____ for preventative _____.

Can _____ tell _____ preventive _____ in my policy?

Is _____ anything you can _____ me _____ my _____ care _____?

Can you _____ information _____ care inclusion?

_____ know how _____ is covered under _____ policy.

_____ would _____ know _____ types of prevention _____ that _____ covered in _____.

Any _____ I _____ aware of regarding _____ care _____?

_____ know about _____ coverage for preventative _____.

I _____ if there are _____ in _____ coverage _____ preventive _____.

_____ my _____ care procedures and _____?

I _____ to _____ the _____ my _____ for preventive care _____.

What is the _____ preventive care _____ as well _____ or _____ apply to _____ policy?

Please _____ care _____ of my _____.

I want _____ details _____ policy's coverage for _____ care, as well _____ any _____ or _____.

Inform _____ any _____ preventive services.

Is it _____ tell _____ the _____ preventive care?

Any _____ need to _____ about _____ care coverage?

_____ or exclusions _____ my coverage for preventive _____?

_____ to know _____ preventive _____ and the _____ in _____ policy.

_____ me _____ preventive _____ relates _____ my _____.

_____ details _____ the extent _____ my _____ covers preventive care.

How _____ coverage _____ for preventive treatments _____ plan?

Do _____ any restrictions _____ coverage _____ preventive _____?

Do you have _____ info _____ exclusions _____?

_____ us more about my _____ inclusion?

Policy _____ for _____ info.

Let _____ know about _____ care _____ it _____ my policy.

_____ give me details _____ the _____ which _____ existing _____ covers _____ care.

_____ regards to prevention?

_____ it _____ the _____ of my policy regarding _____ care _____.

_____ any _____ exclusions for _____ care?

_____ details _____ about the coverage for preventative care, as well as _____ my policy?

_____ there _____ can give _____ on preventive care _____?

I'd _____ know the details _____ my policy _____ preventive _____.

_____ about the _____ for preventative care and the _____ it?

_____ it possible _____ outline the specifics of _____ preventive _____?

_____ me about the _____ to which _____ existing policy _____ preventative _____ any limits _____ exemptions.

I need _____ of my _____ preventive care coverage.

_____ possible _____ give me details _____ care coverage and _____.

What can _____ tell _____ about _____ for preventative _____ well _____ limitations or exclusions _____ my policy?

Please _____ preventive _____ my plan

_____ how _____ care _____ and _____ it applies to my _____.

_____ or exclusions _____ services in my _____?

What _____ restrictions in _____ on _____ care?

Do _____ any _____ on _____ care _____?

Is _____ possible to _____ of _____ preventive _____ coverage policy?

_____ explain preventive _____ in my _____.

Can you _____ me _____ policy's _____ inclusion?

What are _____ policy _____ for _____?

_____ like _____ much my insurance covers _____ care.

_____ wondering if there _____ limits on my _____ for _____.

_____ any restrictions on _____

More _____ prevention is _____?

Do you _____ what _____ of _____ coverage _____ covers?

Let me _____ care involves _____ to my policy.

What preventative measures _____ covered _____?

_____ there any _____ preventative _____ coverage?

Is it _____ clarify exclusion _____ preventable healthcare _____?

_____ preventive care _____ in _____?

So, you'll _____ what _____ prevention my _____ covers?

I would _____ know the _____ coverage for _____ care, as _____ as any _____ or _____.

_____ about the coverage _____ preventative _____ as any limitations or _____ applied to _____ policy, can _____.

_____ will _____ the beans on _____ kind of _____ my _____?

Can you _____ the _____ for preventative care and exclusions or _____?

_____ there _____ limitations in _____ coverage _____ preventative _____?

_____ prevention _____ are covered _____ insurance?

I would _____ to _____ what preventive care _____ by _____.

_____ me _____ scope _____ care coverage mentioned in _____ policy.

_____ is covered can you tell _____ it?

_____ me _____ preventative _____ to _____ policy and what's _____.

I _____ to know what _____ under _____ policy.

_____ tell me what _____ care _____ by _____ policy?

_____ there any information _____ me _____ coverage in my policy?

_____ tell me the _____ which _____ policy _____ preventive care _____ any _____.

I _____ to know the extent _____ policy covers _____ care along _____ limits or _____.

I _____ to _____ there _____ any _____ on _____ care.

_____ you tell _____ more _____ policy's _____ care inclusion?

Is _____ possible _____ you to tell _____ about the exclusions/limits _____?

Can _____ tell me _____ of my policy regarding _____?

Please specify _____ extent to _____ existing policy _____ with _____ limits or _____.

Is _____ any _____ preventive _____ in my _____?

_____ me _____ covered _____ preventive care, and how it _____ to _____.

_____ fine _____ the coverage _____ preventative _____?

What restrictions _____ this _____ care?

_____ me information on the _____ and limits in my _____?

_____ details _____ regarding _____ coverage _____ care, as well as _____ exclusions that apply to my _____?

Information about preventive _____ coverage _____ in my _____ be provided _____.

Exclusions _____ relation to _____?

_____ me _____ any _____ or _____ related _____ preventive care.

I am _____ if _____ any limits in _____ care.

Would _____ what preventative _____ are covered _____ this _____.

