

[Demo] NLP Dataset for Customer Service Automation

Company Type	Health Insurance Companies
Inquiry Category	Coverage limits for specific treatments/procedures
Inquiry Sub-Category	Prescription drugs
Description	Customers seeking information about coverage limits for specific medications, including brand-name drugs, generic alternatives, and specialty prescriptions.
Data Size	5,063 paraphrases
Want to buy data?	Please contact nlp-data@gross.me via your business email address.

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

How _____ am I _____ each medication covered by my _____?

What's _____ refill limit _____ the _____?

_____ give me _____ maximum number of _____ be renewed _____?

Is _____ than one refill allowed _____ each _____ policy?

Can you _____ often _____ get _____ on my prescriptions?

_____ in _____ year can I _____ a prescription?

Is it _____ to refill for _____ every year?

_____ many annual prescriptions refill _____ each _____?

_____ times _____ year can _____ refill each _____?

Do _____ have to _____ year with my _____ coverage?

What is _____ yearly _____ limit _____?

What is _____ for every _____ in _____ policy?

_____ fill each med with _____ plan?

_____ many yearly _____ allowed _____ medication?

How many _____ the _____ medication?

How _____ medicine be _____ through my _____?

Can you _____ maximum number of times that _____ renewed?

_____ possible to refill _____ for _____ medication in my _____?

_____ many _____ year can I _____ my _____?

Is _____ ok _____ annual _____ limit _____ meds?

_____ yearly _____ on _____ medications?

Tell _____ many _____ I _____ get _____ prescriptions renewed.

What's the maximum _____ refill _____ each med _____?

How many _____ allowed?

_____ many _____ a _____ year can _____ prescription be _____?

_____ times _____ can I refill my _____?

Can _____ the _____ prescription _____ my insurance provides?

_____ is _____ allowable _____ of refill _____ for each _____?

I want _____ the _____ limit _____ medication _____.
 _____ the _____ refill _____ for _____ covered drugs?
 _____ the maximum number of _____ a _____ be renewed _____?
 _____ many _____ refill are _____ a _____?
 _____ the maximum _____ limit _____ the _____ covered medication?
 Is there a _____ for the _____ of _____?
 _____ is the number of _____ allowed for _____?
 _____ need _____ the _____ renewal allowance _____ all my drugs.
 How _____ times can I refill _____ year?
 How _____ do I _____ a refill _____ the drug _____?
 _____ many times _____ year _____ it permissible to _____?
 Can you _____ me _____ refill _____ per _____ medications?
 What is the allowed number _____ refill _____?
 How many yearly refills _____ have _____?
 Can _____ tell _____ I _____ have prescriptions renewed?
 _____ year can I refill my _____ my policy?
 How many _____ per _____ will _____ policy _____ have a _____ for _____ of _____ medication?
 How _____ times per year will _____ be _____ to _____ refill _____?
 _____ medication refill under my policy?
 I don't _____ for _____ refill under my policy.
 How many times _____ I _____ a refill for _____ drugs?
 _____ the _____ refill _____ for each _____?
 There are questions _____ the _____ refill _____ drugs annually _____ my policy _____.
 Is _____ to _____ every year _____ covered _____ the policy?
 _____ often can _____ fill _____ in my _____?
 _____ the yearly _____ for each _____.
 _____ this policy, how _____ do I _____ for _____?
 Can you _____ me _____ yearly _____ allowance for _____ my _____?
 _____ know _____ maximum number _____ medication refill allowed annually.
 _____ many times per _____ do _____ have _____ get a _____ for _____?
 _____ the _____ limit for _____ in my plan?
 _____ the number of times a _____ can _____ refill _____ my drugs?
 How _____ can _____ prescriptions throughout _____ year?
 Does my _____ for more _____ one annual _____ each _____?
 How _____ times can I _____ med _____ a _____.
 What _____ the number _____ you _____ each med?
 _____ a _____ can _____ refill my meds?
 _____ times in a year will I _____ allowed _____ medication?
 _____ my health _____ limit the number _____ fill-ups?
 I don't _____ I get _____ year for each _____.
 _____ times per year do _____ allow _____ to _____ a refill on _____?
 _____ tell me _____ maximum annual _____ of allowable _____ are _____ drug?
 Is it possible _____ refill _____ the medication _____ by _____?
 I am confused _____ for all my medicines.
 What _____ maximum number of _____ in my policy?
 _____ year can I get _____ prescriptions renewed?
 _____ is _____ allowed number of _____ for each _____?
 How many _____ filled annually?
 How _____ a _____ are _____ to _____ your prescriptions?
 Is _____ many _____ I _____ refill _____ med in a _____?

_____ yearly limit for the _____ my medication?

_____ annually do I have to _____ medications?

How much _____ yearly limit _____ medication _____ under _____?

Is _____ an annual _____ limit _____?

_____ you clarify _____ maximum refills _____ for _____ covered _____?

_____ is _____ number of yearly refill _____ each _____ policy?

Do _____ the refill _____ per _____ medications?

_____ many times _____ year should _____ refill your _____?

_____ times _____ year can _____ my medications?

_____ yearly fills _____ my _____ medication?

_____ you _____ me the yearly refill limit _____?

How _____ I get _____ refill for every single _____?

_____ is _____ yearly _____ limit _____ covered _____?

_____ times per _____ I refill my _____?

_____ times per year _____ get a _____ filled?

Is _____ possible to _____ medication _____ year?

_____ the maximum _____ per year _____ meds?

Can _____ me the number _____ times I'm allowed _____ request _____ on _____?

_____ is _____ annual _____ for medication _____ in _____ policy?

Can _____ tell me _____ many _____ I _____ med?

How _____ my medications with my policy _____?

_____ times a _____ are I _____ to _____ medications?

What's the maximum refill _____ year _____?

How many times _____ refill each med _____?

_____ prescriptions can _____ get _____ in the _____?

_____ my _____ a certain number of times _____ year?

How _____ times a year _____ a refill _____ drug?

For my _____ have to _____ med _____ year?

How many _____ I get _____ refill _____ my medication?

_____ times _____ year _____ need to refill _____ med?

_____ the _____ allowable prescription _____?

_____ many _____ year _____ I get _____ refill for the _____ by _____ policy?

How _____ times _____ year do I _____ my drugs?

_____ in _____ year am I _____ to refill _____ medication?

_____ not _____ how _____ times I can refill each _____ year?

_____ the _____ for all the drugs?

_____ it possible _____ every _____ for the _____ I have?

How _____ do I get a refill _____ the _____?

How many _____ a _____ are _____ to _____ a _____?

_____ annual _____ limit allowed _____ covered _____?

_____ sure how many times I _____ refill _____ med _____ year.

_____ is _____ policy's _____ yearly _____ of prescriptions?

_____ the _____ limit for the _____?

_____ the number of times _____ permissible to refill _____ drugs with my _____ coverage.

_____ a _____ number of medicine I can refill _____?

Is _____ for _____ medication covered by _____ plan?

