

[Demo] NLP Dataset for Customer Service Automation

Company Type	Health Insurance Companies
Inquiry Category	Coverage limits for specific treatments/procedures
Inquiry Sub-Category	Outpatient procedures
Description	Questions regarding coverage limits for procedures performed in an outpatient setting, such as diagnostic tests, minor surgeries, and therapies.
Data Size	6,201 paraphrases
Want to buy data?	Please contact nlp-data@qross.me via your business email address.

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

_____ cover _____ types of _____ conducted on an outpatient _____?

_____ current policy include _____ treatments?

_____ for _____ in my _____?

Does _____ include any _____ for _____ patient _____?

Will _____ plan _____ forms of _____?

_____ I _____ comprehensive coverage _____ therapy?

Am I covered _____ the _____ therapies _____ this _____?

_____ out-of-hospital therapies _____ in _____ coverage.

_____ some questions regarding the _____ policy _____ to outpatient therapeutic _____.

Does _____ have coverage _____ different _____?

I _____ like to _____ I _____ therapies conducted _____ the _____ setting.

_____ my current _____ encompass all _____?

Does my _____ deals _____?

_____ all _____ therapies _____ the policy?

Is my _____ therapies?

Are _____ types of _____ therapy _____ plan?

_____ cover outpatient therapies?

Can _____ out-of-hospital based treatment be _____ plan?

Is _____ of outpatient _____ the plan.

Is _____ policy for _____ inclusive?

_____ my _____ outpatient therapies?

_____ outpatient therapy Treatments?

Is _____ therapy _____ an outpatient basis _____ the _____?

_____ the _____ cover _____ Outpatients?

_____ there coverage for every _____ of _____ outpatient _____?

Does _____ include outpatient _____?

Will my _____ all _____ therapy _____?

I _____ I'm _____ for _____ therapies.

_____ my insurance include _____ non-hospital _____?

Will _____ forms _____ outpatient therapy be _____ plan?
 _____ all therapy on _____?
 _____ outpatient _____ in _____ policy?
 _____ Therapies on _____ basis included _____ my _____?
 Does my plan _____?
 I wondered _____ I _____ protected _____ therapies.
 Does the _____ all _____?
 Will my _____ treatments?
 Does _____ cover all _____ types?
 Does my _____ cover _____ outpatient _____?
 _____ have _____ about _____ for _____ therapies.
 _____ am _____ if I am _____ for _____ therapy _____ the _____.
 Does _____ plan _____ cover _____?
 Is outpatient _____ included _____?
 Is _____ covered for every _____ as an _____?
 _____ out-of-hospital treatment _____ plan's terms?
 My _____ outpatient therapies.
 _____ for all outpatient therapies?
 Can _____ policy _____ outpatient _____?
 _____ my _____ outpatients therapy?
 There _____ questions _____ of my policy _____ outpatient therapeutic _____.
 _____ policy _____ outpatient therapy treatments?
 Is all _____ covered _____ the _____?
 Is _____ possible _____ the policy covers _____?
 Will all outpatient _____?
 Will _____ of out of hospital _____ reimbursed under my _____?
 _____ my _____ pay for _____ treatments?
 _____ my policy _____ that is _____ an _____ basis?
 _____ insurance plan able _____ outpatient _____?
 Does _____ plan accommodate _____?
 _____ policy _____ covers outpatient therapy?
 _____ have insurance _____ every _____ of _____ therapy?
 I wonder _____ every _____ is _____ by my policy.
 _____ there _____ for _____ in the policy?
 _____ there _____ for all _____ conducted _____ hospital setting?
 Will _____ policy _____ outpatients' _____?
 _____ my policy _____ outpatient _____?
 _____ protected for _____ therapies?
 _____ policy cover all therapies _____ an outpatient basis?
 _____ plan cover _____ outpatient _____?
 Are _____ of _____ of my plan?
 _____ plan _____ outpatient therapy?
 Is therapy _____ on an out-patient _____ covered _____?
 Is _____ coverage for _____ therapy _____ as _____ outpatient?
 _____ the _____ for therapies on _____?
 Comprehensive _____ on _____ treatments is _____ my health _____?
 Is it _____ that _____ have coverage _____ different _____.
 Does _____ policy _____ all therapies on _____?
 _____ coverage for _____ therapy _____ an _____?
 Does _____ coverage for outpatients?

_____ am wondering _____ insurance covers all _____.

_____ policy cover all _____ procedures?

Is _____ is _____ the hospital _____ in _____ policy?

I need to _____ I am _____ therapy done _____ of _____.

Will _____ policy _____ all _____ therapeutic _____?

_____ insurance cover various _____?

Will _____ encompass _____ therapy _____?

_____ wonder _____ outpatient therapy are in my _____.

Does _____ all out _____ therapies?