_____ it possible _____ outline _____ of my preventative care _____?

Please _____ us the _____ preventive care.

Please _____ exceptions for preventive _____

_____ the _____ which _____ policy covers preventive care.

Can _____ the _____ care inclusion _____ my _____?

Does _____ policy _____ preventive _____ procedures?

_____ policy exclusions for _____.

Is _____ possible for _____ to _____ more _____ about _____ covered?

_____ want _____ what _____ of prevention _____ are _____ in this _____.

Is _____ restrictions _____ preventive _____ coverage?

I need _____ know _____ to which _____ existing _____ preventive care, _____ with _____ limits or _____.

_____ of the _____ to which _____ existing policy _____ care, _____ with _____ exemptions.

Inform _____ of _____ extent _____ which my _____ preventive care.

I want _____ know _____ extent to which _____ current _____ preventive care, along with _____.

So, _____ tell me what _____ of _____ my _____ covers?

Are _____ any _____ my _____ care?

_____ you _____ my preventive care _____ includes?

Please _____ related to preventive care.

_____ me _____ preventive care is and _____ to _____ policy.

Do _____ what's covered _____ my _____ policy?

I want to _____ for _____ care.

What _____ the _____ for preventive treatments _____ my _____?

I _____ the details of _____ for preventative care _____.

What ____ the details for ____ in ____ ?
____ you ____ tell me ____ my ____ care coverage?
I ____ wondering if you could ____ details of my ____ preventive ____ .
____ me ____ any ____ preventive services.
____ any ____ or ____ preventative care.
Is ____ policy ____ for ____ care?
Will I ____ care ____ ?
____ me ____ preventative care ____ covered.
____ limitations or exclusions for preventive services?
____ there ____ specific parameters ____ to pre-emptive procedures?
____ to know if you have ____ information ____ the ____ of preventive care ____ in ____ .
____ you give us more ____ preventative ____ ?
____ a description ____ any ____ services.
____ it ____ give me ____ about any limits ____ exclusions in ____ ?
____ like ____ hear more ____ preventive ____ and how it ____ policy.
____ plan's ____ benefits covered?
Do there ____ restrictions ____ outlined ____ the ____ ?
Do you ____ how ____ care ____ to ____ ?
____ any policy ____ for ____ care?
There ____ or coverage updates for ____ care?
____ like to ____ of ____ policy's coverage for preventive ____ .
Can ____ give more ____ about ____ isn't included ____ preventive ____ ?
Can ____ tell ____ more ____ preventive ____ inclusion of my ____ ?
____ possible to provide me ____ on the ____ my policy?
____ would like ____ prevention measures are covered by ____ .
____ applies to ____ policy and what is covered.
Is preventative treatments ____ ?
____ on ____ outlined ____ my policy?
____ there any ____ on ____ preventative ____ ?
Can you ____ me the ____ my ____ coverage ____ preventative ____ any ____ ?
I want to ____ more ____ is ____ how it applies to ____ .
____ about ____ extent ____ which my ____ policy covers preventative care.
Inform me ____ to which my ____ policy ____ care ____ any ____ exemptions.
Inform ____ the ____ to ____ my policy covers ____ care ____ with ____ limits ____ .
I want to ____ more about ____ it applies ____ policy.
Discuss ____ care inclusion.
In ____ what are ____ coverage ____ preventive treatments?
____ you tell ____ about my policy's coverage for preventative care, ____ exclusions?
Can ____ about the details ____ preventative ____ coverage?
____ there ____ information ____ can give about ____ covered?
____ covered, could ____ me more?
____ any restrictions ____ preventative ____ .
____ there ____ could tell me about ____ prevention ____ ?
____ it possible to ____ of my ____ for preventative ____ .
Let me ____ is covered ____ my policy.
Are ____ policy exclusions ____ for preventive care?
What is ____ care that ____ get?
Do you ____ on ____ exclusions ____ limits of ____ policy?
____ coverage ____ preventive care, ____ well ____ any ____ exclusions ____ by ____ should be given ____ details.
____ know the details of ____ policy's coverage for ____ .

Is _____ an _____ for _____ issues?

_____ the preventative care conditions that _____.

_____ information can _____ give _____ policy's _____ for preventive _____ and any _____ exclusions?

_____ restriction in _____ policy regarding _____?

I _____ know about _____ of preventative care _____ in _____.

_____ you _____ my policy's coverage for preventive _____ and _____ limitations _____ exclusions?

Please _____ preventive _____ policy covers.

_____ preventive care _____ and _____ exclusions or _____?

_____ share with _____ details of preventive _____ coverage?

_____ would like _____ know the scope of _____ in _____.

I need _____ the _____ to _____ covers preventive care.

_____ should _____ limits and exceptions _____ preventive care.

Tell _____ what _____ and how _____ applies to my _____.

_____ are _____ coverage options?

I _____ know what is _____ in _____ policy _____ preventive _____.

_____ are _____ limits or _____ regarding _____ in _____ plan?

So _____ going _____ me _____ of preventive stuff _____ covers?

Can _____ me _____ limits _____ exclusions in _____ policy?

Is _____ to my coverage for _____.

Limitations _____ exclusion related _____?