What is the _____ refill limit _____?

I _____ to _____ how often I _____ each _____ through _____.

How many _____ year _____ I get _____ for _____ prescription?

What _____ maximum refill _____ for _____ med _____ by _____ policy?

For each _____ many times a _____ can _____ a _____?
 _____ there _____ on _____ refill per _____?
 _____ often _____ get my _____ throughout a year?
 _____ need to _____ many _____ year I _____ have _____ renewed.
 _____ there an _____ annual refill _____ on _____?
 How _____ times _____ will _____ be _____ get _____ for any of the _____?
 What _____ refill _____ medicine that my policy _____?
 Is _____ possible _____ each _____ covered by my policy?
 I _____ know _____ times _____ I get a _____ each drug.
 I'm not sure _____ many _____ I can _____ med _____.
 _____ many times _____ year _____ request a refill for _____?
 Can _____ a prescription _____ multiple times _____ year?
 How many times _____ I _____ a med _____.
 Do _____ know _____ yearly prescription _____ allowance is _____ my _____?
 Is _____ possible _____ me the _____ number of _____ allowed _____?
 I want _____ of yearly refills for _____.
 _____ allowed an annual refill limit _____?
 _____ can each med be filled _____ my plan?
 How _____ prescriptions _____ I _____ in _____ year?
 _____ many times I can _____ each _____ in _____ year.
 In a _____ how _____ I _____ my _____?
 How _____ times _____ year will I _____ have _____ refill _____ my _____?
 _____ often am I _____ to _____ a _____ medication?
 What _____ permitted number of _____ for _____?
 _____ many times _____ refill each med within _____?
 I have questions _____ the amount _____ I _____ refill _____ a _____.
 _____ policy's _____ for _____ medication refills?
 How often _____ a _____ through _____ plan?
 Is _____ a _____ on the _____ medicine fill-ups _____ plan?
 What's the _____ limit _____ yearly _____?
 _____ do I get _____ refill for _____ drug every _____?
 _____ many times _____ am _____ permitted _____ refill my _____?
 _____ it possible to _____ me the _____ annual number _____ each _____?
 Can _____ yearly _____ renewal _____ for my medicines?
 How _____ times _____ do _____ to have _____ refill _____ the drug?
 _____ you _____ me the _____ medications _____ this policy.
 _____ is _____ limit _____ the _____ refill _____ medication?
 There _____ questions _____ number of times _____ I _____ refill _____ my policy _____.
 What is _____ cap for each _____ policy?
 _____ how _____ I get a prescription _____?
 _____ many yearly refills _____ allow for _____?
 Is there _____ refill _____ on _____?
 _____ tell _____ the yearly _____ for renewing _____ prescriptions?
 _____ my _____ have _____ max med _____ year?
 How _____ can I _____ med _____?
 Is it possible _____ get _____ prescriptions _____ number of _____?
 Can _____ tell _____ many _____ are allowed per _____?
 _____ is _____ refill limit _____ of the prescriptions in _____?
 For my _____ how _____ med _____?
 How _____ I replenish _____ medication?

How often ____ I ____ prescriptions ____ policy coverage?

____ you know ____ refill ____ year ____ my meds?

How many ____ year do I have ____ a refill ____ ?

Is there a ____ policy?

____ often do ____ to ____ a ____ a drug ____ my ____ coverage?

____ times each ____ will ____ able to ____ a refill for ____ ?

How many ____ a ____ be allowed to refill ____ ?

What ____ the maximum refill per ____ ?

____ know the ____ prescription ____ for my insurance?

____ want ____ know ____ many times ____ get a ____ drug.

How many ____ year will I ____ able to ____ for ____ ?

Is it ____ to refill ____ medications ____ with ____ ?

____ annually can I ____ prescription?

____ times ____ refill each ____ medication under my policy?

How ____ can ____ renew my ____ a ____ ?

____ know the maximum ____ year for ____ meds.

____ many prescriptions can ____ year for ____ medication?

____ a year do I refill ____ ?

What ____ the maximum ____ drugs?

How many times per ____ I ____ to ____ ?

____ many ____ year should ____ each medication?

____ is ____ limit ____ annual medication ____ ?

How ____ times a ____ do I need ____ ?

Is the ____ limit ____ medication?

Can you ____ me how many times ____ prescriptions ____ ?

What times can each ____ through ____ ?

____ know how ____ can I get ____ in ____ year.

Can you tell ____ I can refill ____ in a ____ ?

____ it comes ____ medications ____ by my policy, what ____ allowance ____ refill frequency in ____ ?

Is ____ on the ____ yearly medication fill-ups?

____ frequently can ____ prescriptions ____ year?

What ____ the annual ____ for ____ of the ____ ?

What is ____ per ____ every med ____ in ____ policy?

____ frequently ____ I renew ____ a year?

____ times can my ____ filled ____ ?

Is it ____ to refill every ____ medication?

____ many refills ____ I get ____ each med?

____ the ____ refills of each ____ drug?

____ many times annually ____ get a refill ____ ?

____ year are ____ allowed ____ refill your medication?

____ I ____ my ____ filled at ____ times a year?

How many times ____ my ____ year?

How ____ times per ____ prescriptions renewed?

How ____ can ____ be ____ through ____ plan?

____ it possible to ____ each ____ drugs covered?

____ like ____ how many times I ____ get ____ renewed ____ year.

____ to refill each ____ the ____ in my policy?

Do I ____ annually with my policy?

____ possible ____ refill my ____ annually with my ____ ?

I ____ often each ____ can be filled through ____ .

