

## [Demo] NLP Dataset for Customer Service Automation

<b>Company Type</b>	Health Insurance Companies
<b>Inquiry Category</b>	Policy coverage questions and changes
<b>Inquiry Sub-Category</b>	Policy Exclusions
<b>Description</b>	Customers seeking clarification on specific conditions or treatments that are not covered by their policy, including cosmetic procedures or experimental treatments.
<b>Data Size</b>	6,781 paraphrases
<b>Want to buy data?</b>	Please contact <a href="mailto:nlp-data@gross.me">nlp-data@gross.me</a> via your business email address.

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

\_\_\_\_\_ or treatments are excluded from coverage \_\_\_\_\_?

Can you \_\_\_\_\_ me if \_\_\_\_\_ plan \_\_\_\_\_ conditions?

\_\_\_\_\_ the health \_\_\_\_\_ that may \_\_\_\_\_ be \_\_\_\_\_ by \_\_\_\_\_?

\_\_\_\_\_ are \_\_\_\_\_ in my coverage?

\_\_\_\_\_ there any \_\_\_\_\_ covered \_\_\_\_\_ my plan?

\_\_\_\_\_ conditions \_\_\_\_\_ not eligible for coverage \_\_\_\_\_ my \_\_\_\_\_.

What is \_\_\_\_\_ included \_\_\_\_\_ the \_\_\_\_\_?

\_\_\_\_\_ procedures are \_\_\_\_\_ the plan?

What is \_\_\_\_\_ covered \_\_\_\_\_ the \_\_\_\_\_ conditions \_\_\_\_\_ treatments?

What is not \_\_\_\_\_?

Can \_\_\_\_\_ list of treatments \_\_\_\_\_ under my policy?

\_\_\_\_\_ are excluded \_\_\_\_\_ my coverage?

What \_\_\_\_\_ types of \_\_\_\_\_ issues that are \_\_\_\_\_?

What \_\_\_\_\_ of health \_\_\_\_\_ be covered \_\_\_\_\_ here?

What \_\_\_\_\_ covered \_\_\_\_\_ policy?

Are \_\_\_\_\_ give me \_\_\_\_\_ list \_\_\_\_\_ that are not \_\_\_\_\_ by my \_\_\_\_\_?

What \_\_\_\_\_ not covered \_\_\_\_\_ plan \_\_\_\_\_?

\_\_\_\_\_ may \_\_\_\_\_ exclusions \_\_\_\_\_ treatment in \_\_\_\_\_ insurance.

What \_\_\_\_\_ my \_\_\_\_\_ cover?

\_\_\_\_\_ there \_\_\_\_\_ any \_\_\_\_\_ conditions \_\_\_\_\_ in my plan?

\_\_\_\_\_ is left \_\_\_\_\_ my \_\_\_\_\_?

Specific procedures \_\_\_\_\_ are \_\_\_\_\_ covered \_\_\_\_\_ my \_\_\_\_\_.

Can \_\_\_\_\_ tell me \_\_\_\_\_ procedures and \_\_\_\_\_ excluded \_\_\_\_\_ my \_\_\_\_\_?

\_\_\_\_\_ not \_\_\_\_\_ by my \_\_\_\_\_?

\_\_\_\_\_ you \_\_\_\_\_ me the \_\_\_\_\_ excluded health \_\_\_\_\_ procedures?

There are \_\_\_\_\_ fall \_\_\_\_\_ of my \_\_\_\_\_.

Is there \_\_\_\_\_ health \_\_\_\_\_ that \_\_\_\_\_ not covered?

What \_\_\_\_\_ of \_\_\_\_\_ plan for \_\_\_\_\_?

Some \_\_\_\_\_ may \_\_\_\_\_ for under my \_\_\_\_\_.

\_\_\_\_\_ are \_\_\_\_\_ my plan.

\_\_\_\_\_ things \_\_\_\_\_ are \_\_\_\_\_ covered by \_\_\_\_\_ policy.

\_\_\_\_\_ services \_\_\_\_\_ not part of \_\_\_\_\_?

\_\_\_\_\_ the conditions that aren't \_\_\_\_\_ for my \_\_\_\_\_?

\_\_\_\_\_ treatments \_\_\_\_\_ in my \_\_\_\_\_?

Which \_\_\_\_\_ by \_\_\_\_\_ plan?

What \_\_\_\_\_ issues are \_\_\_\_\_ insurance \_\_\_\_\_?

Which conditions aren't \_\_\_\_\_

My \_\_\_\_\_ treatments?

Can \_\_\_\_\_ about specific \_\_\_\_\_ my \_\_\_\_\_?

Some of \_\_\_\_\_ procedures \_\_\_\_\_ medications are \_\_\_\_\_ policy.

\_\_\_\_\_ have a \_\_\_\_\_ treatments \_\_\_\_\_ from my policy?

Specific treatments \_\_\_\_\_ conditions \_\_\_\_\_ included \_\_\_\_\_ plan.

There are some \_\_\_\_\_ that \_\_\_\_\_ not \_\_\_\_\_ my \_\_\_\_\_.

\_\_\_\_\_ know \_\_\_\_\_ treatments aren't \_\_\_\_\_ by my health \_\_\_\_\_?

Is \_\_\_\_\_ any conditions \_\_\_\_\_ eligible for \_\_\_\_\_ my \_\_\_\_\_ plan?

\_\_\_\_\_ covered by \_\_\_\_\_ plan

What types \_\_\_\_\_ would \_\_\_\_\_ be \_\_\_\_\_?

\_\_\_\_\_ or medical care \_\_\_\_\_ not \_\_\_\_\_ in this \_\_\_\_\_?

Is there \_\_\_\_\_ exclusion \_\_\_\_\_ plan's \_\_\_\_\_?

\_\_\_\_\_ you give \_\_\_\_\_ list \_\_\_\_\_ the treatments not \_\_\_\_\_ policy?

\_\_\_\_\_ there \_\_\_\_\_ plan's treatment options?

There are \_\_\_\_\_ services \_\_\_\_\_ my insurance \_\_\_\_\_.

What services are \_\_\_\_\_ plan.

Does \_\_\_\_\_ policy \_\_\_\_\_ treatments

There could \_\_\_\_\_ my \_\_\_\_\_ options.

\_\_\_\_\_ any excluded treatment \_\_\_\_\_ my \_\_\_\_\_?

Is \_\_\_\_\_ or \_\_\_\_\_ aren't included?

Which care \_\_\_\_\_ are \_\_\_\_\_ plan?

Does the \_\_\_\_\_ treatments?

\_\_\_\_\_ and medical conditions \_\_\_\_\_ be omitted \_\_\_\_\_ plan.

What \_\_\_\_\_ in my \_\_\_\_\_?

\_\_\_\_\_ you tell \_\_\_\_\_ what treatments aren't \_\_\_\_\_ my \_\_\_\_\_?

\_\_\_\_\_ items \_\_\_\_\_ not covered \_\_\_\_\_ plan?

Are \_\_\_\_\_ on my \_\_\_\_\_ and condition?

\_\_\_\_\_ conditions \_\_\_\_\_ are excluded from \_\_\_\_\_?

What \_\_\_\_\_ aren't covered by my \_\_\_\_\_.

Is \_\_\_\_\_ treatment that \_\_\_\_\_ insurance provider \_\_\_\_\_?

What \_\_\_\_\_ by my plan?

Which \_\_\_\_\_ do not \_\_\_\_\_?

\_\_\_\_\_ treatment restrictions under \_\_\_\_\_?

\_\_\_\_\_ need to \_\_\_\_\_ what \_\_\_\_\_ or treatments are not \_\_\_\_\_ health \_\_\_\_\_.

\_\_\_\_\_ there any condition \_\_\_\_\_ eligible for \_\_\_\_\_ plan?

\_\_\_\_\_ isn't \_\_\_\_\_ by \_\_\_\_\_?

\_\_\_\_\_ medical services \_\_\_\_\_ included \_\_\_\_\_ the \_\_\_\_\_?

\_\_\_\_\_ would \_\_\_\_\_ list \_\_\_\_\_ not covered by \_\_\_\_\_ policy.

I want to know \_\_\_\_\_ medical \_\_\_\_\_ aren't \_\_\_\_\_.

What \_\_\_\_\_ the conditions \_\_\_\_\_ coverage \_\_\_\_\_ my \_\_\_\_\_?

Specific \_\_\_\_\_ services are not \_\_\_\_\_.

Does \_\_\_\_ plan \_\_\_\_ or medical conditions?

There are things \_\_\_\_ policy \_\_\_\_

\_\_\_\_ there \_\_\_\_ non- covered treatments \_\_\_\_ this plan?

\_\_\_\_ are \_\_\_\_ that \_\_\_\_ eligible for \_\_\_\_ current \_\_\_\_.

\_\_\_\_ aren't covered \_\_\_\_ my \_\_\_\_.

\_\_\_\_ are some things \_\_\_\_ my \_\_\_\_.

Which \_\_\_\_ have coverage?

What \_\_\_\_ issues are \_\_\_\_ covered \_\_\_\_ this area?

What \_\_\_\_ are \_\_\_\_ my plan

Which \_\_\_\_ are \_\_\_\_ in my \_\_\_\_?

\_\_\_\_ can identify procedures that \_\_\_\_ policy.

Which \_\_\_\_ conditions aren't \_\_\_\_ my \_\_\_\_.

\_\_\_\_ treatments that are \_\_\_\_ paid \_\_\_\_ my plan.

Can you tell \_\_\_\_ which \_\_\_\_ covered \_\_\_\_ my \_\_\_\_?

\_\_\_\_ services \_\_\_\_ included in \_\_\_\_ policy?

\_\_\_\_ or conditions are not included \_\_\_\_?

What \_\_\_\_ of health \_\_\_\_ may be \_\_\_\_?

Questions regarding specific \_\_\_\_.

\_\_\_\_ of medical expenses are usually \_\_\_\_ under \_\_\_\_?

\_\_\_\_ tell \_\_\_\_ conditions \_\_\_\_ treatments aren't covered by my \_\_\_\_?

\_\_\_\_ condition or \_\_\_\_ coverage?

\_\_\_\_ conditions \_\_\_\_ covered \_\_\_\_ plan?

Does my plan \_\_\_\_?

\_\_\_\_ and \_\_\_\_ aren't \_\_\_\_ in \_\_\_\_ plan?

\_\_\_\_ healthcare \_\_\_\_ might \_\_\_\_ be \_\_\_\_ under this policy?

Can you \_\_\_\_ if \_\_\_\_ are any \_\_\_\_ issues \_\_\_\_ by \_\_\_\_ policy.

Tell \_\_\_\_ which \_\_\_\_ or \_\_\_\_ not covered \_\_\_\_ my \_\_\_\_ plan.

\_\_\_\_ treatments \_\_\_\_ from \_\_\_\_ policy?

\_\_\_\_ some health services \_\_\_\_ insurance?

\_\_\_\_ certain \_\_\_\_ medications not \_\_\_\_ by \_\_\_\_ policy?

\_\_\_\_ something not \_\_\_\_ my policy?

\_\_\_\_ there \_\_\_\_ that my \_\_\_\_ cover?

\_\_\_\_ to identify procedures or medications that are \_\_\_\_ included \_\_\_\_?

What are the \_\_\_\_ and \_\_\_\_?

\_\_\_\_ weren't included \_\_\_\_ my \_\_\_\_?

Do \_\_\_\_ have \_\_\_\_ information \_\_\_\_ are not \_\_\_\_ by my health \_\_\_\_?

What are the \_\_\_\_ on \_\_\_\_ for \_\_\_\_ and \_\_\_\_?

\_\_\_\_ procedure or medication excluded under \_\_\_\_?

\_\_\_\_ conditions or treatments \_\_\_\_ included in \_\_\_\_?

Any \_\_\_\_ items \_\_\_\_ coverage?

Do \_\_\_\_ any \_\_\_\_ treatments in \_\_\_\_?

\_\_\_\_ you tell \_\_\_\_ which \_\_\_\_ are \_\_\_\_ included \_\_\_\_ health plan?

\_\_\_\_ a \_\_\_\_ or \_\_\_\_ not included?

What \_\_\_\_ not in \_\_\_\_ treatments?

What \_\_\_\_ of healthcare needs \_\_\_\_ be \_\_\_\_ under \_\_\_\_?

\_\_\_\_ plan \_\_\_\_ certain treatments?

\_\_\_\_ policy not \_\_\_\_ certain \_\_\_\_?

What \_\_\_\_ health problems \_\_\_\_ by insurance here?

What needs \_\_\_\_ covered \_\_\_\_ policy?

There are things that \_\_\_\_

Are there \_\_\_\_\_ that do \_\_\_\_\_ under \_\_\_\_\_ insurance?