Did _____ for outpatient therapy?

_____ outpatient therapies _____ by my _____?

_____ all types of _____ be covered _____ policy?

_____ an _____ are _____ treatments covered?

_____ the policy address _____?

_____ all _____ off-site be covered?

_____ some _____ regarding the _____ of the _____ regarding outpatient _____.

_____ I _____ covered for _____ outpatient therapy?

_____ insurance _____ therapy sessions?

_____ plan _____ outpatient therapy?

Does _____ covers outpatient _____?

_____ I _____ for _____ therapy _____ outside the hospital?

_____ it possible _____ receive _____ outpatient _____ through _____ insurance _____?

_____ my policy _____ outpatient therapies?

I _____ if all types of _____ therapies _____ covered _____.

_____ this _____ cover _____ sessions?

_____ include all _____ treatments?

Does _____ policy _____ all types of therapies _____ an _____?

_____ coverage _____ different outpatient _____?

_____ policy cover other _____?

Is my _____ outpatient therapy?

_____ I'm _____ for all forms _____ outside the hospital.

Does _____ policy _____ all _____ of _____ on _____ basis?

_____ cover _____ of _____ outpatient procedures?

can _____ get _____ for any _____ of _____ an outpatient _____

_____ policy that covers _____?

Did my plan _____?

_____ my plan cover _____ forms _____ hospital based _____?

_____ my insurance include _____?

Is insured for _____?

Is _____ of _____ included for _____?

Does _____ coverage _____ outpatient therapy _____?

_____ my _____ to _____ therapy?

Will _____ treatments _____ paid for _____ plan?

I _____ if _____ hospital are included _____ my policy.

Is _____ my _____ on _____ therapies?

Is _____ for outpatient _____?

_____ there coverage for _____ you _____ as an outpatient?

_____ my _____ including outpatient _____?

_____ therapies _____ in _____ policy?

Should _____ be _____ all _____ out-of-hospital _____ within the plan?

_____ cover the cost _____ outpatient _____?
 I _____ know if I _____ insured _____ all out-of-hospital _____.
 _____ I _____ covered for _____ outpatient therapy?
 Does my health _____ all _____ my _____?
 _____ it _____ treatment options _____ outpatient?
 I wonder _____ are included _____ my _____ coverage.
 _____ varied _____ sessions _____ the policy?
 Does _____ various _____ therapies?
 Is the _____ outpatient _____ plan?
 _____ my policy _____ done on _____ basis?
 _____ my _____ all _____ of outpatient _____?
 Does _____ include all the therapies _____?
 _____ policy _____ all _____ outpatient treatments?
 Is _____ all outpatient _____?
 Does policy _____ outpatients?
 I wonder _____ all _____ of outpatient _____ be _____.
 Is _____ coverage _____ forms of _____ therapy?
 Does _____ of _____ outpatient procedures?
 _____ this _____ for _____ types of outpatient _____?
 _____ my _____ cover _____ programs?
 Is _____ therapy covered in _____ plan?
 Will the _____ all _____?
 I want _____ know if I _____ various _____ treatments.
 Can I _____ different outpatient _____?
 What kinds of _____ treatments are _____.
 Does my _____ all _____ therapies?
 _____ this plan _____ all outpatient _____?
 _____ coverage _____ therapy treatments applicable?
 Is the _____ done _____ of _____ hospital covered _____?
 _____ I insured for _____ outpatient _____?
 I _____ my _____ covers all _____ of outpatient _____.
 Is _____ policy _____ with all _____?
 Does _____ include all _____?
 _____ there a policy _____ therapy _____?
 Does _____ cover all _____?
 _____ there be coverage _____ types _____ therapies?
 _____ compatible with _____ outpatient therapies?
 _____ coverage cover treatments _____ the _____?
 _____ my policy cover _____ types _____?
 _____ are some questions regarding the scope _____ outpatient _____.
 Does _____ cover _____ other _____ therapies?
 does my _____ treatments?
 _____ care about _____ therapies?
 Are _____ treatment on _____ basis _____?
 Are I _____ outpatient _____?
 Is _____ a _____ about _____ therapy _____?
 _____ it _____ that _____ coverage for various outpatient _____?
 Will _____ various outpatient _____?
 _____ got _____ for _____ of outpatient therapy?
 Will my _____ the cost _____ an _____ treatment?

____ my ____ enough to ____ all ____?

____ my ____ comprehensive coverage ____ outpatients?

Does ____ covers ____ therapies?

Will all ____ out-of-hospital based ____ paid ____ my plan's ____?

____ for all ____ received ____ an outpatient?

Does ____ plan ____ therapies?

____ know ____ insured for outpatient ____.

Is ____ applicable ____ outpatient therapies?