What _____ maximum refill _____ for the _____ I _____?
 How many _____ will I _____ allowed _____ a refill for any _____?
 _____ would _____ to know _____ time _____ can refill my _____ annually.
 In _____ year, what is _____ cap _____ each _____?
 _____ refill limit _____ covered meds?
 Is _____ a limit _____ the amount of _____ can _____?
 How _____ I _____ to refill the drugs?
 How _____ a year _____ get to _____ my _____ drug?
 _____ many times a _____ think I can _____ med?
 How many _____ per _____ I _____ my drugs with this _____?
 How _____ a _____ will _____ able to _____ a refill _____ my _____?
 _____ many _____ a year _____ need to refill _____?
 _____ have questions _____ the amount of time I _____ refill _____.
 _____ often can _____ my prescriptions throughout _____?
 How _____ I get a _____ of my _____?
 _____ many times a _____ get _____ refill _____ my drug?
 Can _____ be _____ than _____ annual _____ refill _____ each _____ on _____ policy?
 Is _____ allowed an _____ on _____ medication?
 I want to know the _____ prescription _____ medicines.
 How _____ times a _____ will _____ get a _____ for _____?
 How many _____ I need to refill _____?
 How _____ times a _____ can you _____ med _____ policy.
 I _____ like to know _____ frequently I _____ my _____ a _____.
 What _____ number _____ prescription can be renewed annually?
 I don't know _____ many _____ can refill _____ by _____ policy.
 Is _____ limit _____ many _____ fill-ups per health _____?
 _____ is the refill limit _____ all _____ in _____?
 Can _____ each med _____ be _____ through my plan?
 What is _____ every medicine _____ in a year?
 _____ refill limit for covered _____?
 _____ can I refill _____ the year?
 I _____ about _____ number of medication _____ allowed under _____.
 _____ a year do I _____ to refill _____?
 Do you _____ the yearly _____ the _____?
 _____ the limit for _____ refilling _____?
 Can _____ how _____ times _____ can refill _____ med in _____ year?
 How _____ times every year am _____ medication?
 _____ many refills _____ for each med _____ my _____?
 _____ many times _____ can I _____ my prescription _____?
 _____ many _____ allowed for a _____?
 _____ many times a _____ I _____ prescription?
 Is _____ permissible to _____ for _____ med in my _____ year?
 I _____ to _____ how _____ a _____ I _____ have prescriptions renewed.
 _____ many times _____ will _____ be _____ to _____ a refill _____ any _____ the _____?
 _____ it possible _____ every year _____ the _____ I _____?
 _____ is _____ all _____ medicine _____ cover in a year?
 _____ you clarify _____ annual prescription _____ allowance _____ for _____ insurance?
 How many _____ do you _____ can refill each _____?
 How's _____ refill _____ each medication?
 _____ the yearly _____ EACH medication?

_____ many times _____ I _____ a _____ filled _____ policy year?
 Is there _____ refill _____ for _____ medication?
 Is there _____ on _____ of medication _____ per _____?
 Is _____ possible _____ refill every year _____ my policy?
 _____ is the _____ for _____ I have?
 _____ I _____ a _____ the max _____ refill per year?
 _____ many _____ year _____ able to get a refill _____ medication?
 _____ times a year will I _____ medication covered by the _____?
 What is the maximum _____ can refill _____ policy _____?
 I don't know _____ refills _____ get _____ year _____ each _____.
 Can you _____ yearly prescription renewal allowance _____ covered by _____?
 _____ of times I can _____ my drugs with my policy _____.
 What is _____ maximum _____ year _____ med _____ my policy?
 _____ want to _____ how many _____ refill _____ my _____.
 What _____ maximum _____ year _____ every med in the _____?
 _____ tell _____ times a year _____ have my _____ renewed?
 Can _____ a _____ my meds in _____ year?
 _____ times a _____ can one refill a _____?
 How _____ year _____ I get _____ prescriptions?
 What is the _____ cap _____ each _____ my _____ a _____?
 _____ I _____ a _____ filled _____ times _____ a _____ year?
 _____ many _____ year can _____ renew my _____?
 _____ many _____ year will I be _____ any of the _____ covered _____ policy?
 How _____ per _____ will I be _____ to refill the _____ policy?
 How many times a _____ do _____ refill _____ drugs?
 _____ you _____ how _____ times _____ can refill _____ med?
 I want to know how _____ times a _____.
 _____ year _____ I be able to _____ a refill _____ my prescriptions?
 _____ there an annual _____ covered _____?
 _____ I _____ the refill _____ for _____ covered _____?
 I _____ questions about _____ of times I _____ drugs _____ year.
 What is _____ limit _____ under my policy?
 _____ maximum _____ per year for every _____ covered?
 How _____ my prescription be _____ in a _____?
 What's _____ yearly _____ my policy _____?
 Can you _____ me _____ number _____ times _____ refill _____ my policy?
 I _____ the yearly _____ allowance for my _____.
 How _____ every year _____ be _____ have a _____ for _____ medication?
 _____ you _____ the _____ of times _____ request _____ refill on my prescription _____?
 Can you tell _____ the _____ number of _____ in _____ policy?
 _____ policy _____ a certain number _____ refills _____ for _____ medicine.
 How _____ a year do _____ get _____ for _____ drugs?
 _____ to know how _____ times I _____ have _____ renewed _____ year.
 _____ the refill cap _____ all the medicine covered _____?
 _____ me the maximum number of _____ times _____ each _____ in my _____?
 _____ often can _____ refill _____ drugs _____ my _____ coverage?
 _____ many _____ do _____ have _____ refill _____ medicine in a _____?
 Can _____ tell _____ times a year _____ can _____ med?
 _____ the _____ for _____ medicine under my policy?
 _____ it _____ my plan allows yearly _____ my _____?

What's the _____ refill _____ the drugs?
 _____ the _____ of times you _____ a _____?
 _____ the limit for _____ yearly _____ of all _____?
 How often _____ be filled _____ plan
 What _____ for _____ refill in my _____?
 What is _____ annual refill _____?
 _____ are the _____ annual medication _____?
 _____ a year do _____ have _____ refill my _____?
 What is _____ allowed _____ each _____ annually?
 Annual _____ on _____ medication?
 _____ is the allowed number _____ refill per _____ for each _____?
 My policy _____ refill _____ year for each med.
 _____ many _____ year _____ I refill a covered _____?
 How _____ is _____ each prescription I have?
 _____ many _____ a _____ I _____ to refill med?
 How _____ can I _____ my _____ filled _____ a _____?
 _____ you _____ me _____ annual number _____ allowable refills for _____?
 _____ times per year can _____ get my _____?
 Can _____ tell me how _____ I'm _____ refill my _____?
 Is there _____ limits _____ number of yearly _____ per _____?
 _____ is the limit _____ how many _____ can _____ my _____?
 How many _____ per _____ do _____ have _____ a _____ prescription?
 _____ times a _____ will _____ to refill my medication?
 What is _____ number _____ per year _____ each _____?
 _____ tell _____ maximum number _____ can refill each year?
 _____ it _____ me _____ refill _____ yearly for my _____?
 _____ there be an _____ on _____ meds?
 How _____ a year _____ allowed _____ my drugs?
 _____ ask _____ the amount of time _____ refill _____ annually.
 _____ many times _____ replenish _____ med?
 How _____ can _____ renewed annually _____ each _____ listed?
 How many refills _____ I _____ for _____ drug _____?
 Is _____ to _____ every _____ for drugs covered by _____?
 Can _____ the number of _____ I'm allowed _____ refill _____?
 Can you _____ the _____ of refill _____ per _____?
 How _____ I _____ a _____ for my _____?
 Can you _____ me _____ maximum _____ of _____ be renewed _____?
 _____ the _____ number of refills _____ per med _____ my _____?
 Do _____ know _____ many _____ a year I _____ refill _____?
 I don't know how many times _____ can _____.
 How many _____ can I _____ medicine _____ year?
 _____ prescriptions _____ renewed _____ by insurance?
 _____ get a refill for _____ prescription every _____?
 How often can _____ filled through my _____?
 What is _____ each covered medication
 _____ is the _____ med's _____ refill _____ under my policy?
 _____ the annual _____ meds allowed?
 _____ often do _____ to _____ a _____ per medication?
 How _____ can _____ get _____ through my plan?
 _____ how often _____ can request _____ for my medication?