Which types \_\_\_\_\_ needs \_\_\_\_\_ covered?

\_\_\_\_\_ covered \_\_\_\_\_ plan cover?

\_\_\_\_\_ conditions not \_\_\_\_\_?

\_\_\_\_\_ types of care \_\_\_\_\_ not \_\_\_\_\_ of \_\_\_\_\_ insurance \_\_\_\_\_?

\_\_\_\_\_ conditions will \_\_\_\_\_ plan exclude?

Do \_\_\_\_\_ of \_\_\_\_\_ conditions or procedures fall \_\_\_\_\_?

Is \_\_\_\_\_ any specific health services \_\_\_\_\_ my insurance?

\_\_\_\_\_ not included in \_\_\_\_\_?

\_\_\_\_\_ procedures or drugs are excluded under my \_\_\_\_\_?

What \_\_\_\_\_ are \_\_\_\_\_ my insurance?

I \_\_\_\_\_ to know \_\_\_\_\_ conditions \_\_\_\_\_ procedures \_\_\_\_\_ of \_\_\_\_\_ insurance covers.

Some treatments are \_\_\_\_\_ plan.

There \_\_\_\_\_ what my policy pays.

Is \_\_\_\_\_ non- covered \_\_\_\_\_ this \_\_\_\_\_?

\_\_\_\_\_ it \_\_\_\_\_ to identify procedures \_\_\_\_\_ my policy?

I \_\_\_\_\_ restrictions on my \_\_\_\_\_ for \_\_\_\_\_ and treatment.

\_\_\_\_\_ need \_\_\_\_\_ of \_\_\_\_\_ that aren't covered \_\_\_\_\_ my \_\_\_\_\_.

\_\_\_\_\_ some services \_\_\_\_\_ are \_\_\_\_\_ by my policy.

\_\_\_\_\_ are \_\_\_\_\_ of health \_\_\_\_\_ not \_\_\_\_\_ insurance here?

\_\_\_\_\_ treatments \_\_\_\_\_ not paid in \_\_\_\_\_.

\_\_\_\_\_ you tell \_\_\_\_\_ or \_\_\_\_\_ excluded \_\_\_\_\_ my policy?

Is \_\_\_\_\_ any exclusion \_\_\_\_\_ insurance for \_\_\_\_\_?

I \_\_\_\_\_ know if my \_\_\_\_\_ treatments \_\_\_\_\_.

Can \_\_\_\_\_ tell \_\_\_\_\_ treatments are excluded \_\_\_\_\_ my \_\_\_\_\_?

There are some \_\_\_\_\_ that \_\_\_\_\_ included in \_\_\_\_\_.

Can you \_\_\_\_\_ policy \_\_\_\_\_ procedures or drugs?

What issues \_\_\_\_\_ not be \_\_\_\_\_?

\_\_\_\_\_ therapies and \_\_\_\_\_ not covered \_\_\_\_\_ current plan?

Some \_\_\_\_\_ the \_\_\_\_\_ not eligible for \_\_\_\_\_ my \_\_\_\_\_ plan.

Do \_\_\_\_\_ specific conditions \_\_\_\_\_ procedures \_\_\_\_\_ outside \_\_\_\_\_ what \_\_\_\_\_ insurance \_\_\_\_\_?

There are possible \_\_\_\_\_ treatment \_\_\_\_\_.

Is there \_\_\_\_\_ treatment options that won't \_\_\_\_\_ insurer?

What is \_\_\_\_\_ covered in my \_\_\_\_\_ for \_\_\_\_\_?

\_\_\_\_\_ to know which conditions \_\_\_\_\_ not \_\_\_\_\_ by my health \_\_\_\_\_.

What types \_\_\_\_\_ needs \_\_\_\_\_ be \_\_\_\_\_?

Is there \_\_\_\_\_ not covered by \_\_\_\_\_ insurance?

\_\_\_\_\_ conditions could not \_\_\_\_\_?

\_\_\_\_\_ aren't included \_\_\_\_\_ plan?

\_\_\_\_\_ a list of health \_\_\_\_\_ excluded \_\_\_\_\_ my plan?

\_\_\_\_\_ to \_\_\_\_\_ if \_\_\_\_\_ have \_\_\_\_\_ of \_\_\_\_\_ health conditions \_\_\_\_\_ my plan.

\_\_\_\_\_ aren't \_\_\_\_\_ in \_\_\_\_\_ current plan?

What conditions or \_\_\_\_\_ excluded \_\_\_\_\_?

Are \_\_\_\_\_ aren't included \_\_\_\_\_ policy?

\_\_\_\_\_ any \_\_\_\_\_ isn't \_\_\_\_\_ by my insurance?

\_\_\_\_\_ not \_\_\_\_\_ for treatment \_\_\_\_\_ plan.

\_\_\_\_\_ not \_\_\_\_\_ by the plan

Is \_\_\_\_\_ that falls \_\_\_\_\_ of what my \_\_\_\_\_?

\_\_\_\_\_ my \_\_\_\_\_ treatments?

\_\_\_\_\_ be \_\_\_\_\_ covered by my plan.

Specific \_\_\_\_\_ coverage?

What \_\_\_\_\_ covered \_\_\_\_\_ my \_\_\_\_\_ for treatments and \_\_\_\_\_?

There \_\_\_\_\_ that \_\_\_\_\_ ineligible \_\_\_\_\_ coverage with my \_\_\_\_\_.

\_\_\_\_\_ there procedures or \_\_\_\_\_ are not \_\_\_\_\_ under \_\_\_\_\_?

\_\_\_\_\_ possible \_\_\_\_\_ there \_\_\_\_\_ restrictions on \_\_\_\_\_ plan \_\_\_\_\_ and treatment?

Which \_\_\_\_\_ the care \_\_\_\_\_ exempt \_\_\_\_\_ the insurance \_\_\_\_\_?

\_\_\_\_\_ conditions or treatments \_\_\_\_\_ covered \_\_\_\_\_ my \_\_\_\_\_ plan?

What \_\_\_\_\_ or therapy \_\_\_\_\_ by \_\_\_\_\_ current plan?

\_\_\_\_\_ plan \_\_\_\_\_ not cover \_\_\_\_\_ conditions or \_\_\_\_\_.

\_\_\_\_\_ the \_\_\_\_\_ exclude \_\_\_\_\_ and \_\_\_\_\_?

Does \_\_\_\_\_ policy exclude \_\_\_\_\_?

Which treatments is \_\_\_\_\_ this \_\_\_\_\_?

\_\_\_\_\_ is \_\_\_\_\_ considered covered by \_\_\_\_\_?

Which treatment \_\_\_\_\_ my \_\_\_\_\_?

Which \_\_\_\_\_ out of \_\_\_\_\_?

There are things in my \_\_\_\_\_.

I \_\_\_\_\_ wondering if \_\_\_\_\_ were \_\_\_\_\_ from my \_\_\_\_\_.

What \_\_\_\_\_ my policy?

What conditions \_\_\_\_\_ don't \_\_\_\_\_?

Is \_\_\_\_\_ specific health service that \_\_\_\_\_ insurance?

\_\_\_\_\_ procedures are \_\_\_\_\_ my \_\_\_\_\_?

\_\_\_\_\_ me what \_\_\_\_\_ and treatments my health \_\_\_\_\_ doesn't \_\_\_\_\_?

\_\_\_\_\_ and \_\_\_\_\_ are \_\_\_\_\_ covered by \_\_\_\_\_ policy.

\_\_\_\_\_ include some \_\_\_\_\_ or medical conditions?

I \_\_\_\_\_ off-limits are with \_\_\_\_\_ plan.

\_\_\_\_\_ are not covered by my \_\_\_\_\_?

What can't be \_\_\_\_\_?

\_\_\_\_\_ current \_\_\_\_\_ has some \_\_\_\_\_ are \_\_\_\_\_ for coverage.

Some treatments \_\_\_\_\_ for in \_\_\_\_\_.

\_\_\_\_\_ conditions or treatments \_\_\_\_\_ this plan?

\_\_\_\_\_ are the conditions \_\_\_\_\_ are not \_\_\_\_\_ coverage?

\_\_\_\_\_ doesn't cover \_\_\_\_\_ treatments for \_\_\_\_\_.

I want a list of \_\_\_\_\_ my policy.

Which conditions \_\_\_\_\_ aren't \_\_\_\_\_?

Which \_\_\_\_\_ excluded from \_\_\_\_\_?

Do any \_\_\_\_\_ fall \_\_\_\_\_ of the coverage \_\_\_\_\_ my \_\_\_\_\_?

\_\_\_\_\_ not cover certain \_\_\_\_\_?

What \_\_\_\_\_ treatment \_\_\_\_\_ my plan?

\_\_\_\_\_ idea about \_\_\_\_\_ because \_\_\_\_\_ my policy?

What diseases \_\_\_\_\_ covered \_\_\_\_\_ plan?

\_\_\_\_\_ things not included \_\_\_\_\_ policy

\_\_\_\_\_ health \_\_\_\_\_ contain any \_\_\_\_\_ treatment?

\_\_\_\_\_ conditions \_\_\_\_\_ not included in my health plan?

Which conditions \_\_\_\_\_!

Do \_\_\_\_\_ know \_\_\_\_\_ there \_\_\_\_\_ with this plan?

Is there any \_\_\_\_\_ that \_\_\_\_\_ my plan?

Are \_\_\_\_\_ restrictions on coverage \_\_\_\_\_ my \_\_\_\_\_ treatment \_\_\_\_\_?

\_\_\_\_\_ types \_\_\_\_\_ healthcare \_\_\_\_\_ in this policy?

\_\_\_\_\_ types \_\_\_\_\_ care \_\_\_\_\_ included in the \_\_\_\_\_ plan?

There \_\_\_\_\_ services \_\_\_\_\_ fall outside \_\_\_\_\_.

\_\_\_\_\_ covered by my \_\_\_\_\_?

\_\_\_\_\_ are not \_\_\_\_\_?

What healthcare needs \_\_\_\_\_ not \_\_\_\_\_ this \_\_\_\_\_.

Some procedures \_\_\_\_\_ medications \_\_\_\_\_ covered \_\_\_\_\_ policy

Which treatments \_\_\_\_\_ my \_\_\_\_\_ plan?

Please tell me \_\_\_\_\_ are \_\_\_\_\_ within the \_\_\_\_\_.

Is \_\_\_\_\_ the plan's treatment \_\_\_\_\_?

Which procedures \_\_\_\_\_ included \_\_\_\_\_ coverage?

\_\_\_\_\_ therapies \_\_\_\_\_ conditions are \_\_\_\_\_ covered in \_\_\_\_\_ plan?

\_\_\_\_\_ there \_\_\_\_\_ list \_\_\_\_\_ health \_\_\_\_\_ or procedures on my \_\_\_\_\_?

What conditions \_\_\_\_\_ treatments \_\_\_\_\_ not covered \_\_\_\_\_?

\_\_\_\_\_ conditions or treatments \_\_\_\_\_ the \_\_\_\_\_?

\_\_\_\_\_ covered \_\_\_\_\_ my policy?

What \_\_\_\_\_ are not \_\_\_\_\_ the \_\_\_\_\_?

\_\_\_\_\_ treatments and conditions \_\_\_\_\_ covered under \_\_\_\_\_?

\_\_\_\_\_ isn't included in this \_\_\_\_\_?

\_\_\_\_\_ any conditions or \_\_\_\_\_ of what \_\_\_\_\_ insurance \_\_\_\_\_ for?

\_\_\_\_\_ isn't \_\_\_\_\_ my plan for \_\_\_\_\_?

\_\_\_\_\_ are \_\_\_\_\_ the \_\_\_\_\_ issues \_\_\_\_\_ by insurance here?

\_\_\_\_\_ and cures don't \_\_\_\_\_?

Does \_\_\_\_\_ specific conditions?

Is there any \_\_\_\_\_ my \_\_\_\_\_?

\_\_\_\_\_ medical \_\_\_\_\_ are \_\_\_\_\_ covered by \_\_\_\_\_?

\_\_\_\_\_ not a \_\_\_\_\_ of \_\_\_\_\_ plan?

My current \_\_\_\_\_ does not cover \_\_\_\_\_.

Which \_\_\_\_\_ notcovered?

What specific \_\_\_\_\_ do \_\_\_\_\_ my \_\_\_\_\_?

Is there \_\_\_\_\_ omissions in \_\_\_\_\_ conditions \_\_\_\_\_ treatments?

\_\_\_\_\_ exclusion from \_\_\_\_\_ plan's treatment \_\_\_\_\_?

\_\_\_\_\_ therapies \_\_\_\_\_ covered \_\_\_\_\_ current plan?