Is my policy ____ an outpatient basis?

____ policy including coverage ____ therapies?

____ my insurer pay ____ outpatient ____?

____ under my plan?

Under ____ plan's ____ will ____ of ____ hospital treatment ____ reimbursed?

____ know if ____ of ____ are covered by my ____.

____ health ____ coverage for outpatient?

Is ____ therapy ____ included in the ____?

____ insurance ____ type of outpatient ____?

____ I covered for ____ the out-of-hospital treatments ____?

Are ____ insured for every ____?

Can ____ outpatient therapies ____ plan?

____ the policies cover ____?

Is all ____ outpatient basis ____?

Will my ____ pay ____ outpatient ____?

____ coverage work ____ outpatient ____?

____ covered for ____ therapies?

Does ____ all outpatient ____?

____ my insurance ____ outpatient ____?

____ there be ____ outpatient therapies?

____ my ____ of the outpatient ____?

____ coverage include ____ types of ____ as ____ outpatient?

____ want to ____ all ____ outpatient therapy are ____ my ____.

____ all outpatient therapies?

____ my policy ____ outpatient therapy ____?

____ want to know if ____ in ____ plan.

____ insurance for ____ therapy?

Is it ____ in my ____ therapies ____ the ____?

____ I ____ covered for ____ of outpatient ____?

____ include outpatient ____ treatments?

Does ____ all ____ therapies?

____ my policy ____ all ____?

____ my ____ cover ____ of non-hospital ____?

____ my plan ____ all ____?

____ my ____ cover ____ therapies?

Is ____ an ____ of therapy outside the ____?

____ that coverage for ____ of ____?

____ current policy ____ Outpatient ____?

____ my ____ available for all ____?

Is ____ therapy in my ____?

____ the plan have ____ therapy?

Does my ____ for ____ treatments?

____ all ____ different ____ therapies be ____?
 Will ____ be covered by ____?
 Is there coverage ____?
 Will ____ be ____ for outpatient ____ in my ____?
 ____ all outpatient therapy forms ____?
 Will ____ all of ____ outpatient ____?
 ____ the policy mean ____?
 ____ my ____ every ____ of outpatient ____?
 ____ outpatient therapies be ____ my ____?
 ____ my plan including ____?
 Do ____ have coverage ____ outpatient ____?
 Is ____ for outpatients ____?
 ____ insurance cover ____ non-hospital therapies?
 ____ therapy administered ____ service included?
 Does ____ include ____ procedures?
 Is ____ about outpatient ____?
 ____ there full ____ for ____ therapy ____ plan?
 Are the ____ included in my ____?
 ____ of ____ therapies have coverage?
 Does ____ have ____ outpatients?
 ____ I ____ for outpatient therapy ____?
 Do I have ____ conducted outside the ____?
 ____ get coverage for ____ therapy done ____ an ____ basis
 ____ therapy ____ out-patient basis covered ____ the benefits?
 I am wondering ____ all outpatient ____.
 ____ plans include coverage ____ treatments?
 I ____ if ____ am ____ for ____.
 can ____ all ____ therapies
 ____ policy covers ____ therapies?
 Is ____ covers ____ therapies?
 I ____ like to ____ if ____ for ____ done ____ a hospital setting.
 Do ____ coverage ____ therapies done outside ____?
 Will my ____ outpatient treatment?
 Is all forms ____ outpatient ____ in ____?
 Can I get ____ for any kind of ____ that ____?
 Is ____ coverage for ____ outpatient ____
 Does ____ coverage ____ therapy types?
 Is it ____ to receive ____ outpatient treatment ____?
 Does ____ current policy ____ therapies.
 I ____ therapies on outpatient basis ____ my policy.
 Does ____ for all outpatient ____?
 Is ____ valid ____ all forms ____ done ____ the hospital?
 I ____ know if I ____ insured ____ therapy.
 I want ____ know ____ have ____ for ____ conducted outside the ____.
 Is there any ____ type of ____ as an outpatient?
 ____ my ____ cover all ____ therapies?
 ____ to ____ if I ____ for outpatient therapy.
 Does ____ provide coverage ____ therapies?
 Is ____ of outpatients treatments ____ policy?
 ____ policy ____ outpatient care?

Does _____ pay _____ outpatient _____.

_____ my insurance cover _____?

Is my policy _____ outpatient _____?

Does _____ outpatient therapies?

_____ of _____ are included in _____ plan?

_____ policy _____ all kinds _____ therapies _____ an outpatient basis?

_____ my _____ apply _____ of outpatient treatment?

does _____ include _____ procedures?

_____ be _____ all _____ of therapy when I work as _____?

Is coverage _____ outpatient provided?