_____ want to _____ is _____ annual number of _____ refills _____ each drug.

What _____ yearly refill limit _____ the _____?

_____ annually do I _____ to refill my _____?

_____ are the _____ refill _____ medication?

_____ you give me _____ on _____ prescription renewal _____?

_____ an annual refill _____ covered _____?

How many _____ can _____ a _____?

_____ per annum _____ prescriptions be _____?

What _____ the _____ times I can _____ covered _____?

Is _____ annual refill limit?

How many _____ I refill _____ Med?

_____ is _____ limit for _____ many times _____ refill _____ prescription?

Can you _____ the _____ times _____ allowed to request _____ on my _____?

How many pills _____ renewed _____ the insurance _____?

_____ the maximum _____ times a _____ be renewed under my _____?

Do you _____ how _____ allowed for _____ medication?

Can you have _____ annual _____ on _____?

_____ the annual _____ limit _____ every _____ medication?

Can you _____ me how _____ I _____ prescriptions?

_____ times a _____ I get to _____ medications?

Does _____ allow _____ one refill _____ year _____ each medication?

_____ annual _____ limit _____ covered meds?

How many times _____ year _____ prescription _____?

_____ it possible to have _____ refill limit _____?

How _____ times a _____ each _____ filled?

_____ many _____ year do _____ have to _____ my medication?

_____ maximum _____ of _____ can refill a covered prescription?

_____ is the _____ refill per year _____ my _____?

What's _____ refill limit for all _____?

I have questions _____ the amount _____ time _____ my _____ year.

_____ refill _____ of each covered medication?

_____ refill _____ for each medication?

_____ you tell _____ limit _____ annual medication refills?

What's _____ for my drugs?

Can _____ many times you _____ refill a _____?

Are there _____ covered medication?

_____ my coverage, how _____ refill _____?

Is _____ refill each _____ for a _____?

_____ you tell _____ yearly prescription renewal allowance for _____?

I _____ know how _____ per year I _____ my _____.

_____ is a _____ of yearly medication _____ per _____ plan coverage.

Is the _____ limit _____ medication _____?

There _____ amount of time I _____ my _____ per year.

How many _____ year do I _____ refill _____?

_____ refill each year _____ each medication covered _____ policy?

_____ the yearly refill _____ covered _____?

How many _____ annually _____ I _____ allowed _____ refill _____?

What _____ of refills _____ med allowed _____ my _____?

_____ there an allowed _____ count _____ med in _____?

Is it possible to _____ prescribed _____ of _____ a _____?

How _____ times in _____ year _____ I _____ med?

How many times will I _____ a refill _____?

Is _____ an _____ limit _____ covered _____?

I question the _____ refill my _____ with my policy _____.

How _____ year _____ I _____ given a _____ for _____ medication?

_____ it possible to _____ every year _____ the medication _____?

_____ policy allow _____ more than _____ prescription refill _____ each _____?

_____ the maximum _____ per year for each med _____?

_____ max med refill per _____ my policy?

_____ many _____ I _____ pill in a year?

How many _____ prescription _____ filled during a _____?

How _____ times can _____ prescriptions _____ year?

_____ many times a year _____ I get _____ refill _____?

I _____ like to know _____ allowable refills _____ each drug.

Do _____ max _____ refill per _____ my policy?

_____ many _____ year do I _____ refill my _____?

How many _____ I be able _____ any _____ my medication?

What _____ yearly _____ limit _____ that _____?

_____ cap for every _____ that _____ have in _____ policy?

_____ many _____ refill _____ my coverage?

I _____ how _____ times I can _____ drugs annually.

_____ is _____ limit _____ medication refill under _____ policy?

_____ to _____ coverage, can _____ take _____ multiple times _____ year?

_____ times _____ my med in a year?

I _____ questions _____ number _____ drugs can be refilled _____ my policy _____.

What is _____ of _____ allowed _____ for each _____?

_____ is the _____ of refills _____ for _____ med?

How many _____ can _____ through _____?

How many times _____ do I _____ a refill _____?

Is it possible to _____ year the _____?

How _____ can _____ get _____ filled during _____ year?

There are _____ about _____ number _____ my _____ allows _____ to _____ drugs.

_____ want to _____ many _____ I can get _____ prescriptions renewed.

_____ times per year _____ refill each _____ under _____ policy.

_____ maximum _____ of times _____ refill _____ policy drugs?

_____ it possible to allow _____ count _____ each _____ in _____?

_____ many _____ are I allowed _____ my _____?

How many _____ a _____ I _____ to _____ a refill for _____?

_____ it _____ to _____ for the medication I _____?

I _____ to know _____ prescription _____ for my _____ is.

_____ there a yearly limit _____ in my _____?

What _____ refill _____ for my policy prescriptions?

_____ have questions _____ the amount _____ I _____ refill _____ with _____ policy coverage

_____ my plan allowed to _____ a _____ each med _____?

_____ the _____ limit for refill _____ medication _____ policy?

I don't _____ how _____ times a year _____ for my _____.

_____ time _____ each med _____ through my plan?

How many _____ per year will _____ be able to get _____ for the _____?

_____ me to refill _____ medication every year?

How _____ per year am I _____ to _____?

_____ many times _____ year _____ refill my drugs?
 How _____ per _____ get to refill my _____?
 _____ refills can you _____ on your _____?
 What is _____ limit for the _____ refill _____?
 Please _____ the yearly prescription renewal _____.
 How many times a _____ I have _____ medication?
 _____ my policy, _____ much med should _____ year?
 How _____ have to refill the medication?
 _____ year _____ I get to refill my _____?
 Is it possible _____ clarify the _____ allowance _____ coverage?
 I _____ questions _____ time _____ refill my drugs annually.
 What's the _____ refill _____ med in _____?
 _____ the _____ yearly limit _____ refills?
 What _____ count _____ allowable prescription _____?
 _____ should _____ refill my _____ with _____ policy coverage?
 _____ refill my meds in _____?
 What _____ the _____ number _____ each _____ each year?
 Is _____ year _____ the prescriptions I have?
 What _____ amount for _____ covered medication?
 _____ many _____ per _____ be able to receive _____ refill _____ medication?
 What _____ number _____ each _____ refill allowed _____ my _____?
 What's the maximum _____ for _____ med _____ have?
 How _____ per _____ I need to _____ a _____?
 _____ for covered medication?
 How _____ times _____ year _____ I _____ prescription?
 A _____ the yearly refill _____ for _____.
 What _____ refill _____ year _____ the med covered?
 _____ questions about _____ of _____ is permissible _____ refill my drugs _____ my policy coverage.
 What _____ the maximum _____ times _____ a medication _____ my policy?
 _____ medication refill _____ something I don't know.
 What is _____ policy's _____ medication _____?
 I _____ questions _____ the number of times I _____ my _____ drugs.
 How _____ year will I _____ allowed to _____ any of _____ covered by _____?
 _____ maximum _____ per _____ for _____ med?
 _____ is the _____ refill _____ each med?
 What is _____ policy's _____ refill of _____?
 _____ often can each medical _____ be _____ plan?
 _____ the _____ limit _____ the _____ prescription _____ my plan?
 Is it _____ to refill _____ for _____ medication _____?
 _____ possible _____ get my prescriptions filled _____ number of _____?
 _____ possible _____ for the medication that _____ policy covers?
 What is _____ maximum _____ prescriptions _____ can _____ renewed annually under _____?
 _____ many times per year _____ refill for _____ medication?
 _____ you _____ the _____ prescription _____ allowance for _____ my prescriptions?
 _____ times _____ year _____ to get a refill for _____ the medication?
 _____ do _____ have to get _____ for a _____ my _____ coverage?
 What _____ permitted _____ times you can _____ a _____?
 Will _____ be able _____ refill _____ every _____?
 How _____ times _____ you allow _____ to _____ refill on _____ drugs?
 _____ a year do I have _____?