\_\_\_\_\_ cures \_\_\_\_\_ lack coverage?

There are medical conditions \_\_\_\_\_ not \_\_\_\_\_ by \_\_\_\_\_.

What \_\_\_\_\_ not covered in \_\_\_\_\_?

What \_\_\_\_\_ on \_\_\_\_\_ or \_\_\_\_\_ coverage?

\_\_\_\_\_ you \_\_\_\_\_ a list \_\_\_\_\_ conditions \_\_\_\_\_ procedures on \_\_\_\_\_ plan?

What \_\_\_\_\_ my plan?

There \_\_\_\_\_ some health services \_\_\_\_\_ by \_\_\_\_\_ insurance.

Any \_\_\_\_\_ exclusions \_\_\_\_\_ are \_\_\_\_\_ of \_\_\_\_\_?

\_\_\_\_\_ something off-limits for treatment \_\_\_\_\_?

Is \_\_\_\_\_ any health \_\_\_\_\_ that \_\_\_\_\_ won't \_\_\_\_\_?

\_\_\_\_\_ want a list \_\_\_\_\_ treatments \_\_\_\_\_ not \_\_\_\_\_ by \_\_\_\_\_ policy.

\_\_\_\_\_ any \_\_\_\_\_ not \_\_\_\_\_ for coverage \_\_\_\_\_ my current \_\_\_\_\_?

\_\_\_\_\_ there any excluded \_\_\_\_\_ or procedures in \_\_\_\_\_?

\_\_\_\_\_ the plan not include \_\_\_\_\_ medical \_\_\_\_\_?

Are there any \_\_\_\_\_ or \_\_\_\_\_ under \_\_\_\_\_?

Which \_\_\_\_\_ are \_\_\_\_\_ covered?

\_\_\_\_\_ of health issues \_\_\_\_\_ be covered by insurance?

Who \_\_\_\_\_ conditions \_\_\_\_\_ covered?

\_\_\_\_\_ there \_\_\_\_\_ treatment that \_\_\_\_\_ by my health \_\_\_\_\_?

What \_\_\_\_\_ be \_\_\_\_\_ by \_\_\_\_\_ plan \_\_\_\_\_ conditions?

Which conditions or treatments \_\_\_\_\_ by \_\_\_\_\_?

\_\_\_\_\_ included in the \_\_\_\_\_?

Does \_\_\_\_\_ specific \_\_\_\_\_ fall outside \_\_\_\_\_ what \_\_\_\_\_ insurance \_\_\_\_\_?

Is \_\_\_\_\_ of \_\_\_\_\_ health conditions \_\_\_\_\_ my plan?

\_\_\_\_\_ which conditions \_\_\_\_\_ are \_\_\_\_\_ covered by my \_\_\_\_\_ plan.

\_\_\_\_\_ you tell me \_\_\_\_\_ there \_\_\_\_\_ non-covered \_\_\_\_\_?

Is there any \_\_\_\_\_ that \_\_\_\_\_ my insurance \_\_\_\_\_?

\_\_\_\_\_ healthcare \_\_\_\_\_ are not \_\_\_\_\_ insurance plan?

\_\_\_\_\_ treatments or conditions \_\_\_\_\_ my plan.

What is not \_\_\_\_\_ plan \_\_\_\_\_ my \_\_\_\_\_?

Which \_\_\_\_\_ are \_\_\_\_\_ included \_\_\_\_\_ coverage?

\_\_\_\_\_ there any \_\_\_\_\_ covered?

What's \_\_\_\_\_ my plan?

\_\_\_\_\_ need \_\_\_\_\_ if there \_\_\_\_\_ any \_\_\_\_\_ treatments by this \_\_\_\_\_.

\_\_\_\_\_ is \_\_\_\_\_ included in my \_\_\_\_\_ conditions \_\_\_\_\_ treatments?

Is \_\_\_\_\_ any \_\_\_\_\_ that \_\_\_\_\_ be paid for by \_\_\_\_\_?

Treatments \_\_\_\_\_ not \_\_\_\_\_ my \_\_\_\_\_ insurance.

\_\_\_\_\_ leave out \_\_\_\_\_ or medical conditions?

Some \_\_\_\_\_ conditions \_\_\_\_\_ eligible \_\_\_\_\_ my current \_\_\_\_\_.

\_\_\_\_\_ that \_\_\_\_\_ not \_\_\_\_\_ paid for by \_\_\_\_\_ insurance company?

Specific \_\_\_\_\_ will \_\_\_\_\_ from \_\_\_\_\_ plan.

Any \_\_\_\_\_ exclusions \_\_\_\_\_ plan?

There \_\_\_\_\_ some medical \_\_\_\_\_ aren't \_\_\_\_\_ in my \_\_\_\_\_.

\_\_\_\_\_ you tell \_\_\_\_\_ my policy \_\_\_\_\_ procedures or \_\_\_\_\_?

\_\_\_\_\_ medications \_\_\_\_\_ not covered in my \_\_\_\_\_.

What \_\_\_\_\_ included in coverage \_\_\_\_\_ my \_\_\_\_\_?

Does \_\_\_\_\_ coverage \_\_\_\_\_ cover certain \_\_\_\_\_?

\_\_\_\_\_ plan \_\_\_\_\_ some \_\_\_\_\_ the treatments?

\_\_\_\_\_ tell \_\_\_\_\_ what treatments \_\_\_\_\_ not covered \_\_\_\_\_ my \_\_\_\_\_?

Some conditions \_\_\_\_\_ for my \_\_\_\_\_

\_\_\_\_\_ the conditions \_\_\_\_\_ treatments \_\_\_\_\_ in my \_\_\_\_\_?

\_\_\_\_\_ care \_\_\_\_\_ are not part of the \_\_\_\_\_?

\_\_\_\_\_ not \_\_\_\_\_ in my coverage?

\_\_\_\_\_ treatments and \_\_\_\_\_ from my \_\_\_\_\_?

\_\_\_\_\_ types of healthcare \_\_\_\_\_ covered?

Specific \_\_\_\_\_ or conditions \_\_\_\_\_ my plan.

\_\_\_\_\_ conditions not \_\_\_\_\_ for my current \_\_\_\_\_?

\_\_\_\_\_ plan doesn't cover treatments \_\_\_\_\_?

\_\_\_\_\_ get covered by my \_\_\_\_\_?

\_\_\_\_\_ options are not \_\_\_\_\_ in the \_\_\_\_\_ plan?

Is there \_\_\_\_\_ condition \_\_\_\_\_ is not \_\_\_\_\_ my \_\_\_\_\_?

\_\_\_\_\_ are \_\_\_\_\_ within the plan?

\_\_\_\_\_ specific conditions or \_\_\_\_\_ fall \_\_\_\_\_ what \_\_\_\_\_ covers?

Certain \_\_\_\_\_ may \_\_\_\_\_ excluded \_\_\_\_\_ policy.

Can you \_\_\_\_\_ me \_\_\_\_\_ issues that the policy \_\_\_\_\_ not \_\_\_\_\_ for?

\_\_\_\_\_ exclusions on treatment \_\_\_\_\_.

\_\_\_\_\_ conditions \_\_\_\_\_ procedures \_\_\_\_\_ outside of \_\_\_\_\_ insurance?

\_\_\_\_\_ stuff isn't \_\_\_\_\_ in \_\_\_\_\_ plan?

What types \_\_\_\_\_ options \_\_\_\_\_ not \_\_\_\_\_ in \_\_\_\_\_ insurance \_\_\_\_\_?

Which conditions \_\_\_\_\_ not \_\_\_\_\_ insurance?

Does \_\_\_\_\_ coverage not cover \_\_\_\_\_?

\_\_\_\_\_ are the \_\_\_\_\_ are not included \_\_\_\_\_ plan?

What \_\_\_\_\_ the \_\_\_\_\_ under \_\_\_\_\_ plan?

\_\_\_\_\_ treatments aren't \_\_\_\_\_ plan.

\_\_\_\_\_ wondering \_\_\_\_\_ covered by my plan.

There \_\_\_\_\_ things \_\_\_\_\_ for \_\_\_\_\_ plan.

\_\_\_\_\_ there any conditions or \_\_\_\_\_ that \_\_\_\_\_ by \_\_\_\_\_ plan?

\_\_\_\_\_ the plan \_\_\_\_\_ treatments?

What \_\_\_\_\_ or conditions are not covered \_\_\_\_\_?

What \_\_\_\_\_ conditions that are \_\_\_\_\_ for \_\_\_\_\_ my \_\_\_\_\_ plan?

Please tell me \_\_\_\_\_ not \_\_\_\_\_ by \_\_\_\_\_ plan.

\_\_\_\_\_ aren't \_\_\_\_\_ in my current \_\_\_\_\_?

\_\_\_\_\_ illnesses \_\_\_\_\_ are not covered under \_\_\_\_\_?

\_\_\_\_\_ listed in my coverage?

\_\_\_\_\_ aren't included in \_\_\_\_\_?

Do you \_\_\_\_\_ health \_\_\_\_\_ procedures excluded \_\_\_\_\_ my plan?

Does \_\_\_\_\_ exclude \_\_\_\_\_ treatments?

\_\_\_\_\_ me if \_\_\_\_\_ are \_\_\_\_\_ treatments \_\_\_\_\_ this plan.

My \_\_\_\_\_ medical conditions.

There are \_\_\_\_\_ that my \_\_\_\_\_ not cover.

\_\_\_\_\_ this \_\_\_\_\_ excludes \_\_\_\_\_ conditions?

\_\_\_\_\_ any particular exclusions \_\_\_\_\_ my \_\_\_\_\_?

\_\_\_\_\_ are not \_\_\_\_\_ the plan.

Which \_\_\_\_\_ wont \_\_\_\_\_?

\_\_\_\_\_ my \_\_\_\_\_ coverage \_\_\_\_\_ certain healthcare \_\_\_\_\_?

Which conditions \_\_\_\_\_?

\_\_\_\_\_ treatments and \_\_\_\_\_ aren't included \_\_\_\_\_?

\_\_\_\_\_ to \_\_\_\_\_ which \_\_\_\_\_ not covered by my \_\_\_\_\_ plan.

\_\_\_\_\_ conditions my \_\_\_\_\_ excludes?

\_\_\_\_\_ there \_\_\_\_\_ that \_\_\_\_\_ not \_\_\_\_\_ my health insurance?

\_\_\_\_\_ services \_\_\_\_\_ in plan

\_\_\_\_\_ have \_\_\_\_\_ exclusions under \_\_\_\_\_ coverage?

\_\_\_\_\_ there any medical conditions \_\_\_\_\_ are \_\_\_\_\_ covered \_\_\_\_\_?

\_\_\_\_\_ some medical \_\_\_\_\_ covered \_\_\_\_\_ my plan.

Does \_\_\_\_\_ exclude specific \_\_\_\_\_ conditions?

What conditions or \_\_\_\_\_ aren't \_\_\_\_\_ current \_\_\_\_\_?

\_\_\_\_\_ fall \_\_\_\_\_ my plan \_\_\_\_\_ treatments?

\_\_\_\_\_ certain \_\_\_\_\_ under my policy?

\_\_\_\_\_ possible \_\_\_\_\_ give a list of \_\_\_\_\_ conditions \_\_\_\_\_ plan?

Can you \_\_\_\_\_ list of \_\_\_\_\_?

\_\_\_\_\_ there any particular \_\_\_\_\_ that is \_\_\_\_\_ by \_\_\_\_\_ insurance?

\_\_\_\_\_ is NOT covered \_\_\_\_\_?

\_\_\_\_\_ my policy not \_\_\_\_\_ certain \_\_\_\_\_ needs?

What \_\_\_\_\_ plan \_\_\_\_\_?

Not \_\_\_\_\_ in \_\_\_\_\_ for \_\_\_\_\_?

\_\_\_\_\_ are \_\_\_\_\_ are \_\_\_\_\_ for coverage \_\_\_\_\_ my plan.

\_\_\_\_\_ the health issues \_\_\_\_\_ covered by \_\_\_\_\_?

Can \_\_\_\_\_ specific conditions \_\_\_\_\_ procedures \_\_\_\_\_ outside \_\_\_\_\_ my \_\_\_\_\_?

\_\_\_\_\_ not eligible for \_\_\_\_\_ with my plan?

\_\_\_\_\_ options are \_\_\_\_\_ from \_\_\_\_\_?



\_\_\_\_\_ there \_\_\_\_\_ exclusions \_\_\_\_\_ plan's \_\_\_\_\_ options?

\_\_\_\_\_ what \_\_\_\_\_ weren't \_\_\_\_\_ my policy?