What specific _____ can _____ about _____ care, _____ well as any limitations or exclusions?

_____ coverage for _____ and _____ exclusions apply _____ my policy.

_____ covered _____ preventative _____ in my _____?

_____ I _____ preventive care _____?

_____ know what preventive care _____ it applies _____ my _____.

_____ you give _____ about the _____ of _____ care?

Please tell me the _____ my current _____ covers _____ care _____ with any _____.

_____ can you give about _____ coverage _____ care, _____ any limitations or _____?

Can you _____ which preventive _____ is _____ my _____?

There _____ on preventive _____ in the _____?

_____ clarification _____ exclusion _____ for _____ treatments?

_____ coverage _____ care, _____ as any limitations or _____ by my _____ can be _____.

_____ are the _____ or _____ for _____ in my _____?

Is _____ any _____ preventive services?

Inform me _____ to _____ preventive _____ covered _____ my existing policy.

_____ be limits on _____ coverage for _____?

_____ covered _____ my policy for _____?

_____ my _____ have _____ preventative care?

_____ it possible to give _____ preventive care coverage in _____?

Can _____ learn _____ about _____ expenses _____ for under _____ plan?

Be _____ about coverage _____?

I _____ know if there _____ restrictions _____ prevention outlined _____ policy.

_____ me _____ of my policy's coverage for _____ and _____ exclusions _____ limitations?

_____ preventative measures are _____ by _____?

_____ tell me the _____ my _____ coverage for preventive care _____ as _____ exclusions or _____?

_____ on preventive services.

_____ my policy's _____ care inclusion.

_____ more about preventive care _____ how it applies to _____.

What information can _____ regarding _____ coverage for _____ as _____ as _____ or _____ applied by _____ policy?

_____ want to know the details _____ care coverage.

I ____ like to ____ about ____ care inclusion.
____ for some information about ____ care coverage ____.
Please provide ____ to preventive care.
Can you tell me ____ by ____ policy?
Can ____ be any limits ____ exclusions ____?
____ want ____ the ____ of prevention measures covered ____ the ____.
I ____ know ____ about preventive ____ and ____ it applies to ____.
____ is ____ something that you could ____ me more ____.
____ my preventative care ____ my ____?
Talk ____ preventative services.
____ you ____ the specifics of ____ coverage?
____ restrictions ____ my preventative ____?
I need to ____ the ____ policy ____ preventive ____.
Can ____ me the specifics ____ my policy's coverage for preventive ____ well as ____?
I'd ____ what preventative ____ by this insurance.
____ details ____ you provide ____ for ____ care, as well as ____ exclusions applied by my ____?
____ any ____ regarding prevention?
I was ____ you ____ the ____ preventive ____ coverage in my policy.
Do ____ have ____ restrictions on ____?
Can ____ tell ____ what preventive ____ is ____ my ____?
Inform ____ preventative services.
____ you ____ my policy's ____ care ____?
I'd ____ know ____ about ____ scope of preventive care ____ mentioned ____.
____ any restrictions ____ preventative ____.
Is there ____ on ____?
Can you ____ more ____ how prevention ____ covered?
Let me ____ what's ____ under ____ how it applies to ____.
____ is ____ details ____ my ____ care ____?
I need ____ policy ____ for ____.
Please ____ me ____ the extent to ____ my policy covers preventive ____.
The ____ for preventive ____ as ____ as any limitations or exclusions ____ be ____.
Can you ____ about your policy's ____ and ____?
Know what ____ measures ____ this ____.
____ are ____ restrictions pertaining to ____ outlined in ____?
____ tell ____ any limits ____ exceptions related ____ care.
____ need ____ preventive ____ coverage and the ____ in my ____.
What specifics can ____ give about the ____ preventive ____ as well ____ any ____ or ____ policy?
____ the ____ which my ____ policy covers ____ care.
Please describe ____ plan.
Is ____ outline the ____ my policy ____ care coverage.
____ there any information ____ preventative care?
How ____ for preventative ____?
Are ____ any ____ prevention ____ in my ____?
I ____ info ____ policy ____ prevention
Please ____ any ____ or ____ relating ____ care.
Let ____ know ____ or exceptions ____ to preventive care.
____ it possible to ____ about ____ policy's preventive ____?
I want to ____ specifics ____ policy ____ care coverage.
____ any ____ on ____ in my plan?
____ included in this insurance?

Do you _____ on policy _____?

I would like _____ learn _____ scope of _____ care _____ in _____.

What is _____ scope _____ care coverage in _____?

Will _____ my coverage for preventive care?

_____ to _____ my policy's preventive care inclusion.

I would like _____ extent to _____ existing _____ covers _____ care.

Can _____ me information about _____ and limits _____?

I _____ details of my preventive care _____ including _____ possible _____ limits.

_____ there _____ restrictions regarding preventive _____?

Any _____ preventative _____ need _____ explained.

What _____ for prevention _____ my _____?

_____ am _____ the _____ of preventive care coverage _____ your _____.

I want to _____ my preventative _____ any potential _____ limits.

_____ restrictions on _____ services.

Can you _____ me _____ the _____ of my _____ preventive _____ as well as any _____?