What's _____ limit _____ refill _____ my _____?
 Is there _____ yearly _____ my medication coverage?
 _____ I allowed an annual _____ medication?
 How many times _____ year _____ be able _____ a refill _____?
 How many _____ have to refill _____ medicines?
 _____ you give _____ the _____ of times _____ request _____ refill _____ my _____?
 _____ many _____ must _____ refill my medication?
 What _____ maximum number of _____ per _____ you _____ prescribed medication?
 I _____ regarding the _____ times I _____ refill _____ drugs _____ my policy _____.
 _____ many _____ a year does _____ a refill _____ every _____?
 _____ yearly fills be _____ for a _____ plan?
 What _____ medication refill _____ the policy?
 _____ is the _____ annual _____ allowed for _____ med?
 What _____ medication refill _____ for the _____?
 _____ it _____ to refill every year _____ medication?
 I have a few _____ about the _____ my drugs _____.
 Is there a maximum _____ refill _____ my _____?
 _____ many times a year _____ I _____ to have a refill for _____ policy?
 _____ there _____ number of _____ get my prescriptions filled _____?
 I _____ questions about _____ refill _____ with my policy coverage.
 For _____ policy, what is _____ maximum _____?
 Do I _____ refill my med _____ for _____?
 How frequently can _____ get _____ renewed _____ year?
 _____ do I have to _____ my _____ in _____?
 Can _____ specify the _____ annual _____ of _____ for each _____?
 How often _____ I _____ medication _____ insurance?
 How many _____ do _____ get _____ the drug?
 What's _____ refill for _____ med _____?
 How _____ the med _____ through my plan?
 _____ want to know how frequently _____ refill _____ drug.
 _____ the maximum refill limit _____ that I _____?
 How _____ can I refill _____ policy?
 How many times _____ do I _____ refill _____ drug _____?
 _____ it _____ refill each year _____ the _____ is covered _____ my _____?
 _____ can I refill _____?
 Is it possible _____ med in my _____ every year?
 _____ permissible _____ have a refill _____ for _____ in my plan _____?
 _____ I _____ prescriptions filled annually?
 _____ is the refill _____ for all the _____ policy?
 How many times per year _____ to get _____?
 _____ tell me how many _____ I have _____ each _____?
 _____ many times per year will _____ be _____ the _____ covered _____ my _____?
 _____ each med, _____ the permitted _____ of _____?
 What's _____ refill per _____ for _____ policy?
 _____ can _____ get my _____ throughout a calendar _____?
 What _____ the _____ refill _____ certain _____?
 What _____ limit _____ the medication?
 _____ times _____ year do _____ get a refill on _____?
 _____ is _____ yearly _____ for _____ covered medications?
 _____ a year _____ I refill _____ pills?

Do _____ how many _____ year _____ can have _____ renewed?
 _____ times a _____ will _____ a refill _____ any of _____ medication?
 _____ tell me _____ there are _____ on _____ refill per _____?
 _____ would like to know how _____ I _____ refill _____ prescriptions _____ .
 Do you have _____ annual _____ covered _____?
 _____ times _____ get _____ filled in one year?
 I wonder how _____ year _____ a _____ for each _____ .
 Can _____ know how _____ each med will _____ through _____?
 What's the _____ number _____ times I _____ policy _____?
 _____ many times _____ be _____ to _____ a refill _____ my medication?
 How _____ med _____ filled with my _____?
 _____ times _____ do I have to _____ refill _____ drug?
 How many _____ renewed _____ insurance _____?
 What _____ the _____ refill for each _____ is covered _____?
 _____ have _____ regarding _____ number _____ permissible to refill _____ with my policy _____ .
 I don't _____ what _____ maximum _____ year is _____ my _____ .
 Do you know _____ many _____ yearly _____ my _____?
 How many _____ year _____ I get a _____ my _____?
 _____ refill limit for each prescribed _____?
 What _____ maximum number _____ times _____ you can _____ your _____?
 _____ times _____ year I get _____ refill _____ each _____?
 _____ the _____ cap for every medicine in _____?
 _____ many times _____ med _____ be filled _____ my _____?
 How many _____ year _____ I _____ to refill _____?
 Is _____ number _____ I can get _____ prescriptions _____ each _____?
 How _____ have for my coverage?
 How many times _____ I be _____ have _____ refill for _____?
 Do you know _____ I _____ my _____ renewed?
 What is _____ for _____ within a year?
 Is _____ times I refill medications included in _____ coverage?
 How _____ times a _____ do I _____ to _____ my _____?
 _____ my policy, what's the maximum _____?
 _____ annual refill limit for _____?
 _____ permitted number _____ can refill _____ med under my policy?
 _____ you tell me _____ many _____ per _____?
 What is _____ maximum _____ year _____ in _____ policy?
 How _____ I refill _____ prescriptions _____ a _____?
 How _____ can I _____ prescriptions _____ during a _____?
 _____ policy's yearly medication _____ limit?
 I _____ the amount _____ that I _____ refill my drugs _____ .
 _____ the number _____ you can refill your medication _____ policy?
 How many _____ a _____ will I be _____ refill _____ of _____ medication covered _____?
 _____ times _____ I refill _____ prescription?
 I _____ yearly prescription _____ for all _____ insurance coverage.
 _____ tell _____ how many times _____ can get _____ renewed?
 I _____ how many times a _____ I _____ prescription.
 How many times a _____ get a _____ drug?
 _____ many _____ a _____ do _____ need _____ my medication?
 _____ my _____ what _____ yearly limit for _____ refill?
 How _____ times _____ year _____ have _____ refill for my prescriptions?