\_\_\_\_\_ treatment options that \_\_\_\_\_ be \_\_\_\_\_ for by \_\_\_\_\_ provider?

\_\_\_\_\_ that will \_\_\_\_\_ paid \_\_\_\_\_ by your insurance?

Which \_\_\_\_\_ or \_\_\_\_\_ lack \_\_\_\_\_?

\_\_\_\_\_ conditions and cures \_\_\_\_\_?

What are \_\_\_\_\_ for coverage?

Some medical \_\_\_\_\_ from \_\_\_\_\_ benefits.

Some \_\_\_\_\_ options \_\_\_\_\_ by \_\_\_\_\_ insurance \_\_\_\_\_.

\_\_\_\_\_ to know \_\_\_\_\_ are \_\_\_\_\_ included in my \_\_\_\_\_.

\_\_\_\_\_ medical care are not covered by \_\_\_\_\_

Which \_\_\_\_\_ aren't in \_\_\_\_\_?

Is there any \_\_\_\_\_ covered \_\_\_\_\_ insurance?

\_\_\_\_\_ there \_\_\_\_\_ my policy doesn't \_\_\_\_\_?

Which \_\_\_\_\_ out \_\_\_\_\_ the \_\_\_\_\_?

What \_\_\_\_\_ the types of \_\_\_\_\_ that \_\_\_\_\_ by insurance?

What \_\_\_\_\_ conditions or \_\_\_\_\_ services?

\_\_\_\_\_ that won't be paid for \_\_\_\_\_ insurance company?

What \_\_\_\_\_ the \_\_\_\_\_ excluded \_\_\_\_\_ plan?

There \_\_\_\_\_ eligible \_\_\_\_\_ my plan.

\_\_\_\_\_ conditions or \_\_\_\_\_ aren't in \_\_\_\_\_?

\_\_\_\_\_ be services that \_\_\_\_\_ coverage.

There \_\_\_\_\_ conditions \_\_\_\_\_ in \_\_\_\_\_ plan.

\_\_\_\_\_ doesn't cover \_\_\_\_\_ for conditions \_\_\_\_\_.

Which \_\_\_\_\_ not \_\_\_\_\_ by \_\_\_\_\_ plan?

What conditions \_\_\_\_\_ aren't \_\_\_\_\_ in \_\_\_\_\_?

\_\_\_\_\_ are \_\_\_\_\_ limitations \_\_\_\_\_ treatment \_\_\_\_\_ plan?

Treatment \_\_\_\_\_ not \_\_\_\_\_ in \_\_\_\_\_?

\_\_\_\_\_ not included in \_\_\_\_\_?

\_\_\_\_\_ included \_\_\_\_\_ treatment plan?

\_\_\_\_\_ are the \_\_\_\_\_ included in my \_\_\_\_\_?

Which \_\_\_\_\_ are \_\_\_\_\_ with \_\_\_\_\_ plan?

\_\_\_\_\_ are \_\_\_\_\_ that \_\_\_\_\_ not covered \_\_\_\_\_ insurance coverage.

There \_\_\_\_\_ some \_\_\_\_\_ not \_\_\_\_\_ for coverage \_\_\_\_\_ my \_\_\_\_\_.

\_\_\_\_\_ you \_\_\_\_\_ list \_\_\_\_\_ excluded \_\_\_\_\_ conditions and procedures?

Which \_\_\_\_\_ included under this \_\_\_\_\_?

\_\_\_\_\_ under \_\_\_\_\_ policy?

Which \_\_\_\_\_ conditions are not \_\_\_\_\_ by my \_\_\_\_\_?

\_\_\_\_\_ if there are \_\_\_\_\_ restrictions \_\_\_\_\_ my plan for \_\_\_\_\_ treatment.

\_\_\_\_\_ a \_\_\_\_\_ excluded \_\_\_\_\_ or procedures on my plan.

\_\_\_\_\_ things \_\_\_\_\_ not covered under my \_\_\_\_\_.

\_\_\_\_\_ the off-limits for \_\_\_\_\_.

\_\_\_\_\_ of \_\_\_\_\_ options \_\_\_\_\_ not included in \_\_\_\_\_ insurance \_\_\_\_\_.

\_\_\_\_\_ my plan \_\_\_\_\_ in \_\_\_\_\_ options?

\_\_\_\_\_ medical \_\_\_\_\_ are \_\_\_\_\_ this policy?

\_\_\_\_\_ treatments will not \_\_\_\_\_ covered \_\_\_\_\_?

\_\_\_\_\_ won't cover \_\_\_\_\_ of the \_\_\_\_\_ treatments.

\_\_\_\_\_ you know if there \_\_\_\_\_ any \_\_\_\_\_ plan?

\_\_\_\_\_ need \_\_\_\_\_ list of \_\_\_\_\_ that aren't \_\_\_\_\_ my policy.

\_\_\_\_\_ treatments excluded from \_\_\_\_\_ under my \_\_\_\_\_?

Specific treatments \_\_\_\_\_ may be excluded \_\_\_\_\_.

\_\_\_\_\_ you tell \_\_\_\_\_ or treatments are \_\_\_\_\_ covered \_\_\_\_\_ my \_\_\_\_\_ plan?

\_\_\_\_\_ would \_\_\_\_\_ a list of \_\_\_\_\_ that \_\_\_\_\_ covered \_\_\_\_\_ policy.

\_\_\_\_\_ there something \_\_\_\_\_ included in \_\_\_\_\_ my \_\_\_\_\_?

What \_\_\_\_\_ included in \_\_\_\_\_?

\_\_\_\_\_ treatments or \_\_\_\_\_ are not \_\_\_\_\_ in this \_\_\_\_\_?

I \_\_\_\_\_ which \_\_\_\_\_ or treatments \_\_\_\_\_ not covered by \_\_\_\_\_.

What \_\_\_\_\_ the \_\_\_\_\_ not eligible \_\_\_\_\_ in \_\_\_\_\_ current plan?

Can you tell me \_\_\_\_\_ or \_\_\_\_\_ covered?

\_\_\_\_\_ treatment that \_\_\_\_\_ paid by my insurance provider?

Questions about exclusions \_\_\_\_\_ coverage.

\_\_\_\_\_ items will your \_\_\_\_\_ to \_\_\_\_\_?

Which healthcare \_\_\_\_\_ be included \_\_\_\_\_ this \_\_\_\_\_?

What are \_\_\_\_\_ not \_\_\_\_\_ for coverage with my \_\_\_\_\_?

Please advise, are \_\_\_\_\_ non-covered \_\_\_\_\_ this \_\_\_\_\_?

\_\_\_\_\_ you provide me \_\_\_\_\_ a \_\_\_\_\_ of \_\_\_\_\_ not \_\_\_\_\_ by \_\_\_\_\_ policy?

\_\_\_\_\_ are not covered \_\_\_\_\_ plan \_\_\_\_\_?

\_\_\_\_\_ you \_\_\_\_\_ which conditions \_\_\_\_\_ are not \_\_\_\_\_ by my health \_\_\_\_\_?

What \_\_\_\_\_ have covered \_\_\_\_\_ my \_\_\_\_\_?

What are \_\_\_\_\_ medical expenses denied \_\_\_\_\_ policy?

Can \_\_\_\_\_ tell \_\_\_\_\_ list of \_\_\_\_\_ that aren't \_\_\_\_\_ my \_\_\_\_\_?

Which \_\_\_\_\_ aren't included \_\_\_\_\_ plan?

\_\_\_\_\_ conditions and treatments \_\_\_\_\_ not \_\_\_\_\_ plan?

There are \_\_\_\_\_ that are not \_\_\_\_\_ coverage \_\_\_\_\_ plan.

\_\_\_\_\_ non-covered service \_\_\_\_\_?

\_\_\_\_\_ are \_\_\_\_\_ my plan doesn't \_\_\_\_\_.

\_\_\_\_\_ you \_\_\_\_\_ me the list \_\_\_\_\_ excluded \_\_\_\_\_ my \_\_\_\_\_?

Is \_\_\_\_\_ that \_\_\_\_\_ are excluded \_\_\_\_\_ my policy?

Tell me what \_\_\_\_\_ are \_\_\_\_\_ covered \_\_\_\_\_ my health \_\_\_\_\_.

\_\_\_\_\_ treatment \_\_\_\_\_ that my insurance provider \_\_\_\_\_ for.

Can \_\_\_\_\_ treatments are \_\_\_\_\_ covered in my \_\_\_\_\_ plan?

There \_\_\_\_\_ services \_\_\_\_\_ by my insurance.

Which remedies \_\_\_\_\_ have \_\_\_\_\_?

What treatments are \_\_\_\_\_ in \_\_\_\_\_?

\_\_\_\_\_ are \_\_\_\_\_ conditions \_\_\_\_\_ my plan \_\_\_\_\_?

What are \_\_\_\_\_ for \_\_\_\_\_ plan \_\_\_\_\_?

Are there \_\_\_\_\_ from \_\_\_\_\_ plan's \_\_\_\_\_?

Is \_\_\_\_\_ an \_\_\_\_\_ on conditions \_\_\_\_\_?

\_\_\_\_\_ services \_\_\_\_\_ aren't covered by \_\_\_\_\_?

Can \_\_\_\_\_ tell me \_\_\_\_\_ health \_\_\_\_\_ or \_\_\_\_\_ are \_\_\_\_\_ my \_\_\_\_\_?

\_\_\_\_\_ options are there any \_\_\_\_\_?

Do you \_\_\_\_\_ are \_\_\_\_\_ non-covered treatments under \_\_\_\_\_?

\_\_\_\_\_ give me \_\_\_\_\_ of excluded health conditions on \_\_\_\_\_?

There are treatment \_\_\_\_\_ that \_\_\_\_\_ not \_\_\_\_\_ my \_\_\_\_\_.

\_\_\_\_\_ will \_\_\_\_\_ the treatments or \_\_\_\_\_.

\_\_\_\_\_ not covered in my plan.

What \_\_\_\_\_ are \_\_\_\_\_ covered \_\_\_\_\_ plan?

What \_\_\_\_\_ off-limits \_\_\_\_\_ treatment \_\_\_\_\_ plan?

\_\_\_\_\_ covered \_\_\_\_\_ my plan?

\_\_\_\_\_ treatments that are \_\_\_\_\_ by \_\_\_\_\_ plan.

Which medical \_\_\_\_\_ not covered \_\_\_\_\_?

\_\_\_\_\_ not include \_\_\_\_\_ treatments \_\_\_\_\_ conditions?

Which \_\_\_\_\_ are not \_\_\_\_\_ this \_\_\_\_\_?

\_\_\_\_\_ are the \_\_\_\_\_ of \_\_\_\_\_ issues \_\_\_\_\_ may not \_\_\_\_\_ by insurance \_\_\_\_\_?

\_\_\_\_\_ not included \_\_\_\_\_ my \_\_\_\_\_?

\_\_\_\_\_ there a \_\_\_\_\_ medication that \_\_\_\_\_ excluded \_\_\_\_\_ my \_\_\_\_\_?

What can't \_\_\_\_\_ covered \_\_\_\_\_?

Which \_\_\_\_\_ conditions \_\_\_\_\_ lack \_\_\_\_\_?

Can \_\_\_\_\_ list of treatments that are \_\_\_\_\_ my \_\_\_\_\_?

\_\_\_\_\_ therapies \_\_\_\_\_ not \_\_\_\_\_ this plan?

What conditions and \_\_\_\_\_ are \_\_\_\_\_ covered \_\_\_\_\_?

What \_\_\_\_\_ or \_\_\_\_\_ not covered by \_\_\_\_\_?

Which \_\_\_\_\_ are not \_\_\_\_\_ plan?

Which medical services \_\_\_\_\_ this policy's \_\_\_\_\_

\_\_\_\_\_ possible to \_\_\_\_\_ procedures \_\_\_\_\_ medications \_\_\_\_\_ are excluded under \_\_\_\_\_.

Is there any exclusions \_\_\_\_\_?

What health \_\_\_\_\_ covered \_\_\_\_\_ my \_\_\_\_\_.

Can \_\_\_\_\_ show \_\_\_\_\_ a \_\_\_\_\_ of \_\_\_\_\_ not \_\_\_\_\_ my policy?

\_\_\_\_\_ medical services, \_\_\_\_\_?

\_\_\_\_\_ or \_\_\_\_\_ are not included \_\_\_\_\_ coverage.

\_\_\_\_\_ of \_\_\_\_\_ covered by insurance?

Does \_\_\_\_\_ exclude \_\_\_\_\_ treatments?

There \_\_\_\_\_ some \_\_\_\_\_ outside of my \_\_\_\_\_.

\_\_\_\_\_ covered \_\_\_\_\_ the policy?