_____ get preventative _____ details?

_____ it _____ for you _____ give _____ the _____ care coverage in _____ policy?

_____ about preventative care _____ applies to my _____.

_____ plan have _____ restrictions on _____?

I _____ to know _____ to which _____ covers preventive care _____ exemptions.

I _____ to _____ about preventive care _____ policy.

_____ tell _____ about _____ for preventative care, _____ well as any _____ exclusions?

What _____ the _____ in _____ prevention?

Is it _____ I _____ receive _____ care _____?

What _____ of _____ coverage _____ preventative care?

I _____ to _____ the _____ for _____ care _____ the limits _____ it.

Any _____ care?

Do _____ any _____ about the _____ of preventive _____ coverage _____ in _____?

I _____ know _____ details _____ my _____ for preventative _____.

_____ are _____ restrictions _____ this policy on _____?

I need to _____ which _____ current _____ covers _____ along with any _____ or exemptions.

_____ I _____ care coverage _____?

What _____ for _____ care?

_____ tell _____ about my _____ on _____ care coverage?

Can _____ the details _____ my _____ coverage for _____ as any restrictions?

_____ what preventive _____ is in _____.

_____ like _____ prevention measures _____ covered in _____ insurance.

Does _____ policy _____ any _____ prevention?

Is _____ under my _____?

Can you give more _____ not _____ preventive _____ coverage?

Want _____ find _____ exclusions for _____?

_____ need _____ about the scope _____ coverage in _____ policy.

So, you will _____ of preventative cover _____?

Please give us any _____ or exceptions _____.

Can _____ all the details _____ preventive care _____?

_____ like to _____ what prevention _____ are covered _____.

I _____ to know what is covered _____ care _____.

_____ the options for _____ treatments _____ plan?

_____ please _____ details _____ my policy regarding preventive _____ coverage?

_____ me know _____ preventative care conditions _____.

I _____ about the _____ of _____ preventive care _____.

_____ mark, _____ limits _____ my coverage for preventative _____?

_____ is the _____ for preventive _____ in _____ plan?

Let me know _____ to which _____ covers _____ care.

I _____ to know what _____ preventive _____ policy.

_____ like to know _____ types of _____ in this _____.

Can _____ tell _____ specifics _____ my _____ coverage for _____ care?

Can _____ what's covered in my _____ care _____?

_____ describe _____ which my existing policy covers _____ with any limits _____.

Can _____ the _____ preventative expenses?

_____ like to know _____ measures are covered by _____.

_____ there any _____ the _____ services _____ my plan?

What _____ of _____ are _____ in _____ plan?

_____ want to _____ scope _____ care coverage _____ included in _____ policy.

Can I _____ about the _____ your policy?

Can _____ details _____ my policy's _____ care inclusion?

I would _____ to know _____ you can _____.

_____ information _____ preventive care _____ it applies to _____ policy.

Can you state more about _____?

_____ elaborate _____ care inclusion?

_____ is _____ my _____ preventative care?

_____ are _____ preventative services in my _____?

_____ it _____ to _____ the _____ policy's coverage for preventive _____.

Is there any limitations _____ exclusions _____ plan?

_____ any _____ or exclusions to _____ preventive services _____ plan?

_____ want to _____ the details _____ for preventative care.

Can _____ tell me _____ included in my _____?

_____ me with _____ details about the extent to _____ my _____.

_____ please explain preventive _____.

I _____ to _____ about the _____ preventive care coverage included _____ my _____.

Can _____ me the _____ of _____ policy's coverage _____ preventative _____ any limitations or exclusions?

_____ to _____ about the _____ of my _____ care _____.

What details can _____ give about _____ coverage for preventative care, _____ any _____ applied to _____?

_____ what types _____ measures _____ covered in this insurance.

What does my coverage _____?

_____ you give me _____ about my _____ coverage _____ care, _____ as any _____ or limitations?

I need _____ my _____ care _____ covers.

_____ policy include _____ care procedures?

Can you _____ specifics _____ coverage _____ preventative _____ as well as any exclusions _____ limitations?

_____ fine _____ should I _____ aware of regarding coverage _____?

_____ regarding prevention _____ in my policy?

Is there _____ my _____ for preventive _____?

Any _____ or _____ preventive _____ policy?

Can _____ me more information about preventive _____ policy?

_____ wanted _____ know _____ the scope of preventive care _____ policy.

_____ would like _____ some _____ the scope _____ preventive care coverage in _____.

_____ about _____ restrictions _____ services.

What are _____ or exclusions _____ services _____ plan?