I _____ how _____ a year I can request a refill _____.
 Do you _____ refill limit _____ covered _____?
 How many times _____ year _____ get _____ medication?
 What _____ the _____ yearly refill _____ my _____?
 _____ many times can I _____ Med _____ a _____?
 How _____ will I be able _____ the _____ in _____?
 _____ my policy, what _____ the _____ refill _____ year?
 I _____ wondering _____ I can refill _____ annually _____ coverage.
 I don't know how _____ a year _____ for _____ drug.
 _____ times _____ year _____ I have _____ refill _____ any of _____ medication?
 _____ on how many _____ a _____ you can _____ your medication?
 I _____ know how _____ am allowed _____ get _____ medicine.
 _____ possible to refill _____ for the different _____?
 How _____ year do _____ get _____ on my drug?
 _____ you _____ a limit on _____ times _____ each med?
 Can _____ yearly _____ renewal allowance for _____ drugs?
 Can _____ me _____ I can _____ each med?
 _____ have questions about the number of _____ I _____ my prescriptions _____.
 _____ is the _____ for a prescription in _____?
 Can you _____ number _____ times that I _____ refill _____ drug?
 _____ tell me _____ many refills _____ get _____ year for _____?
 _____ tell _____ number of times _____ have prescriptions _____?
 _____ know how _____ times a _____ I _____ refill my _____.
 What is _____ refill _____ every _____?
 How _____ times _____ year do _____ have _____ my _____?
 _____ refill _____ on covered meds _____?
 _____ maximum _____ year _____ my medications?
 What is _____ allowable _____ year for each med under _____?
 I _____ the _____ for _____ covered under my policy.
 _____ there a limit _____ for the drugs included _____?
 How often _____ under my plan?
 How many _____ a _____ to have a _____ for _____ medication?
 Can you _____ refill my _____ more than once _____ year?
 _____ times _____ I be _____ to have a _____ medication?
 _____ possible _____ refill each _____ by _____ policy every year?
 _____ a medication _____ my plan
 _____ many _____ a _____ do I have _____ refill _____?
 _____ possible _____ every year _____ policy covered drugs?
 _____ tell me the _____ prescription _____ medicines _____ by my insurance?
 _____ yearly _____ for a medication _____ by my _____?
 _____ many times a _____ does _____ a refill for _____?
 How often can I _____ renewed _____ the _____?
 _____ there a set number of _____ prescriptions _____ annually?
 _____ there _____ limit _____ yearly medication fill ups?
 _____ a _____ number _____ yearly _____ fill-ups per _____ plan?
 _____ yearly refill _____ prescription _____?
 How _____ year does my _____ refill my medications?
 How many times _____ per year?
 _____ is _____ cap _____ each _____ covered in my _____?
 The _____ for each covered _____?

Can ____ tell ____ ____ ____ ____ ____ refill ____ med in a year?

How many ____ ____ year do ____ need ____ ____ my ____?

____ fills ____ a ____ that is ____ ____ my plan?

What's ____ maximum refill ____ ____ medication ____ cover?

Is ____ ____ ____ me to refill ____ ____ ____ with my policy ____?

____ ____ ____ yearly ____ ____ for each medication?

____ ____ ____ how many times I can refill ____ med in ____ ____?

____ ____ times ____ I ____ my medicine in a ____?

What ____ of ____ ____ ____ to refill my medication?

What ____ ____ ____ limit for ____ medication every year?

What ____ ____ yearly ____ limit ____ ____ medications?

____ it ____ ____ ____ every year for ____ policy drugs?

Is ____ possible to ____ ____ ____ every medication that's covered ____ ____ policy?

How ____ times a year ____ I be ____ ____ ____ my ____?

How ____ ____ refill ____ ____ me?

____ ____ refill ____ medication ____ year?

How ____ times ____ ____ ____ be ____ to ____ a refill for ____ ____ my medication?

Can you ____ ____ what ____ ____ ____ renewal ____ is for my ____?

What ____ ____ ____ limit ____ ____ of medication?

____ the ____ ____ per year for ____ policy ____?

____ the maximum ____ refill per ____ ____ in ____ policy?

Under ____ policy, what is the ____ limit for ____ ____ ____?

I ____ ____ as to the ____ ____ times I can ____ my ____ ____ my ____ ____.

____ ____ times ____ ____ get a prescription filled ____ a ____?

Can ____ ____ me ____ ____ number ____ times ____ ____ refill a drug?

How ____ times can ____ refill ____ ____ ____ a year?

How many ____ ____ ____ can ____ refill a ____?

I ____ like ____ ____ the ____ ____ allowance for ____ insurance drugs.

Can ____ get my ____ ____ ____ per ____?

____ ____ questions about ____ number of ____ I ____ ____ ____ ____ my drugs with my ____ coverage.

____ ____ tell me the number ____ times ____ ____ refill my ____ in ____ ____?

Under my ____ what is ____ limit ____ ____ ____?

____ you ____ a limit on ____ many ____ ____ can ____ ____ ____ in a year?

____ often ____ each medical be ____ ____ my ____?

I ____ to know the yearly ____ ____ ____ ____ insurance.

What is ____ ____ ____ the medicines covered by ____ ____?

What is ____ ____ limit for ____ ____ ____?

____ my ____ ____ ____ refill per year?

How many times ____ ____ ____ refill ____ prescription?

____ ____ times can I fill ____ ____ ____ a year?

Is ____ annual ____ ____ allowed on the ____ ____?

How many times a ____ ____ ____ my ____ renewed?

The annual refill ____ for each ____ ____ what ____ ____?

____ is ____ yearly limit ____ ____ refilling?

What is ____ ____ of ____ I ____ get ____ ____ filled?

____ ____ ____ what the allowed ____ of refills ____ ____ each med.

____ ____ many times a year ____ ____ ____ my ____?

____ want ____ know how many ____ I ____ ____ ____ each med.

____ ____ times a ____ ____ can ____ replenish my ____?

How ____ times ____ I ____ ____ refill ____ med in a ____?

How many yearly _____ have _____?

How many _____ i _____ to refill my drug _____?

_____ many _____ per year do I get _____ prescription?

_____ a year do _____ the _____ for my prescription?

_____ tell me _____ many prescriptions _____ can have _____?

_____ many times _____ year can I _____ refill _____ my _____?

_____ want to _____ many times I _____ my _____ renewed _____.

How much _____ do I _____ refill _____ year for _____?

What is _____ refills _____ year _____ each med _____?

How many times _____ do _____ need to get _____ for _____?

I _____ the maximum _____ refill allowed annually under my _____.

_____ you tell _____ many yearly refill is _____?

What is _____ limit _____ every _____?

_____ often _____ have med _____ through _____ plan?

Can you tell me the _____ number _____ for _____?

_____ is _____ refill _____ for _____ covered drugs _____ plan?

How _____ times a _____ I get a _____ my _____?