Are \_\_\_\_\_ or treatments not \_\_\_\_\_ by my \_\_\_\_\_?

\_\_\_\_\_ are some medical \_\_\_\_\_ that \_\_\_\_\_ covered in \_\_\_\_\_.

Which medical \_\_\_\_\_ not \_\_\_\_\_ by \_\_\_\_\_?

\_\_\_\_\_ conditions \_\_\_\_\_ get \_\_\_\_\_?

Which \_\_\_\_\_ are not part \_\_\_\_\_.

Treatments \_\_\_\_\_ services \_\_\_\_\_ included \_\_\_\_\_?

\_\_\_\_\_ you tell me \_\_\_\_\_ excluded from \_\_\_\_\_?

Can \_\_\_\_\_ the procedure or medication \_\_\_\_\_ policy?

What \_\_\_\_\_ this coverage?

\_\_\_\_\_ any healthcare issues \_\_\_\_\_ the policy \_\_\_\_\_ cater \_\_\_\_\_?

There \_\_\_\_\_ be \_\_\_\_\_ by my plan.

\_\_\_\_\_ are the exclusions for \_\_\_\_\_?

\_\_\_\_\_ not cover what?

\_\_\_\_\_ plan leave \_\_\_\_\_ treatments?

What therapies \_\_\_\_\_ included by \_\_\_\_\_?

What therapies are \_\_\_\_\_ plan?

\_\_\_\_\_ and therapies \_\_\_\_\_ by my current \_\_\_\_\_.

\_\_\_\_\_ about \_\_\_\_\_ non-covered treatments \_\_\_\_\_ this plan.

What \_\_\_\_\_ specific health \_\_\_\_\_ that \_\_\_\_\_ by my insurance?

Does any \_\_\_\_\_ or procedures \_\_\_\_\_ outside of \_\_\_\_\_?

There \_\_\_\_\_ conditions \_\_\_\_\_ are not \_\_\_\_\_ for \_\_\_\_\_ with \_\_\_\_\_ plan?

What \_\_\_\_\_ not \_\_\_\_\_?

What \_\_\_\_\_ the \_\_\_\_\_ conditions?

\_\_\_\_\_ any \_\_\_\_\_ issues \_\_\_\_\_ the policy does \_\_\_\_\_ cover?

\_\_\_\_\_ coverage exclude \_\_\_\_\_ or \_\_\_\_\_?

\_\_\_\_\_ services are \_\_\_\_\_ included in this \_\_\_\_\_?

What are \_\_\_\_\_ with my \_\_\_\_\_?  
 \_\_\_\_\_ isn't in \_\_\_\_\_ conditions?  
 Please \_\_\_\_\_ there \_\_\_\_\_ treatments not \_\_\_\_\_ by \_\_\_\_\_ plan?  
 \_\_\_\_\_ me what procedures \_\_\_\_\_ medications were \_\_\_\_\_ my policy?  
 \_\_\_\_\_ isn't \_\_\_\_\_ my \_\_\_\_\_ plan?  
 \_\_\_\_\_ these \_\_\_\_\_ medications \_\_\_\_\_ my policy?  
 Which conditions \_\_\_\_\_ not part \_\_\_\_\_ plan?  
 \_\_\_\_\_ some \_\_\_\_\_ conditions \_\_\_\_\_ in the plan.  
 Treatment \_\_\_\_\_ not \_\_\_\_\_ plan?  
 Which conditions \_\_\_\_\_?  
 What \_\_\_\_\_ in \_\_\_\_\_ treatments?  
 Which \_\_\_\_\_ aren't \_\_\_\_\_ my current \_\_\_\_\_?  
 \_\_\_\_\_ treatments \_\_\_\_\_ are \_\_\_\_\_ part of my \_\_\_\_\_.  
 \_\_\_\_\_ are \_\_\_\_\_ not \_\_\_\_\_ my \_\_\_\_\_ plan?  
 \_\_\_\_\_ there \_\_\_\_\_ specific conditions or procedures \_\_\_\_\_ covered \_\_\_\_\_ insurance?  
 \_\_\_\_\_ you \_\_\_\_\_ procedures and medications excluded \_\_\_\_\_ my \_\_\_\_\_?  
 \_\_\_\_\_ particular \_\_\_\_\_ under \_\_\_\_\_ coverage?  
 There are \_\_\_\_\_ that aren't \_\_\_\_\_.  
 \_\_\_\_\_ treatments \_\_\_\_\_ might not be \_\_\_\_\_ my plan.  
 There are things \_\_\_\_\_ are not \_\_\_\_\_ for \_\_\_\_\_ current \_\_\_\_\_.  
 Can \_\_\_\_\_ procedures \_\_\_\_\_ be covered \_\_\_\_\_ my insurance?  
 \_\_\_\_\_ procedures and medications \_\_\_\_\_ not \_\_\_\_\_ under \_\_\_\_\_.  
 \_\_\_\_\_ any of the \_\_\_\_\_ procedures \_\_\_\_\_ scope \_\_\_\_\_ my insurance?  
 \_\_\_\_\_ conditions that \_\_\_\_\_ for my current \_\_\_\_\_?  
 \_\_\_\_\_ this \_\_\_\_\_ specific conditions?  
 \_\_\_\_\_ are off-limits to \_\_\_\_\_ plan.  
 Can \_\_\_\_\_ tell \_\_\_\_\_ about \_\_\_\_\_ treatments that \_\_\_\_\_ under my \_\_\_\_\_?  
 Does \_\_\_\_\_ or \_\_\_\_\_ outside \_\_\_\_\_ my insurance?  
 \_\_\_\_\_ included under the plan?  
 \_\_\_\_\_ you tell \_\_\_\_\_ there \_\_\_\_\_ any healthcare issues the \_\_\_\_\_?  
 Which \_\_\_\_\_ in the \_\_\_\_\_?  
 Which conditions \_\_\_\_\_.  
 Please \_\_\_\_\_ there are \_\_\_\_\_ non-covered \_\_\_\_\_ by this \_\_\_\_\_.  
 What specific \_\_\_\_\_ aren't \_\_\_\_\_ my \_\_\_\_\_?  
 Can \_\_\_\_\_ me \_\_\_\_\_ list \_\_\_\_\_ treatments \_\_\_\_\_ in my policy?  
 \_\_\_\_\_ procedures \_\_\_\_\_ not \_\_\_\_\_ under my \_\_\_\_\_?  
 \_\_\_\_\_ services \_\_\_\_\_ included \_\_\_\_\_ the benefits \_\_\_\_\_ the policy?  
 What \_\_\_\_\_ the off-limits \_\_\_\_\_ my \_\_\_\_\_.  
 There are \_\_\_\_\_ that \_\_\_\_\_ in \_\_\_\_\_ treatment \_\_\_\_\_.  
 My \_\_\_\_\_ does \_\_\_\_\_ cover \_\_\_\_\_ procedures \_\_\_\_\_.  
 \_\_\_\_\_ there \_\_\_\_\_ treatment \_\_\_\_\_ my insurance \_\_\_\_\_?  
 \_\_\_\_\_ conditions \_\_\_\_\_ treatments \_\_\_\_\_ of \_\_\_\_\_ plan?  
 Which conditions \_\_\_\_\_ are \_\_\_\_\_?  
 Can \_\_\_\_\_ tell \_\_\_\_\_ and \_\_\_\_\_ excluded from my \_\_\_\_\_?  
 \_\_\_\_\_ the \_\_\_\_\_ specific conditions?  
 Is \_\_\_\_\_ aware \_\_\_\_\_ any \_\_\_\_\_ this plan?  
 \_\_\_\_\_ my \_\_\_\_\_ certain treatments?  
 \_\_\_\_\_ tell me what \_\_\_\_\_ treatments are not \_\_\_\_\_ my health \_\_\_\_\_?  
 Which conditions are \_\_\_\_\_ the \_\_\_\_\_  
 \_\_\_\_\_ coverage do not \_\_\_\_\_ certain \_\_\_\_\_?

\_\_\_\_\_ are \_\_\_\_\_ covered \_\_\_\_\_ my current \_\_\_\_\_?

Which conditions and treatments \_\_\_\_\_?

There \_\_\_\_\_ procedures and \_\_\_\_\_ not covered by \_\_\_\_\_ policy.

Does the \_\_\_\_\_ do not \_\_\_\_\_?

Is there \_\_\_\_\_ excluded health \_\_\_\_\_ on the \_\_\_\_\_?

I \_\_\_\_\_ for \_\_\_\_\_ that are \_\_\_\_\_ from my coverage.

\_\_\_\_\_ conditions \_\_\_\_\_ fully covered?

\_\_\_\_\_ under my \_\_\_\_\_?

\_\_\_\_\_ my \_\_\_\_\_ or conditions?

\_\_\_\_\_ let \_\_\_\_\_ if there are any non-covered \_\_\_\_\_ by \_\_\_\_\_.

Certain \_\_\_\_\_ services are \_\_\_\_\_ covered \_\_\_\_\_.

Do any specific conditions \_\_\_\_\_ what my \_\_\_\_\_?

\_\_\_\_\_ are not \_\_\_\_\_ my \_\_\_\_\_ plan.

\_\_\_\_\_ treatments or medical care \_\_\_\_\_ in \_\_\_\_\_?

Some \_\_\_\_\_ and medication aren't \_\_\_\_\_.

\_\_\_\_\_ aren't included \_\_\_\_\_ this \_\_\_\_\_?

There are \_\_\_\_\_ not \_\_\_\_\_ by \_\_\_\_\_ policy.

\_\_\_\_\_ health issues may not \_\_\_\_\_ covered \_\_\_\_\_?

\_\_\_\_\_ me if procedures \_\_\_\_\_ drugs are excluded \_\_\_\_\_ policy?

Which treatments \_\_\_\_\_ excluded \_\_\_\_\_ my \_\_\_\_\_?

\_\_\_\_\_ conditions or \_\_\_\_\_ no \_\_\_\_\_?

Is \_\_\_\_\_ a \_\_\_\_\_ plan \_\_\_\_\_ treatment and condition?

Which treatments or \_\_\_\_\_ care \_\_\_\_\_ not \_\_\_\_\_ in \_\_\_\_\_.

\_\_\_\_\_ types \_\_\_\_\_ healthcare needs \_\_\_\_\_ be covered \_\_\_\_\_ policy?

\_\_\_\_\_ don't know what conditions \_\_\_\_\_ aren't \_\_\_\_\_ my \_\_\_\_\_.

\_\_\_\_\_ are some \_\_\_\_\_ exempt \_\_\_\_\_ the \_\_\_\_\_ plan.

\_\_\_\_\_ it possible to \_\_\_\_\_ that are \_\_\_\_\_ of my policy?

There \_\_\_\_\_ that are \_\_\_\_\_ by \_\_\_\_\_ insurance.

Which services \_\_\_\_\_ not \_\_\_\_\_ the \_\_\_\_\_?

Specific treatments \_\_\_\_\_ conditions may not \_\_\_\_\_.

Which \_\_\_\_\_ or treatments are \_\_\_\_\_ included \_\_\_\_\_?

Which medical \_\_\_\_\_ not included \_\_\_\_\_?

\_\_\_\_\_ on my plan \_\_\_\_\_?

\_\_\_\_\_ are \_\_\_\_\_ things that \_\_\_\_\_ eligible \_\_\_\_\_ coverage with \_\_\_\_\_ plan.

What are \_\_\_\_\_ exclusions for \_\_\_\_\_ my \_\_\_\_\_ insurance?

\_\_\_\_\_ specific exclusions \_\_\_\_\_ my \_\_\_\_\_?

Are \_\_\_\_\_ any \_\_\_\_\_ aren't covered \_\_\_\_\_ my insurance?

Are \_\_\_\_\_ exclusions \_\_\_\_\_ my \_\_\_\_\_ options?

Which \_\_\_\_\_ or cures \_\_\_\_\_

\_\_\_\_\_ are there any non-covered treatments \_\_\_\_\_?

My \_\_\_\_\_ some \_\_\_\_\_ services.

What \_\_\_\_\_ the treatments that \_\_\_\_\_ in \_\_\_\_\_ plan?

What \_\_\_\_\_ treatments \_\_\_\_\_ in \_\_\_\_\_ plan?

What does \_\_\_\_\_ don't \_\_\_\_\_?

What \_\_\_\_\_ and \_\_\_\_\_ covered \_\_\_\_\_ my plan.

Do you know \_\_\_\_\_ there \_\_\_\_\_ not covered by \_\_\_\_\_?

Under \_\_\_\_\_ policy, \_\_\_\_\_ types \_\_\_\_\_ expenses are \_\_\_\_\_ denied?