_____ covered _____ preventive care _____ it applies _____ my policy.

_____ your _____ include any _____ on _____ care _____?

So, _____ will talk _____ what kind _____ preventive _____ policy _____?
_____ need to _____ any _____ care _____ are covered.
_____ you tell me the details _____ for preventative care, _____ as any _____ limitations?
_____ my _____ limits for _____ care?
_____ give _____ the extent to which my policy _____ care.
_____ specific _____ you give about my policy's coverage _____?
Let _____ the _____ care conditions _____.
I want _____ about coverage _____ care.
Does my _____ on preventive _____?
_____ preventive services in my _____?
Is there anything _____ tell me about _____ coverage and limits _____?
Specific _____ regarding _____ coverage for preventive _____ as _____ limitations or exclusions _____ by _____ policy, _____ you _____?
Provide _____ the extent _____ which _____ policy _____ preventive care, along _____ any _____ or _____.
_____ you provide _____ about _____ with preventable healthcare _____?
I was wondering if _____ could provide _____ the exclusions and _____.
So, you'll tell _____ what _____ my _____ covers?
What is _____ in my _____ prevention _____ is _____?
_____ it _____ get _____ policies regarding proactive _____ treatment?
Can you tell _____ more about _____ isn't included _____?
I _____ like to know _____ any restrictions _____ preventative _____.
I want to _____ there are _____ on _____.
What _____ the coverage _____ like, _____ well as any limitations or exclusions _____?
Explain _____ to preventive _____.
Is _____ policy _____ limited _____ not?
_____ on _____ care for _____?
_____ there _____ on _____ care coverage?
_____ my _____ what _____ the details of _____?
What _____ are _____ this insurance?
Let me know _____ care _____.
_____ have any _____ on _____ healthcare?
_____ want _____ know about the scope _____ care _____ in my _____.
_____ know _____ details of my _____ about preventive care _____.
_____ me an explanation of _____ care inclusion?
_____ any limitations or exclusions _____ preventative _____ my _____?
_____ if preventive care conditions _____.
Is it _____ to _____ the _____ my preventive _____ coverage _____.
_____ care coverage _____ exclusions or limits?
Is _____ to _____ me _____ about my _____ preventive care _____?
_____ are _____ limitations _____ exclusions _____ services in my _____?
In _____ there _____ on prevention?
I _____ like to know _____ are covered in this _____.
What _____ can _____ give _____ coverage _____ preventative _____ as well as _____ exclusions applied _____ my policy?
Can _____ me _____ on _____ and exclusions in _____ policy?
_____ provide _____ exceptions for _____ care.
Please _____ me more _____ preventative _____ and how _____ to _____.
Can _____ out _____ about how preventative expenses _____ accounted _____ under _____?
_____ know what's covered by _____ care policy.
_____ you _____ what I _____ know about _____ policy on _____ care _____?
Is it possible to give me _____ in my _____.
Do _____ any restrictions _____ preventative _____?

_____ would like to know _____ covered _____ this insurance.

_____ there _____ on my _____ for preventative _____.

What _____ the _____ the _____ treatments in my _____?

_____ there any _____ to _____ care _____?

Please _____ any _____ on _____

I wonder _____ are any _____ in _____ coverage _____ care.

I want _____ what's _____ in my _____ policy.

_____ tell _____ my _____ preventive care inclusion.

Please _____ me the _____ to _____ my existing policy covers preventive _____ limits _____ exemptions.

Does my policy _____ limits _____?

_____ are _____ to _____ services in my _____?

_____ would like to know the _____ to which my _____ preventive _____ along with _____.

What are the _____ exclusions regarding preventive _____?

What _____ your _____ or _____ care coverage?

Provide _____ with _____ to _____ my existing _____ covers preventive care.

_____ the coverage for preventive _____ and _____ or _____ applied _____ policy?

I _____ to know what _____ prevention measures _____ covered _____.

I want _____ preventive _____ the exclusions/limits are.

_____ any _____ coverage for preventive _____?

Can _____ tell me _____ policy's coverage _____ preventative _____ as _____ any restrictions or exclusions?

_____ measures will _____ under _____ plan?

_____ tell _____ what _____ of preventive cover my _____ covers?

So, you're _____ tell me what kind of _____?

_____ tell _____ more about _____ care _____ how _____ to my _____

_____ about _____ care coverage and _____ exclusions or _____?

Is _____ possible _____ me _____ about _____ preventive care _____ my policy?

_____ you _____ specifics of my _____ coverage for _____ as any limitations?

_____ know _____ extent _____ which my existing policy _____ preventative _____.

Can you give _____ the coverage _____ preventative _____?

_____ restrictions about _____ preventative care?

_____ if preventive _____ is covered by _____.

Can _____ me _____ of my _____ coverage _____ preventative care?

What can _____ know _____ my coverage _____?

Is it _____ to sketch _____ the specifics of _____?

_____ there any _____ care?

Please _____ me the extent _____ my current _____ preventive _____.

_____ to know what preventative care _____ policy.

_____ any _____ on _____ services.

_____ my _____ any _____ regarding prevention?

What _____ you tell _____ about _____ coverage for preventive _____ as _____ exclusions in _____ policy?

What information _____ the coverage _____ preventive care?

_____ tell me _____ is covered _____ my _____ care _____?

_____ about _____ policy's coverage _____ preventive care, as well as _____ exclusions _____ can _____ given.

Please _____ any _____ exceptions related _____ care

_____ tell _____ about _____ to which _____ existing _____ preventative care.

Is _____ limitations or exclusions on _____ services _____?

_____ want to _____ if _____ have _____ about the scope _____ coverage _____ my policy.

_____ are _____ limitations _____ the policy for _____?

Can _____ me _____ exclusions and _____ outlined _____ my policy?

What _____ details can _____ tell me about _____ preventive care, as _____ as _____ limitations _____ exclusions _____ policy?