_____ many yearly _____ allowed _____ prescribed _____?

_____ many yearly refills _____ you _____ on _____ prescription _____?

_____ it possible _____ allow for _____ count _____ each _____ in _____ plan?

_____ is the _____ refill limit _____ the _____?

_____ you _____ me _____ maximum number of _____ I can _____?

_____ cap for every medicine over _____ course of _____?

Within _____ policy year, _____ many _____ can _____ a _____ filled?

_____ want _____ refill cap _____ every _____ in my policy.

_____ number _____ yearly _____ for each prescribed medication?

Can you tell _____ times prescriptions can _____ per _____?

_____ allows for _____ certain _____ of annual _____ each med.

How _____ are I allowed _____ get _____ refill _____?

_____ the count for _____ prescription _____?

_____ the annual _____ refill limit _____ each _____?

_____ you _____ the refill limit _____ the medications?

_____ fills allowed _____ medication?

_____ restriction on the number _____ yearly medication _____ health _____?

How many _____ year _____ I _____ to have a refill _____?

How many times a _____ be _____ to get a _____?

_____ how many _____ I _____ get _____ a year.

_____ many times _____ year _____ my _____ me to refill _____ the _____?

What _____ the allowed number _____ my policy?

_____ would like _____ know what _____ yearly _____ renewal allowance _____ for _____.

I _____ questions _____ of time _____ can refill my _____ annually _____ insurance.

_____ the _____ yearly _____ for my policy _____?

How many _____ per year will _____ a _____ for _____?

How _____ year can I _____ medication under my _____?

_____ is the _____ refill per _____ for _____ med _____ policy?

How _____ times can _____ refill my _____ in _____?

Can you tell _____ a year _____ can _____ a _____ for _____ drugs?

How many _____ will _____ refill _____ covered prescription?

How many times _____ year do _____ get a _____ medicine?

_____ many times per _____ will _____ any medication covered by my _____?

How many _____ a year _____ my _____?

_____ times _____ will my _____ allow me _____ refill _____ medication?

How _____ can I _____ in one year?

What number _____ will I be able _____ get a refill _____?

_____ is the refill _____ for _____ that is _____ policy?

_____ policy _____ many times _____ get a prescription?

What is _____ annual _____ refill _____ medication _____ policy?

How _____ do _____ to _____ med through my _____?

Can you _____ the _____ refill allowed annually?

_____ you _____ me _____ annual number _____ refills for _____ drugs _____ my policy?

How _____ yearly _____ can you _____ prescription?

_____ many _____ prescriptions can _____ renewed for _____ listed in _____?

Is _____ to _____ refill _____ for _____ med in my _____?

_____ a _____ do I have _____ refill _____ medicine?

What's the _____ per med covered _____ policy?

_____ times _____ I refill my _____?

_____ have _____ about the number _____ times it's permissible to _____ coverage

_____ there _____ limit _____ the number of _____ refill medications _____ my coverage?

_____ prescriptions _____ renewed for each medication _____ on _____ policy?

_____ times a _____ do _____ get a refill _____ my _____?

How _____ can I _____ a medication?

How _____ year _____ I have _____ prescription filled?

Can _____ the refill _____ for my _____?

_____ you tell me the maximum _____ number _____ refill _____?

Is _____ annual refill limit on _____ drugs?

_____ have _____ as to _____ of time _____ refill my _____ year.

_____ question the _____ to refill my drugs _____ my _____ coverage.

Do you _____ the _____ for _____ medication?

How many _____ my prescriptions _____ in _____ year?

_____ policy's limit _____ refill _____ not known.

Is _____ a max med refill _____ policy?

_____ there a _____ of times you can _____ per policy?

_____ health plan _____ the _____ of yearly _____ fills?

_____ the maximum _____ per year _____ covered in my _____?

_____ year will I be _____ refill any of the _____ covered by _____?

How many _____ I _____ covered prescription per _____?

How _____ I refill each _____?

_____ each _____ am I _____ to _____ my medication?

_____ frequently does my healthcare _____ me to _____ a _____ for _____?

I have questions _____ amount of _____ can refill _____.

_____ you know the _____ refill _____ medication?

_____ my policy, _____ the _____ refill _____ year?

How many times can I _____ in _____ single _____?

_____ is the _____ for refill _____?

What _____ policy's yearly limit _____?

What _____ the number of _____ allowed for _____?

How _____ can each med _____ plan?

_____ have _____ about the number of times I _____ using my _____.

What is the _____ number _____ refill _____ medication _____ my policy?

_____ are _____ about the number _____ times _____ refill _____ my policy coverage.

_____ per year _____ allowed to refill my _____?

_____ annual refill _____ covered medication?

In a _____ meds _____ have refilled?

_____ it possible to _____ a refill _____ prescription many _____?

_____ it possible for _____ to _____ my _____ times a _____?

_____ annual _____ limit _____ medication?

_____ tell _____ how many _____ need to get prescriptions _____?

_____ to medications covered by _____ is the allowance regarding _____ frequency in _____ year _____?

_____ annual _____ limit _____ covered pills?

How _____ year _____ a refill for my prescription?

_____ there _____ of times _____ my _____ filled each year?

_____ many times _____ need _____ refill my _____ prescription?

_____ many times _____ med be _____ my plan?

_____ maximum refill per year _____ each med _____ my _____?

_____ you tell _____ how often _____ can have _____?

How _____ can _____ filled _____ my plan?

_____ the yearly _____ allowance for _____ insurance _____?

Is _____ set number _____ times I _____ have my _____?

_____ you _____ how many _____ yearly for your _____?

_____ times _____ year do _____ a refill for my drugs?

How often _____ I _____ to _____?

_____ often can _____ filled per _____?

I _____ how many _____ get _____ each _____ every year.

How _____ will I be allowed _____ for _____ medication?

_____ is the maximum _____ times _____ a _____ under my policy?

The _____ of _____ I can refill _____ drugs _____ is _____ I _____.

What is _____ refill _____ for all the _____?

_____ you give me _____ number _____ times _____ can _____ on my _____?

How many times _____ year will _____ to refill _____?

Do you _____ number _____ times _____ get my prescriptions _____?

Do _____ know _____ yearly _____ per _____?

I _____ questions _____ how _____ I _____ drugs with my _____ coverage.

_____ times _____ year _____ I refill _____ medication.

How many refills _____ year are allowed _____ med _____.

I don't _____ many _____ I get _____ year _____ my policy.

_____ I replenish in a _____?

_____ the annual medication _____ limit _____?

Can you _____ me if _____ possible to _____ every _____ medication?

_____ many times each year _____ allowed _____ my _____?

Can _____ tell _____ cap _____ my medication?

How _____ I get _____ renewed _____ a year?

Is the _____ allowed on _____?

How _____ times can _____ in one year?

_____ is _____ amount _____ I _____ a covered prescription?

Is _____ a number _____ times a _____ that _____ get _____ filled?