\_\_\_\_\_ to \_\_\_\_\_ the \_\_\_\_\_ are excluded from coverage under \_\_\_\_\_ policy.

The \_\_\_\_\_ for \_\_\_\_\_ my \_\_\_\_\_?

\_\_\_\_\_ exclusions \_\_\_\_\_ contained \_\_\_\_\_ my coverage?

\_\_\_\_\_ cures doesn't have \_\_\_\_\_?

\_\_\_\_\_ eligible for the current \_\_\_\_\_.

What things \_\_\_\_\_ covered by \_\_\_\_\_?

\_\_\_\_\_ conditions aren't eligible \_\_\_\_\_ my \_\_\_\_\_.

What \_\_\_\_\_ of \_\_\_\_\_ problems may \_\_\_\_\_ be \_\_\_\_\_ insurance?

\_\_\_\_\_ treatments \_\_\_\_\_ medical \_\_\_\_\_ are not \_\_\_\_\_?

Treatments \_\_\_\_\_ in the \_\_\_\_\_?

\_\_\_\_\_ conditions or \_\_\_\_\_ aren't \_\_\_\_\_?

\_\_\_\_\_ know if there \_\_\_\_\_ non-covered treatments by \_\_\_\_\_.

What are \_\_\_\_\_ that \_\_\_\_\_ included in \_\_\_\_\_ insurance plan?

Which medical \_\_\_\_\_ by \_\_\_\_\_ plan?

What services are \_\_\_\_\_ not \_\_\_\_\_?

\_\_\_\_\_ your insurance \_\_\_\_\_ pay \_\_\_\_\_ treat?

\_\_\_\_\_ and \_\_\_\_\_ are not covered \_\_\_\_\_ plan?

\_\_\_\_\_ any \_\_\_\_\_ that \_\_\_\_\_ fall under \_\_\_\_\_ coverage?

What wouldn't \_\_\_\_\_ my \_\_\_\_\_?

\_\_\_\_\_ types \_\_\_\_\_ issues are \_\_\_\_\_ covered \_\_\_\_\_ here?

There are \_\_\_\_\_ or \_\_\_\_\_ that my \_\_\_\_\_ not \_\_\_\_\_.

What \_\_\_\_\_ not \_\_\_\_\_ by \_\_\_\_\_ plan?

Is it possible \_\_\_\_\_ identify \_\_\_\_\_ or \_\_\_\_\_ excluded from \_\_\_\_\_?

What \_\_\_\_\_ services that are \_\_\_\_\_ by \_\_\_\_\_ insurance?

What types of services \_\_\_\_\_ this \_\_\_\_\_ plan?

Can you offer \_\_\_\_\_ of treatments \_\_\_\_\_ covered by my \_\_\_\_\_?

What \_\_\_\_\_ treatments that \_\_\_\_\_ by my \_\_\_\_\_ plan?

Is the \_\_\_\_\_ some \_\_\_\_\_?

Is there \_\_\_\_\_ not \_\_\_\_\_ the \_\_\_\_\_?

\_\_\_\_\_ specific \_\_\_\_\_ or \_\_\_\_\_ are not \_\_\_\_\_?

\_\_\_\_\_ covered by \_\_\_\_\_ plan?

\_\_\_\_\_ know which \_\_\_\_\_ treatments are not \_\_\_\_\_ by the \_\_\_\_\_?

What \_\_\_\_\_ treatment and services \_\_\_\_\_ plan?

What are \_\_\_\_\_ conditions \_\_\_\_\_ are not \_\_\_\_\_ my \_\_\_\_\_?

Can you tell me \_\_\_\_\_ excluded \_\_\_\_\_ my policy?

\_\_\_\_\_ certain procedures and drugs that are \_\_\_\_\_ covered \_\_\_\_\_.

\_\_\_\_\_ are \_\_\_\_\_ in this \_\_\_\_\_.

\_\_\_\_\_ the \_\_\_\_\_ not \_\_\_\_\_ treatments or medical conditions?

What are some conditions that \_\_\_\_\_ by \_\_\_\_\_?

What \_\_\_\_\_ needs are \_\_\_\_\_ included \_\_\_\_\_?

My plan for \_\_\_\_\_ or \_\_\_\_\_ things.

There's \_\_\_\_\_ for treatment \_\_\_\_\_ my \_\_\_\_\_.

What \_\_\_\_\_ for my \_\_\_\_\_?

Is it possible \_\_\_\_\_ identify \_\_\_\_\_ or \_\_\_\_\_ by \_\_\_\_\_?

\_\_\_\_\_ treatment that my \_\_\_\_\_ won't pay \_\_\_\_\_?

Can \_\_\_\_\_ me what conditions \_\_\_\_\_ not \_\_\_\_\_ my health \_\_\_\_\_.

\_\_\_\_\_ treatments and conditions \_\_\_\_\_ covered by \_\_\_\_\_.

\_\_\_\_\_ by my plan

\_\_\_\_\_ issues \_\_\_\_\_ be covered \_\_\_\_\_ insurance \_\_\_\_\_?

\_\_\_\_\_ there any conditions or \_\_\_\_\_ by my \_\_\_\_\_ plan?

\_\_\_\_\_ there \_\_\_\_\_ exclusion on \_\_\_\_\_ or \_\_\_\_\_?

\_\_\_\_\_ there \_\_\_\_\_ not covered?

Which conditions \_\_\_\_\_ plan.

Specific \_\_\_\_\_ and \_\_\_\_\_ are not \_\_\_\_\_ my current \_\_\_\_\_

What conditions \_\_\_\_\_ not \_\_\_\_\_ by \_\_\_\_\_ current plan?

What \_\_\_\_\_ issues might not \_\_\_\_\_ insurance here?

What is \_\_\_\_\_ included \_\_\_\_\_ policy's \_\_\_\_\_?

Does my coverage \_\_\_\_\_ certain \_\_\_\_\_?

\_\_\_\_\_ the conditions that \_\_\_\_\_ excludes \_\_\_\_\_ coverage?

Which \_\_\_\_\_ are \_\_\_\_\_ from \_\_\_\_\_ benefits?

\_\_\_\_\_ some \_\_\_\_\_ and \_\_\_\_\_ that my insurance does \_\_\_\_\_.

What \_\_\_\_\_ care \_\_\_\_\_ not \_\_\_\_\_ of this \_\_\_\_\_ plan?

\_\_\_\_\_ there any medical condition that \_\_\_\_\_ plan?

\_\_\_\_\_ are \_\_\_\_\_ covered \_\_\_\_\_ my health \_\_\_\_\_?

Which conditions \_\_\_\_\_ are not \_\_\_\_\_ coverage?

Any restrictions on \_\_\_\_\_ health \_\_\_\_\_?

\_\_\_\_\_ healthcare \_\_\_\_\_ might \_\_\_\_\_ be covered \_\_\_\_\_ policy?

\_\_\_\_\_ conditions would \_\_\_\_\_ covered?

I want \_\_\_\_\_ know \_\_\_\_\_ conditions and \_\_\_\_\_ covered by my \_\_\_\_\_.

\_\_\_\_\_ are \_\_\_\_\_ things my \_\_\_\_\_ cover?

\_\_\_\_\_ medical \_\_\_\_\_ in \_\_\_\_\_ policy's benefits.

\_\_\_\_\_ conditions barred \_\_\_\_\_ coverage?

What \_\_\_\_\_ not \_\_\_\_\_ my plan?

\_\_\_\_\_ any \_\_\_\_\_ fall \_\_\_\_\_ insurance?

My current plan \_\_\_\_\_ are \_\_\_\_\_ eligible for \_\_\_\_\_.

\_\_\_\_\_ doesn't get \_\_\_\_\_ plan?

What conditions \_\_\_\_\_ treatments are \_\_\_\_\_?

Do \_\_\_\_\_ know \_\_\_\_\_ treatments \_\_\_\_\_ covered \_\_\_\_\_ my \_\_\_\_\_ plan?

\_\_\_\_\_ there something not \_\_\_\_\_ my \_\_\_\_\_?

\_\_\_\_\_ there \_\_\_\_\_ in \_\_\_\_\_ of conditions \_\_\_\_\_ treatments?

\_\_\_\_\_ tell me if \_\_\_\_\_ non-covered treatments under \_\_\_\_\_.

\_\_\_\_\_ the conditions that \_\_\_\_\_ not covered \_\_\_\_\_ plan?

\_\_\_\_\_ not covering certain medical \_\_\_\_\_?

Can \_\_\_\_\_ identify procedures \_\_\_\_\_ are \_\_\_\_\_ from \_\_\_\_\_?

Which \_\_\_\_\_ are not covered \_\_\_\_\_ this \_\_\_\_\_.

What \_\_\_\_\_ for \_\_\_\_\_ health insurance?

\_\_\_\_\_ cover conditions or treatments?

\_\_\_\_\_ specific health services not included in \_\_\_\_\_?

\_\_\_\_\_ included \_\_\_\_\_ the plan?

What \_\_\_\_\_ not covered in \_\_\_\_\_?

Some treatments can't \_\_\_\_\_ paid \_\_\_\_\_.

Does \_\_\_\_\_ insurance \_\_\_\_\_ care \_\_\_\_\_?

There \_\_\_\_\_ services that \_\_\_\_\_ not fall within \_\_\_\_\_.

\_\_\_\_\_ treatments or medical \_\_\_\_\_ not \_\_\_\_\_

I \_\_\_\_\_ looking for a \_\_\_\_\_ of treatments \_\_\_\_\_ covered under \_\_\_\_\_.

\_\_\_\_\_ there \_\_\_\_\_ treatment that will not \_\_\_\_\_ by my \_\_\_\_\_?

\_\_\_\_\_ conditions \_\_\_\_\_ are not covered \_\_\_\_\_ my \_\_\_\_\_ plan?

\_\_\_\_\_ isn't \_\_\_\_\_ by \_\_\_\_\_ plan

\_\_\_\_\_ my \_\_\_\_\_ diseases or drugs?

\_\_\_\_\_ a \_\_\_\_\_ of excluded health conditions \_\_\_\_\_ on \_\_\_\_\_ plan.

\_\_\_\_\_ covered by \_\_\_\_\_ plan \_\_\_\_\_ conditions?

\_\_\_\_\_ isn't included in \_\_\_\_\_?

Which \_\_\_\_\_ or \_\_\_\_\_ don't \_\_\_\_\_?

Is \_\_\_\_\_ any treatment options that \_\_\_\_\_ be reimbursed \_\_\_\_\_?

What \_\_\_\_\_ the \_\_\_\_\_ and \_\_\_\_\_ not \_\_\_\_\_ by my \_\_\_\_\_?

What \_\_\_\_\_ or \_\_\_\_\_ excluded \_\_\_\_\_ plan?

\_\_\_\_\_ not included \_\_\_\_\_?

What is not covered \_\_\_\_\_ the \_\_\_\_\_ my \_\_\_\_\_?

What is \_\_\_\_\_ covered \_\_\_\_\_?

Which \_\_\_\_\_ are \_\_\_\_\_ included in \_\_\_\_\_?

\_\_\_\_\_ specific \_\_\_\_\_ I \_\_\_\_\_ under my \_\_\_\_\_?

Is \_\_\_\_\_ anything that \_\_\_\_\_ my \_\_\_\_\_?

Are \_\_\_\_\_ options excluded from \_\_\_\_\_?

\_\_\_\_\_ therapies \_\_\_\_\_ by \_\_\_\_\_ current plan?

\_\_\_\_\_ included in the \_\_\_\_\_?

What \_\_\_\_\_ might not \_\_\_\_\_ the policy?

\_\_\_\_\_ care \_\_\_\_\_ are not \_\_\_\_\_?

What \_\_\_\_\_ in my current plan?

\_\_\_\_\_ conditions \_\_\_\_\_ therapies \_\_\_\_\_ included in my \_\_\_\_\_ plan.

\_\_\_\_\_ are possible \_\_\_\_\_ from my \_\_\_\_\_.

Can you \_\_\_\_\_ me the \_\_\_\_\_ excluded \_\_\_\_\_ conditions \_\_\_\_\_ on \_\_\_\_\_ plan?

\_\_\_\_\_ conditions aren't eligible for \_\_\_\_\_ current \_\_\_\_\_?

Inform me \_\_\_\_\_ there \_\_\_\_\_ any \_\_\_\_\_ by this \_\_\_\_\_.

There \_\_\_\_\_ some \_\_\_\_\_ services that are not \_\_\_\_\_.

Is any \_\_\_\_\_ health service \_\_\_\_\_ by \_\_\_\_\_?

\_\_\_\_\_ you \_\_\_\_\_ a list \_\_\_\_\_ treatments \_\_\_\_\_ covered in my \_\_\_\_\_?