____ restrictions regarding ____ services in ____?

____ you ____ me the ____ of ____ coverage ____ preventative care ____ as ____ restrictions?

Do ____ know if preventative ____?

____ me know the limits and ____ to _____.

Can ____ give me information on ____ limits ____ my ____?

May I ____ the ____ care ____?

So, you are ____ to tell ____ what ____ stuff ____ covers?

____ the details ____ treatments ____ my plan?

____ let ____ if ____ are ____ exceptions to preventive care.

____ any ____ or ____ for ____ care.

____ about the ____ exclusions ____ prevention?

Can you ____ any limitations ____ preventive ____?

____ like ____ what types of ____ measures ____ covered by _____.

____ there any ____ prevention ____ in my ____?

____ be ____ exclusions on ____ care?

What ____ you tell ____ about ____ coverage ____ preventive ____ well as ____ limits or ____ to my ____?

Know ____ types ____ prevention ____ are covered ____ insurance.

____ in ____ of some information about ____ scope ____ care ____ my _____.

____ know if preventative care ____?

Can ____ tell me ____ preventative care ____ how ____ to ____ policy?

____ like ____ know if ____ are ____ preventative care coverage.

____ you ____ of ____ for preventative care as ____ as any exclusions or ____?

____ me of the ____ my existing policy covers preventive ____ along ____ or ____

____ you tell ____ the ____ exclusion ____ coverage restrictions?

I'm ____ for ____ preventive care coverage mentioned ____ my policy.

____ might be able ____ give ____ scope of ____ coverage in my policy.

Are ____ any limits ____ for ____ care?

There ____ limitations ____ preventive services?

____ to know ____ the scope ____ coverage in my _____.

____ you have ____ information on ____ covered?

____ want ____ know what preventive care is _____.

____ restrictions on ____ care?

Let me ____ more about ____ care ____ to ____ policy.

Any ____ preventative ____?

Is it possible ____ the ____ my ____ regarding preventive ____?

Is ____ possible to provide ____ about ____ coverage ____ in my _____.

____ you ____ going to tell ____ of preventive policies ____ policy ____?

____ there ____ limitations or exclusions ____ my plan?

Please ____ me ____ limits and exceptions ____ care.

What ____ the ____ my ____ for ____?

I'd ____ to ____ scope ____ preventative care coverage ____ my _____.

Does my ____ include ____ preventive ____?

Tell ____ about any restrictions _____.

____ me know ____ there are any restrictions _____.

____ any limitation on ____ in my ____?

Any limits ____ about ____ services in ____?

What ____ coverage for ____ treatments that my ____?

____ covered ____ treatments in my ____?

Is it ____ me ____ about preventative care ____?

____ you ____ me the ____ my ____ for preventive ____ and exclusions ____ limitations?

Please let _____ there are _____ limits _____ exceptions related to _____.

_____ the restrictions on _____ care _____ in _____ policy?

Can you _____ us _____ information _____ policy's _____ care _____?

_____ need _____ know _____ conditions are _____ or not.

I want to know how _____ under this _____

How about the _____ well as _____ limitations _____ applied _____ my policy?

_____ know what my preventive _____ is.

_____ want to know _____ my _____ preventive _____ along with _____ limits or _____.

_____ there any _____ on _____ care _____?

_____ explanation of my policy's preventive _____ inclusion?

_____ any limits _____ exclusions in my _____ coverage?

_____ can you give about the coverage _____ as _____ or _____ you apply to _____ policy?

Any limitations _____ to _____ in _____?

_____ you _____ me _____ details _____ coverage for _____ and any restrictions?

_____ situations _____ preventable healthcare treatments?

What _____ covered in _____ plan?

_____ give me _____ my _____ coverage for _____ care, _____ well _____ any restrictions or exclusions?

Can _____ tell _____ more _____ the _____ preventative _____ inclusion?

_____ me _____ the _____ exclusions _____ prevention.

Can _____ tell me _____ details _____ my _____ coverage for _____ as _____ as _____ exclusions or _____?

_____ type _____ preventative measures _____ in _____ insurance?

Can you _____ me more _____ coverage _____ preventative _____?

Do you _____ on my _____ preventive _____ inclusion?

Can _____ me _____ exclusions and limits in _____ policy?

Are there _____ regarding prevention _____?

_____ know about _____ and the exclusions/limits in _____ policy.

Please _____ related to preventive care

_____ is covered under _____ prevention?

Does _____ have any limits _____?

_____ options for prevention _____ plan?

I would _____ know _____ there are any restrictions _____.

Is _____ a specific policy _____ preventive care _____ any _____ exclusions _____?

Please tell me _____ extent _____ my _____ policy _____ preventative _____.

_____ tell us what's not _____ in _____ coverage?

_____ information _____ the _____ of preventive care _____ mentioned _____ policy.

_____ do you _____ say _____ the coverage _____ preventive care, as _____ or exclusions _____ my policy?

_____ limitations _____ in my plan?

Do _____ is _____ under my _____ preventive care?

Provide me with the details _____ my _____ preventive care.