_____ permissible to have an _____ limit on _____?

What _____ the _____ yearly _____ refilling?

_____ times a _____ I _____ the refill for each _____?

_____ the _____ refill limit _____ on _____?

How _____ times _____ year _____ prescriptions _____?

_____ a _____ on _____ many _____ a _____ I can refill _____ prescription?
 _____ year will _____ to refill my medication _____ the policy?
 What is the _____ policy _____?
 _____ many _____ renewed _____ each medication included _____ my policy?
 _____ annual refill _____ on _____ drugs?
 Is _____ refill _____ year _____ the drugs covered _____ policy?
 Can _____ the yearly refill limit _____ each _____?
 What _____ yearly refill _____ in the policy?
 _____ times _____ year will _____ able to _____ a refill for _____ medication?
 _____ want _____ many times a _____ can request a _____ prescribed drugs.
 How many _____ a _____ can _____ have _____ prescription _____?
 _____ tell _____ the yearly _____ for my insurance coverage?
 What is _____ number _____ yearly refill _____ each _____?
 _____ of med _____ yearly for _____?
 _____ I _____ frequently each _____ be filled _____ my plan?
 _____ per year _____ I _____ to refill _____ of choice?
 I _____ questions about _____ time _____ can _____ my drugs per _____.
 _____ need _____ the _____ prescription _____ for my drugs.
 _____ it _____ for _____ limits on covered _____?
 _____ times can I _____ my _____ renewed _____?
 What's _____ per year for _____?
 _____ are allowed _____ prescription medication?
 _____ tell _____ the refill limit is on _____?
 How many times in _____ year can _____?
 What is _____ maximum _____ year _____ med that I _____?
 _____ many times can _____ the _____ in _____ year?
 What _____ number _____ refill _____ each med?
 For my _____ how _____ should I _____ per _____?
 _____ many times _____ I _____ my covered _____?
 _____ is _____ maximum _____ times _____ refill my policy drugs?
 _____ you tell me _____ maximum refill _____ each _____?
 _____ policy allows _____ certain number of _____ annually for _____.
 Can _____ give _____ of times I can get a _____?
 _____ many _____ each year will _____ have _____ for _____ of my medication?
 Can't you _____ often I get _____ refill _____ each _____?
 _____ my policy meds, what is _____ per _____?
 What is the maximum _____ covered _____ policy?
 _____ the maximum refill _____ for _____ medication _____ policy?
 _____ would _____ be _____ to get a refill for my _____?
 How _____ times _____ year _____ refill _____?
 How _____ prescriptions _____ be renewed _____ year _____ medication _____ on my _____?
 _____ you tell _____ how _____ I can request a _____?
 _____ is _____ allowed _____ of yearly _____ for _____ med?
 _____ many _____ refill _____ on prescriptions?
 _____ you _____ yearly prescription renewal _____ for _____ my medicines?
 What's _____ yearly _____ each covered _____?
 _____ times am I _____ to refill _____ covered _____?
 How many times _____ I _____ my prescription?
 Is _____ annual _____ on _____ medications?
 _____ times per _____ do I _____ med?

I _____ to _____ refill cap for _____ covered under _____.

Can you _____ many med _____ for my _____?

How _____ times per year are you _____?

Is _____ a _____ on the number _____ times _____ refill _____ policy?

_____ refill each year for my policy's _____?

How _____ year will I be _____ to _____ a _____ any of the _____?

_____ refill per _____ for the _____ my policy?

What _____ the _____ for _____ of _____?

How many _____ will _____ be able _____ refill _____?

_____ of _____ I can refill my _____ with policy coverage.

_____ many times _____ I need to _____ a year?

_____ you tell me _____ times I _____ drug in my _____?

How many annual _____ each medication included _____ policy?

_____ it possible _____ refill each year for _____ policy?

Do I have a _____ can have my _____ annually?

How _____ times per _____ refill _____ medication?

What's the policy's _____ for _____?

_____ tell me _____ maximum number of times _____ can _____ drug?

How _____ times _____ I _____ prescriptions renewed _____?

_____ the _____ on _____ number _____ you can _____ your medication?

Do I have _____ refill _____ for my _____?

_____ limit _____ covered medicines?

How _____ times _____ year do _____ get _____ renewed?

What is _____ yearly refill _____ per _____?

I want to _____ frequently I can _____ prescriptions _____ during _____.

_____ please tell me how _____ can get _____ prescriptions _____?

How many times _____ year _____ able to _____?

Is _____ to refill every year _____ all _____ by _____ policy?

_____ you _____ me the _____ limit _____ yearly medication _____?

_____ the policy's limit _____ medication _____?

_____ the amount _____ can refill _____ drugs with my coverage.

_____ times _____ year do I _____ to _____ a _____ per _____?

_____ many times per _____ I refill _____?

Is there _____ limit to _____ many _____ year _____ can refill _____?

How many _____ does _____ allow me _____ my _____?

Will _____ me how many _____ can get my _____?

_____ my _____ plan _____ a _____ on _____ of yearly medication _____?

How _____ a year _____ to refill my _____?

I have questions _____ time I am able _____ drugs _____.

Is _____ possible _____ refill each _____ every medication _____?

_____ my health plan limit _____ medication _____ per _____?

_____ many times _____ year _____ I _____ to _____ refill for my _____?

How _____ times _____ I _____ every med _____ year?

Is _____ possible to _____ yearly _____ allowance _____ all my _____?

Can you tell me the _____ of refills _____?

Can you _____ me the _____ of _____ can _____ my _____?

_____ number _____ yearly _____ are allowed _____ prescription _____?

_____ many times annually can _____ refill _____ my _____?

What _____ number of yearly refills _____?

Can _____ me the annual _____ limit for _____?

Can _____ the yearly prescription _____ my insurance?

_____ the yearly _____ limits for _____ medication?

How _____ a year do I _____ refill _____ med _____ my _____?

Are _____ annual refill _____ covered _____?

How many _____ will I be allowed _____ refill _____?

_____ many times _____ I _____ refill my medication.

How many _____ can I _____ my _____ each _____?

_____ have questions about _____ of times _____ can refill _____ drugs _____ coverage

What is _____ number _____ refills _____ year _____ each _____?

How many _____ in _____ year _____ allowed to _____ my _____?

_____ tell me _____ refill limit _____ under _____ policy.

_____ can I _____ my medication with _____ policy _____?

_____ annual number of _____ refills _____ my coverage?

How many yearly _____ medication _____?

How _____ per year _____ be renewed?

_____ the maximum _____ per year _____ covered by _____ policy?

_____ many times _____ I _____ in a year?

I am wondering _____ there _____ an _____ refill _____ for _____ in _____.

Can _____ tell me _____ yearly _____ renewal allowance _____ provides?

What's the _____ limit _____ medication?

Is the _____ year _____ each _____ in _____ policy?

Is it _____ to _____ each med _____ my plan _____ year?