\_\_\_\_\_ types are not \_\_\_\_\_ in \_\_\_\_\_?

What are \_\_\_\_\_ for \_\_\_\_\_ with \_\_\_\_\_?

What \_\_\_\_\_ the excluded \_\_\_\_\_ conditions \_\_\_\_\_?

What \_\_\_\_\_ not be included \_\_\_\_\_ this \_\_\_\_\_?

\_\_\_\_\_ my policy \_\_\_\_\_ not \_\_\_\_\_?

What \_\_\_\_\_ conditions \_\_\_\_\_ fall \_\_\_\_\_ of my insurance?

\_\_\_\_\_ with my plan?

Please \_\_\_\_\_ if \_\_\_\_\_ are any \_\_\_\_\_ treatments by \_\_\_\_\_.

What \_\_\_\_\_ the \_\_\_\_\_ that \_\_\_\_\_ covered \_\_\_\_\_ my health \_\_\_\_\_?

\_\_\_\_\_ diseases \_\_\_\_\_ cures lack \_\_\_\_\_?

\_\_\_\_\_ plan exclude treatments?

Any \_\_\_\_\_ werenixed because of \_\_\_\_\_ policy?

\_\_\_\_\_ plan doesn't cover \_\_\_\_\_ treatments?

There are \_\_\_\_\_ eligible for \_\_\_\_\_ plan.

Which \_\_\_\_\_ are \_\_\_\_\_ in \_\_\_\_\_ coverage?

\_\_\_\_\_ are treatments \_\_\_\_\_ in the \_\_\_\_\_.

\_\_\_\_\_ condition \_\_\_\_\_ cure lacks \_\_\_\_\_?

Is there any \_\_\_\_\_ that \_\_\_\_\_ be \_\_\_\_\_ by \_\_\_\_\_?

\_\_\_\_\_ are \_\_\_\_\_ procedures and medications \_\_\_\_\_ my policy.

Which \_\_\_\_\_ from this insurance \_\_\_\_\_?

\_\_\_\_\_ about \_\_\_\_\_ on \_\_\_\_\_ treatment.

\_\_\_\_\_ by my plan

I want to \_\_\_\_\_ there are \_\_\_\_\_ exclusions \_\_\_\_\_ plan's \_\_\_\_\_.

\_\_\_\_\_ or treatments lack \_\_\_\_\_?

Specific treatments and conditions \_\_\_\_\_ be \_\_\_\_\_ plan.

\_\_\_\_\_ might be \_\_\_\_\_ plan's \_\_\_\_\_ options.

Is \_\_\_\_\_ in my health insurance \_\_\_\_\_?



\_\_\_\_\_ plan \_\_\_\_\_ cover treatment for \_\_\_\_\_?

\_\_\_\_\_ will not be reimbursed by my \_\_\_\_\_?

\_\_\_\_\_ conditions aren't \_\_\_\_\_.

\_\_\_\_\_ included with my \_\_\_\_\_?

\_\_\_\_\_ what healthcare issues the \_\_\_\_\_ not cater for?

\_\_\_\_\_ policy exclude \_\_\_\_\_ conditions?

\_\_\_\_\_ be non-covered treatments by \_\_\_\_\_.

\_\_\_\_\_ conditions \_\_\_\_\_ not included in \_\_\_\_\_?

Do \_\_\_\_\_ conditions \_\_\_\_\_ what my insurance does?

Which treatments \_\_\_\_\_ by my health \_\_\_\_\_?

My \_\_\_\_\_ does \_\_\_\_\_ cover \_\_\_\_\_.

What \_\_\_\_\_ medicines \_\_\_\_\_ from my \_\_\_\_\_?

Which \_\_\_\_\_ are \_\_\_\_\_.

\_\_\_\_\_ medical conditions \_\_\_\_\_ in my \_\_\_\_\_.

\_\_\_\_\_ policy do not \_\_\_\_\_ coverage for specific \_\_\_\_\_?

I \_\_\_\_\_ to \_\_\_\_\_ what conditions \_\_\_\_\_ are not \_\_\_\_\_ my health \_\_\_\_\_.

There \_\_\_\_\_ don't count in my \_\_\_\_\_ options.

\_\_\_\_\_ from \_\_\_\_\_ plan for \_\_\_\_\_ or treatments?

\_\_\_\_\_ my policy \_\_\_\_\_ not \_\_\_\_\_ healthcare \_\_\_\_\_?

Questions \_\_\_\_\_ specific exclusions \_\_\_\_\_.

\_\_\_\_\_ treatment \_\_\_\_\_ my \_\_\_\_\_ insurance \_\_\_\_\_?

\_\_\_\_\_ you \_\_\_\_\_ what procedures \_\_\_\_\_ excluded from \_\_\_\_\_ policy?

\_\_\_\_\_ of care \_\_\_\_\_ this insurance plan?

\_\_\_\_\_ there an \_\_\_\_\_ for my treatment \_\_\_\_\_?

What \_\_\_\_\_ or \_\_\_\_\_ are not included in \_\_\_\_\_?

What sorts \_\_\_\_\_ may not \_\_\_\_\_ insurance here?

\_\_\_\_\_ exclusions \_\_\_\_\_ treatment \_\_\_\_\_ insurance?

\_\_\_\_\_ in the coverage?

\_\_\_\_\_ exclusions under my \_\_\_\_\_?

What \_\_\_\_\_ options aren't \_\_\_\_\_ insurance \_\_\_\_\_?

\_\_\_\_\_ needs might \_\_\_\_\_ be covered \_\_\_\_\_ the \_\_\_\_\_?

\_\_\_\_\_ isn't covered by \_\_\_\_\_ plan \_\_\_\_\_?

\_\_\_\_\_ there any \_\_\_\_\_ procedure that \_\_\_\_\_ insurance \_\_\_\_\_ cover?

I want a \_\_\_\_\_ are not \_\_\_\_\_ in my \_\_\_\_\_.

\_\_\_\_\_ things \_\_\_\_\_ not \_\_\_\_\_?

\_\_\_\_\_ treatments \_\_\_\_\_ conditions \_\_\_\_\_ in my \_\_\_\_\_?

\_\_\_\_\_ don't \_\_\_\_\_ any coverage?

Is \_\_\_\_\_ health issue \_\_\_\_\_ therapy that \_\_\_\_\_?

What therapies \_\_\_\_\_ not \_\_\_\_\_ under \_\_\_\_\_?

Which treatments \_\_\_\_\_ coverage?

\_\_\_\_\_ there health \_\_\_\_\_ or \_\_\_\_\_ covered?

There \_\_\_\_\_ are not \_\_\_\_\_ by insurance here.

What \_\_\_\_\_ my \_\_\_\_\_ for conditions or \_\_\_\_\_?

\_\_\_\_\_ treatments \_\_\_\_\_ included \_\_\_\_\_ my \_\_\_\_\_

\_\_\_\_\_ on \_\_\_\_\_ plan for treatment and \_\_\_\_\_?

\_\_\_\_\_ any specific health services \_\_\_\_\_ covered \_\_\_\_\_ my \_\_\_\_\_?

Which \_\_\_\_\_ are \_\_\_\_\_ in my \_\_\_\_\_?

What are \_\_\_\_\_ covered by \_\_\_\_\_ current \_\_\_\_\_?

There are \_\_\_\_\_ medical \_\_\_\_\_ that \_\_\_\_\_ not \_\_\_\_\_ in \_\_\_\_\_ policy's \_\_\_\_\_.

\_\_\_\_\_ are there \_\_\_\_\_ non-covered \_\_\_\_\_ by \_\_\_\_\_ plan?

\_\_\_\_\_ know which conditions or treatments \_\_\_\_\_ not \_\_\_\_\_ health plan.

\_\_\_\_\_ on coverage \_\_\_\_\_ my plan's treatment options?

Which \_\_\_\_\_ treatments \_\_\_\_\_ included?

\_\_\_\_\_ you tell me the \_\_\_\_\_ not covered \_\_\_\_\_ my \_\_\_\_\_?

\_\_\_\_\_ not \_\_\_\_\_ covered by \_\_\_\_\_ plan?

\_\_\_\_\_ services \_\_\_\_\_ are not \_\_\_\_\_ in the \_\_\_\_\_?

What are \_\_\_\_\_ that \_\_\_\_\_ not \_\_\_\_\_ covered by \_\_\_\_\_?

\_\_\_\_\_ not \_\_\_\_\_ for treatment with \_\_\_\_\_?

Certain conditions are \_\_\_\_\_ for coverage \_\_\_\_\_ current \_\_\_\_\_.

\_\_\_\_\_ conditions or \_\_\_\_\_ are excluded \_\_\_\_\_?

\_\_\_\_\_ types of \_\_\_\_\_ not covered \_\_\_\_\_ insurance plan?

\_\_\_\_\_ are excluded \_\_\_\_\_ this policy's \_\_\_\_\_?

\_\_\_\_\_ exclusions \_\_\_\_\_ in my health insurance?

What \_\_\_\_\_ or \_\_\_\_\_ coverage?

Which \_\_\_\_\_ do \_\_\_\_\_?

What conditions \_\_\_\_\_ from \_\_\_\_\_ current \_\_\_\_\_?

\_\_\_\_\_ care are not included in \_\_\_\_\_ plan?

\_\_\_\_\_ the \_\_\_\_\_ excluded from \_\_\_\_\_ coverage?

Which \_\_\_\_\_ conditions are \_\_\_\_\_ included in \_\_\_\_\_.

Can \_\_\_\_\_ me \_\_\_\_\_ there are any healthcare \_\_\_\_\_ don't \_\_\_\_\_ policy?

\_\_\_\_\_ are not \_\_\_\_\_ in my \_\_\_\_\_.

What \_\_\_\_\_ things are \_\_\_\_\_ policy?

\_\_\_\_\_ conditions aren't included \_\_\_\_\_.

What sorts \_\_\_\_\_ be included in the \_\_\_\_\_?

\_\_\_\_\_ you identify the \_\_\_\_\_ are \_\_\_\_\_ from my \_\_\_\_\_?

Which \_\_\_\_\_ not covered by \_\_\_\_\_ coverage?

\_\_\_\_\_ are some \_\_\_\_\_ covered by \_\_\_\_\_.

Some \_\_\_\_\_ by my \_\_\_\_\_.

Are there any health \_\_\_\_\_?

\_\_\_\_\_ or medical care \_\_\_\_\_?

\_\_\_\_\_ would like \_\_\_\_\_ know \_\_\_\_\_ any \_\_\_\_\_ treatments by \_\_\_\_\_ plan.

What \_\_\_\_\_ or therapies not included \_\_\_\_\_ my \_\_\_\_\_?

\_\_\_\_\_ my policy \_\_\_\_\_ cover \_\_\_\_\_ needs?

What \_\_\_\_\_ are not \_\_\_\_\_ for \_\_\_\_\_?

\_\_\_\_\_ aren't \_\_\_\_\_ on \_\_\_\_\_ policy?

What \_\_\_\_\_ the conditions that \_\_\_\_\_ in my \_\_\_\_\_?

Is \_\_\_\_\_ any medical \_\_\_\_\_ are \_\_\_\_\_ by my \_\_\_\_\_?

\_\_\_\_\_ it possible to \_\_\_\_\_ or drugs excluded \_\_\_\_\_ my \_\_\_\_\_?

\_\_\_\_\_ be restrictions on \_\_\_\_\_ plan for \_\_\_\_\_ treatment?

Services \_\_\_\_\_ for treatment?

\_\_\_\_\_ some conditions that aren't \_\_\_\_\_ for coverage in \_\_\_\_\_.

Which \_\_\_\_\_ conditions \_\_\_\_\_ not \_\_\_\_\_ in the \_\_\_\_\_?

Is there \_\_\_\_\_ kind \_\_\_\_\_ exclusion from \_\_\_\_\_ treatment \_\_\_\_\_?

\_\_\_\_\_ you know \_\_\_\_\_ procedures or \_\_\_\_\_ not included \_\_\_\_\_ my \_\_\_\_\_?

I want to know \_\_\_\_\_ treatments \_\_\_\_\_ in \_\_\_\_\_ plan.

\_\_\_\_\_ treatment \_\_\_\_\_ won't be \_\_\_\_\_ by my insurance \_\_\_\_\_?

\_\_\_\_\_ or non-covered \_\_\_\_\_?

\_\_\_\_\_ conditions/treatments \_\_\_\_\_ included?

Is \_\_\_\_\_ certain treatments?

\_\_\_\_\_ were not \_\_\_\_\_ in this \_\_\_\_\_?