_____ let _____ the specifics _____ my _____ for preventive care.

_____ prevention care _____ my _____.

_____ you have more _____ is covered?

Are _____ limits on _____ care _____?

Can you _____ more about _____ coverage _____ what isn't _____?

I would _____ to know _____ scope of _____ care _____ in _____.

_____ you _____ me what is _____ by _____ preventive _____?

Do _____ restrictions regarding _____ my _____?

_____ preventive care covered _____ policy?

Is there _____ about how prevention _____?

Can you _____ more about my _____.

Will there be _____ my policy?

_____ you _____ people _____ what's _____ included _____ preventive _____ coverage?

Information _____ exclusions for _____ needed.

Inform me _____ extent _____ policy _____ preventive care and any _____ exemptions.

Do _____ have exclusions or _____ for your _____?

_____ it possible to _____ specifics _____ my preventive _____ coverage _____?

_____ any restriction _____ preventative _____ coverage?

_____ you _____ more information _____ my _____ care inclusion?

_____ you _____ me _____ information _____ preventive care inclusion?

I am _____ need of details _____ which my existing _____ covers _____.

I need _____ know the details _____ policy's coverage for _____ as _____ or limitations.

Tell me how preventive _____ applies _____ policy _____ what is _____.

_____ there _____ clarification _____ exclusion _____ with preventable _____ treatments?

What _____ provide _____ coverage _____ preventative care, _____ well as any limitations _____ exclusions _____ my policy?

_____ tell us more _____ and coverage restrictions?

_____ want to _____ the preventive _____ covered by my _____.

Is _____ anything _____ can tell me _____ preventive _____?

Can _____ the specifics of _____ policy's _____ preventive care?

Tell _____ any limits _____ related _____ care.

Is it possible _____ give me _____ the limits and _____?

_____ limits _____ preventive services

_____ exclusions _____ preventive _____ my plan?

_____ my _____ have _____ for _____ care?

What prevention _____ are _____ in _____?

Can _____ me know the _____ of _____ preventive _____ coverage.

Is _____ about prevention _____ in _____ policy?

_____ me _____ care applies _____ my _____ what's covered.

Do you _____ any _____?

Is _____ restrictions _____ preventative _____?

_____ specific details can you provide _____ coverage for preventive care, _____ or _____ applied _____ policy?

I _____ information _____ preventive _____ coverage and the _____ my _____.

I want to _____ the _____ care.

_____ details of my policy's coverage _____ care, as _____ any limitations _____ exclusions?

_____ know what preventative measures _____ included _____ the insurance.

Does my _____ include _____ preventive _____?

What information can you _____ about _____ coverage for preventative _____ limitations _____ applied by _____ policy?

Please let _____ know the _____ which _____ policy _____ care.

_____ to _____ the details of my policy _____ care coverage.

_____ are the details _____ for preventive _____ well _____ limitations or exclusions _____ to my _____?

_____ give _____ more information on my _____ preventive _____?

Explain _____ limits _____ preventative _____.

_____ details _____ you give about _____ policy's coverage for preventive care, _____ exclusions?

I _____ be aware _____ print _____ coverage _____ preventative care.

_____ about my plan _____ care.

I _____ like _____ know what prevention measures _____ insurance.

_____ want to know the _____ of _____ policy's _____ care.

_____ my _____ preventive care _____ and _____?

Does the policy _____ care include _____?

_____ to _____ about _____ care coverage and _____ exclusions/limits in _____ policy.

What about the coverage for _____ care, as _____ as _____ exclusions applied _____ give me?

Is _____ any limits _____ for preventive care?

Let _____ know _____ there are any limits _____ exceptions _____.

Inform _____ of _____ my _____ policy _____ preventative _____ and _____ limits or exemptions.

_____ any _____ or _____ associated _____ care.

Please _____ any _____ related to _____ care.

_____ it _____ to _____ policies _____ preventative medical _____?

Can you _____ of _____ coverage for preventive care, as _____ as _____?

Is _____ limit _____ exclusion in _____ coverage for _____?

_____ about _____ exclusions for prevention?

_____ details can you _____ about the _____ well as _____ limitations or _____ that are _____ my policy?

_____ you _____ information _____ policy exclusions _____?

Do _____ have any _____ care?

_____ I receive _____ details?

_____ it _____ give _____ details of my _____ regarding _____ care _____?

_____ me _____ does and how it _____ my policy.

_____ any exceptions _____ to preventive _____.

Any _____ on _____ care?

_____ you tell me about the _____ in _____.

Tell _____ about _____ exceptions related to preventive _____.

_____ give me information on _____ outlined _____ my _____?

_____ under preventive care is something _____ know.

Is it _____ to give _____ about _____ covered?

_____ any _____ or exceptions _____ to _____.

Is it _____ details _____ my preventive _____ coverage policy?

_____ you will tell _____ kind _____ preventative stuff my _____?

_____ any limits _____ to _____ care.

Tell me what preventive _____ covers _____ to my _____.

Do _____ info on policy exclusions _____?

_____ my coverage limited _____ excludes _____?

_____ me _____ care is _____ how it applies _____ policy

Can you tell _____ about _____ of preventive _____?

Any fine _____ regards _____ coverage?

I _____ if there are _____ limits _____ for _____ care.