\_\_\_\_\_ are \_\_\_\_\_ by my insurance?  
 \_\_\_\_\_ healthcare \_\_\_\_\_ not be \_\_\_\_\_ by this policy?  
 \_\_\_\_\_ are \_\_\_\_\_ conditions \_\_\_\_\_ fall outside \_\_\_\_\_ what \_\_\_\_\_ insurance \_\_\_\_\_?  
 Is \_\_\_\_\_ services that fall \_\_\_\_\_ insurance?  
 What \_\_\_\_\_ are not \_\_\_\_\_ the \_\_\_\_\_?  
 Services \_\_\_\_\_ included \_\_\_\_\_ the plan?  
 \_\_\_\_\_ may be medical conditions \_\_\_\_\_ my plan.  
 \_\_\_\_\_ exclude \_\_\_\_\_ or conditions?  
 \_\_\_\_\_ they not \_\_\_\_\_ under my \_\_\_\_\_?  
 \_\_\_\_\_ any \_\_\_\_\_ procedure fall outside of \_\_\_\_\_ insurance \_\_\_\_\_?  
 What \_\_\_\_\_ might \_\_\_\_\_ be covered \_\_\_\_\_?  
 \_\_\_\_\_ the \_\_\_\_\_ limits for \_\_\_\_\_ plan?  
 \_\_\_\_\_ possible \_\_\_\_\_ or medications that are excluded \_\_\_\_\_ my \_\_\_\_\_.  
 Specific \_\_\_\_\_ might not \_\_\_\_\_ in \_\_\_\_\_.  
 There \_\_\_\_\_ care options that \_\_\_\_\_ included \_\_\_\_\_ this \_\_\_\_\_ plan.  
 \_\_\_\_\_ isn't covered \_\_\_\_\_ for conditions?  
 Specific \_\_\_\_\_ or conditions will \_\_\_\_\_ of \_\_\_\_\_ plan.  
 Does \_\_\_\_\_ plan exclude \_\_\_\_\_?  
 I need a \_\_\_\_\_ of health conditions or \_\_\_\_\_.  
 \_\_\_\_\_ my coverage \_\_\_\_\_ cover certain \_\_\_\_\_?  
 What are \_\_\_\_\_ that \_\_\_\_\_ covered by \_\_\_\_\_ plan?  
 \_\_\_\_\_ is not covered \_\_\_\_\_ the \_\_\_\_\_?  
 What are the \_\_\_\_\_ cures that \_\_\_\_\_ coverage?  
 \_\_\_\_\_ treatments aren't \_\_\_\_\_ plan?  
 \_\_\_\_\_ what's not covered?  
 \_\_\_\_\_ exclude specific healthcare \_\_\_\_\_?  
 Some conditions or treatments \_\_\_\_\_ in \_\_\_\_\_.  
 \_\_\_\_\_ off-limits to \_\_\_\_\_ plan?  
 I don't know \_\_\_\_\_ the \_\_\_\_\_ are \_\_\_\_\_.  
 What \_\_\_\_\_ covered \_\_\_\_\_ my plan \_\_\_\_\_?  
 \_\_\_\_\_ want to \_\_\_\_\_ if \_\_\_\_\_ have a \_\_\_\_\_ of \_\_\_\_\_ excluded \_\_\_\_\_ my \_\_\_\_\_.  
 \_\_\_\_\_ procedures and medications are not \_\_\_\_\_.  
 \_\_\_\_\_ items \_\_\_\_\_ not \_\_\_\_\_?  
 Which \_\_\_\_\_ no coverage?  
 \_\_\_\_\_ are not included \_\_\_\_\_ benefit?  
 Which treatments \_\_\_\_\_ medical \_\_\_\_\_ aren't \_\_\_\_\_ by \_\_\_\_\_?  
 \_\_\_\_\_ would \_\_\_\_\_ if \_\_\_\_\_ any \_\_\_\_\_ for treatment \_\_\_\_\_ my health insurance.  
 What types of \_\_\_\_\_ might not \_\_\_\_\_ included \_\_\_\_\_?  
 Which \_\_\_\_\_ aren't included in this \_\_\_\_\_?  
 \_\_\_\_\_ you tell me \_\_\_\_\_ are not \_\_\_\_\_ policy?  
 \_\_\_\_\_ procedures \_\_\_\_\_ covered \_\_\_\_\_ the policy.  
 Does this \_\_\_\_\_ some \_\_\_\_\_?  
 What \_\_\_\_\_ of care \_\_\_\_\_ covered by \_\_\_\_\_ plan?  
 What health services \_\_\_\_\_ my \_\_\_\_\_?  
 \_\_\_\_\_ conditions and cures do \_\_\_\_\_?  
 \_\_\_\_\_ isn't \_\_\_\_\_ in the \_\_\_\_\_ treatments?  
 Is \_\_\_\_\_ possible \_\_\_\_\_ my \_\_\_\_\_ options \_\_\_\_\_ exclusions?  
 \_\_\_\_\_ aren't included in \_\_\_\_\_?  
 \_\_\_\_\_ plan \_\_\_\_\_ conditions \_\_\_\_\_ eligible for coverage.  
 \_\_\_\_\_ wonder \_\_\_\_\_ off-limits \_\_\_\_\_ for \_\_\_\_\_ plan.

\_\_\_\_\_ me if there \_\_\_\_\_ treatments \_\_\_\_\_ this plan.

I need \_\_\_\_\_ list \_\_\_\_\_ not \_\_\_\_\_ under my \_\_\_\_\_.

Which \_\_\_\_\_ or \_\_\_\_\_ have \_\_\_\_\_?

Treatments not \_\_\_\_\_ plan?

\_\_\_\_\_ you give me \_\_\_\_\_ of the excluded \_\_\_\_\_ conditions \_\_\_\_\_ my \_\_\_\_\_?

What are the \_\_\_\_\_ treatments \_\_\_\_\_ covered under \_\_\_\_\_ plan?

\_\_\_\_\_ you \_\_\_\_\_ me \_\_\_\_\_ list of treatments \_\_\_\_\_ aren't \_\_\_\_\_ by \_\_\_\_\_?

\_\_\_\_\_ my plan restricted \_\_\_\_\_ condition?

Is \_\_\_\_\_ any condition \_\_\_\_\_ eligible for my \_\_\_\_\_?

\_\_\_\_\_ me \_\_\_\_\_ list of any excluded \_\_\_\_\_ conditions \_\_\_\_\_ my \_\_\_\_\_?

\_\_\_\_\_ options \_\_\_\_\_ not be \_\_\_\_\_ my insurance?

\_\_\_\_\_ leaves out \_\_\_\_\_ or conditions?

Under \_\_\_\_\_ policy, \_\_\_\_\_ types of medical \_\_\_\_\_?

What \_\_\_\_\_ of \_\_\_\_\_ are not \_\_\_\_\_ coverage \_\_\_\_\_ my \_\_\_\_\_ plan?

\_\_\_\_\_ not included in \_\_\_\_\_ insurance plan.

What \_\_\_\_\_ needs \_\_\_\_\_ not be included \_\_\_\_\_?

\_\_\_\_\_ health problems might not \_\_\_\_\_ covered by \_\_\_\_\_?

I want \_\_\_\_\_ know if there \_\_\_\_\_ exclusions \_\_\_\_\_ treatment \_\_\_\_\_.

What \_\_\_\_\_ covered by \_\_\_\_\_?

There \_\_\_\_\_ some things \_\_\_\_\_ not covered \_\_\_\_\_ my \_\_\_\_\_.

Which treatments \_\_\_\_\_ conditions \_\_\_\_\_ included \_\_\_\_\_?

\_\_\_\_\_ tell \_\_\_\_\_ if \_\_\_\_\_ are \_\_\_\_\_ treatments in the \_\_\_\_\_.

Can you tell \_\_\_\_\_ what procedures or \_\_\_\_\_ are \_\_\_\_\_?

What \_\_\_\_\_ conditions \_\_\_\_\_ eligible \_\_\_\_\_ coverage of \_\_\_\_\_ current \_\_\_\_\_?

\_\_\_\_\_ or \_\_\_\_\_ lack coverage?

I \_\_\_\_\_ for \_\_\_\_\_ of treatments \_\_\_\_\_ covered under \_\_\_\_\_ policy.

\_\_\_\_\_ a list of the \_\_\_\_\_ covered by \_\_\_\_\_ policy.

What \_\_\_\_\_ count \_\_\_\_\_ plan \_\_\_\_\_ or treatments?

What \_\_\_\_\_ are \_\_\_\_\_ plan?

\_\_\_\_\_ excludes treatments \_\_\_\_\_ conditions?

What \_\_\_\_\_ or \_\_\_\_\_ not covered \_\_\_\_\_ my \_\_\_\_\_?

\_\_\_\_\_ by my Policy?

What types \_\_\_\_\_ issues \_\_\_\_\_ not \_\_\_\_\_ covered by \_\_\_\_\_?

\_\_\_\_\_ the plan for conditions?

\_\_\_\_\_ the \_\_\_\_\_ what types of \_\_\_\_\_ expenses \_\_\_\_\_ typically \_\_\_\_\_?

What are \_\_\_\_\_ issues \_\_\_\_\_ insurance \_\_\_\_\_?

\_\_\_\_\_ types \_\_\_\_\_ not covered by this \_\_\_\_\_?

\_\_\_\_\_ treatments \_\_\_\_\_ medical care \_\_\_\_\_ not \_\_\_\_\_ by \_\_\_\_\_ plan?

\_\_\_\_\_ not covered by this plan?

Which \_\_\_\_\_ in \_\_\_\_\_ plan?

\_\_\_\_\_ treatments \_\_\_\_\_ provided by this \_\_\_\_\_?

Some \_\_\_\_\_ are \_\_\_\_\_ eligible \_\_\_\_\_ coverage.

Any \_\_\_\_\_ that \_\_\_\_\_ in \_\_\_\_\_ coverage?

\_\_\_\_\_ or medical conditions may \_\_\_\_\_ from \_\_\_\_\_ plan.

What's not \_\_\_\_\_ by \_\_\_\_\_?

\_\_\_\_\_ my plan?

What are the medical \_\_\_\_\_ plan?

Can \_\_\_\_\_ tell me which \_\_\_\_\_ from my \_\_\_\_\_?

Some \_\_\_\_\_ options are \_\_\_\_\_ insurance \_\_\_\_\_.

\_\_\_\_\_ conditions \_\_\_\_\_ covered \_\_\_\_\_ my \_\_\_\_\_?

\_\_\_\_\_ have not been included \_\_\_\_\_ policy?

\_\_\_\_\_ a \_\_\_\_\_ service not \_\_\_\_\_ by my insurance?

\_\_\_\_\_ current \_\_\_\_\_ cover some conditions.

What are \_\_\_\_\_ therapies \_\_\_\_\_ current plan \_\_\_\_\_ not \_\_\_\_\_?

\_\_\_\_\_ exclude treatments and \_\_\_\_\_?

I \_\_\_\_\_ which treatments \_\_\_\_\_ not covered by \_\_\_\_\_.

What will not \_\_\_\_\_ my \_\_\_\_\_?

Which \_\_\_\_\_ not \_\_\_\_\_ by this \_\_\_\_\_?

\_\_\_\_\_ coverage by \_\_\_\_\_ plan?

Can you give \_\_\_\_\_ a \_\_\_\_\_ treatments \_\_\_\_\_ not \_\_\_\_\_ my \_\_\_\_\_?

Specific \_\_\_\_\_ or procedures may \_\_\_\_\_ under \_\_\_\_\_ insurance \_\_\_\_\_.

\_\_\_\_\_ care are not \_\_\_\_\_?

What \_\_\_\_\_ aren't \_\_\_\_\_ by \_\_\_\_\_ policy?

Which \_\_\_\_\_ outside \_\_\_\_\_ scope \_\_\_\_\_ coverage?

\_\_\_\_\_ provide \_\_\_\_\_ with \_\_\_\_\_ list \_\_\_\_\_ treatments not covered \_\_\_\_\_ my \_\_\_\_\_?

Which \_\_\_\_\_ coverage?

\_\_\_\_\_ care aren't \_\_\_\_\_ in \_\_\_\_\_ insurance plan?

\_\_\_\_\_ and conditions \_\_\_\_\_ not \_\_\_\_\_ in \_\_\_\_\_ plan?

\_\_\_\_\_ leave out \_\_\_\_\_ treatment or \_\_\_\_\_?

\_\_\_\_\_ you \_\_\_\_\_ a list of the \_\_\_\_\_ from my \_\_\_\_\_?

Can \_\_\_\_\_ me the \_\_\_\_\_ excluded from \_\_\_\_\_ policy?

\_\_\_\_\_ about \_\_\_\_\_ excluded \_\_\_\_\_ conditions \_\_\_\_\_ procedures on \_\_\_\_\_ plan?