_____ limits _____ exceptions related _____ preventative _____

I would _____ the extent to _____ my _____ policy _____ preventive care.

I want _____ know _____ is covered _____ policy.

_____ know _____ types _____ prevention measures _____ covered in this insurance.

Can you describe _____ policy's _____?

_____ me _____ your _____ and coverage restrictions are?

What _____ care is _____ by _____?

_____ would like to know _____ are covered.

Is _____ any limits or exclusions _____ care?

_____ provided _____ preventative care _____ details?

Can you _____ my policy's coverage for _____ as _____ or exclusions?

_____ my policy's preventive care inclusion?

_____ any _____ prevention outlined in my _____?

_____ do _____ about _____ scope of _____ care _____ in my _____?

Can you tell _____ for preventive care?

What _____ you tell _____ about the coverage _____ well as _____ exclusions?

Can _____ tell _____ the details of _____ for preventive _____ and _____?

_____ what _____ care conditions are _____?

Is _____ me _____ on the exclusions and _____ in my _____?

_____ any limits _____ coverage for preventive care?

_____ I be aware _____ fine _____ coverage _____ preventative care?

_____ include _____ limits _____ exceptions related to _____.

Please describe any _____ related _____ care.

Can there be _____ regarding _____ services _____ my _____?

_____ me know _____ what's _____ preventive _____ applies to my _____.

_____ to _____ what is _____ my _____ for preventative care.

I want _____ my policy's coverage for preventive _____ as well as _____ limitations _____.

How _____ preventive treatments _____?

Any _____ preventive care?

_____ provide _____ of my _____ for preventative care, _____ well _____ any limitations or _____?

There are _____ restrictions _____ preventive _____ in _____ plan?

Can you _____ information _____ the _____ and limits _____ my _____?

What _____ details _____ you give _____ my _____ for preventive _____ as well _____ any _____ exclusions?

Will I _____ care _____?

_____ of preventive _____ are _____ this insurance?

Is _____ to give me _____ about preventive _____ and _____ it?

Does my _____ mention _____ regarding _____?

_____ you _____ restrictions regarding _____ care?

Is _____ any restrictions relating _____ prevention outlined _____?

_____ to tell me _____ any _____ or limits _____ policy?

What preventive _____ under _____ policy?

_____ restrictions _____ my policy on _____?

_____ me _____ how preventive _____ what's covered.

_____ are _____ restrictions on preventative _____ in _____?

What can you tell me _____ the _____ preventive _____ applied to _____?

I would _____ more _____ prevention measures are _____ in _____.

_____ you _____ what _____ are for preventive care _____?

_____ me _____ about my _____ preventive care inclusion?

_____ me _____ extent to _____ current policy covers _____ along with any _____ exemptions.

Is there a _____ in _____ preventive _____?

_____ want _____ of my _____ care coverage, including any potential _____.

_____ would _____ some _____ about the _____ of preventive _____ coverage _____ policy.

_____ there any limitations _____ my _____ preventive _____?

What can _____ me _____ the coverage for _____ care, _____ as any limitations _____ exclusions applied _____?

_____ going _____ tell me what kind _____ policy covers?

_____ there a _____ or exclusion _____?

_____ you tell _____ and coverage restrictions?

Are there _____ details _____ my _____ preventive _____?

What _____ details _____ preventative care?

Can _____ tell me _____ specifics of _____ policy's coverage _____.

_____ me with _____ extent _____ which _____ existing policy _____ preventive care.

Were there _____ on _____?

I _____ what _____ measures are covered by this _____.

_____ to _____ the _____ to which my existing _____ care and any _____.

I would like _____ about the scope of _____ care _____ in _____.

What _____ you _____ regarding _____ coverage _____ preventative care, as well as any _____ my policy?
_____ there _____ on _____ care coverage _____ my policy?
_____ need to know if _____ are _____ on preventive _____.

What _____ of preventive treatment _____ my plan?

Can _____ tell _____ care coverage in _____ policy?

There are _____ restrictions _____ preventive services _____?

_____ like to _____ details of my _____ care _____.

_____ any restrictions on prevention?

_____ my policy _____ care procedures, _____?

_____ provide _____ regarding the _____ which my policy covers _____ care.

Can you _____ the _____ of _____ policy's _____ for _____ care, _____ well _____ restrictions or exclusions?
_____ specifics of my _____ coverage _____ preventative care, _____ well as any _____ or exclusions?

Can _____ treatments _____ included _____ policy?

Specific details _____ the _____ preventive care, as well as any _____ or _____ policy, _____ be _____.

_____ it possible to clarify _____ to _____ medical _____?

I want _____ tell _____ about my _____ care inclusion.

_____ me _____ the extent _____ preventive care is _____ policy.

_____ possible _____ details about my policy's limits _____?

Does _____ know _____ types of _____ measures _____ this insurance?

Can you _____ the _____ policy's _____ for preventative _____ as well as _____?

_____ possible _____ me _____ on the exclusions/limits outlined _____ my _____?

Please provide me with _____ details about _____ extent _____ my _____ covers _____.

Please _____ preventive care _____ in _____.

_____ my _____ include any _____ preventative _____?

_____ may I _____ coverage details?