_____ I _____ for _____ outside of _____ hospital _____?

_____ my policy pay _____ the _____?

_____ would like _____ know if I am insured _____ hospital.

Am _____ all _____ therapies?

_____ I have any coverage for _____ done _____ the _____?

Will _____ be covered _____ receive _____ type _____ therapy?

_____ my current _____ mention all _____?

Is _____ possible that _____ covered _____ all _____ of _____ therapies?

Can _____ for various outpatient _____?

Is _____ for each _____ an outpatient?

All forms _____ outpatient _____ be _____ my plan.

_____ do not _____ I _____ for different outpatient _____.

Are out-of-hospital therapies included _____?

_____ don't know if _____ forms _____ are included in _____.

Is _____ coverage for _____ outpatient therapies?

Will the _____ pay _____ treatments _____ procedures?

Does my _____ include _____.

_____ if I _____ insured _____ outpatient _____

_____ the _____ all out-patient _____?

Is _____ outpatient _____ Treatments extended?

_____ I _____ for _____ therapy _____ plan?

_____ possible that I have coverage _____ therapies _____ the _____?

Is _____ plan _____ outpatient therapies?

_____ want to know if _____ insured _____ of out-of-hospital _____.

_____ my plan _____ coverage _____ out-of-hospital _____?

_____ therapy _____ by my _____?

_____ I _____ covered for all types _____ outpatient _____.

Can _____ insurer _____ outpatient therapy?

Can _____ policy _____ therapies?

Does my _____ cover _____ the _____?

_____ if my policy covers _____ outpatient _____.

I _____ know _____ I have _____ therapies performed _____ hospital _____.

Is all _____ of outpatient therapy _____?

_____ my _____ cover _____ therapies?

_____ my _____ include _____ therapy?

Does _____ health _____ for outpatient _____?

_____ insurance for _____ of outpatient _____?

Does _____ insurance _____ therapies.

_____ there _____ different _____ therapies?

_____ my _____ all outpatient _____?

Will you _____ all the _____?

Does _____ apply to _____ therapies?

Will _____ for every type _____ I work _____ an outpatient?

_____ I _____ for therapy done outside of _____?

I _____ know _____ covered _____ all _____ of outpatient _____.

_____ therapies covered _____ plan.

Does my insurance _____ the _____ hospital _____?

_____ forms _____ out-of-hospital treatment be paid under _____?

Is _____ insurance _____ for _____ therapy _____?

Can _____ for all outpatient _____?

_____ coverage include all _____ therapy _____?

Does _____ all _____ therapy forms?

Is there _____ available for _____ outpatient therapy?

Is the _____ outpatient basis _____ in my _____?

Does my policy _____ that _____ on _____ outpatient _____?

Should _____ have _____ for _____ outpatient _____?

Will _____ sorts _____ outpatient _____ be _____?

I was wondering _____ for _____ therapies.

Does _____ all _____ of outpatient _____?

_____ my _____ include _____ of _____ therapies?

Should I be able _____ coverage for any type _____ an _____?

_____ this plan _____ forms of _____ treatment?

Does my _____ address _____?

_____ my insurance _____ for therapy _____ outside _____ hospital?

Am _____ therapy sessions?

_____ hospital therapies _____ in my _____?

_____ my policy _____ therapies on an _____

Does _____ insurer _____ me for _____?

I _____ like _____ know _____ policy _____ outpatient therapy _____.

_____ it _____ to be covered _____ outpatient treatment _____?

_____ my _____ provide _____ outpatient therapies?

Does _____ go _____ outpatient therapy _____?

_____ all of my _____ treatments?

_____ health _____ include outpatient _____ coverage?

_____ to know _____ my _____ has _____ for outpatient therapy.

_____ possible that _____ coverage includes all outpatient _____?

Can _____ be paid _____ every _____ therapy _____ I _____ outpatient?

Is my _____ all _____ of therapy _____ the _____?

Is _____ forms _____ out-of-hospital based _____ by _____ plan?

_____ there _____ coverage _____ therapy in my _____?

_____ my _____ plan cover _____ outside _____ office?

Is every _____ received _____ covered?

_____ Policy _____ therapy _____?

_____ my _____ cover treatment outside _____?

_____ my _____ include all _____?

Does _____ cover _____ done _____ a hospital _____?

_____ for Outpatient _____ sessions?

_____ this _____ insured for various _____ out-of-hospital _____?

_____ include _____ nonhospital therapies?

Are outpatients _____ by _____?

I'm wondering ____ I'm insured ____ ____ ____ .
 I ____ therapies ____ the ____ ____ ____ included in my policy.
 ____ to ____ insurance ____ cover outpatient therapy.
 ____ my ____ take care ____ outpatient ____ ?
 ____ get ____ for ____ ____ ____ therapy ____ I work as an outpatient?
 ____ policy cover ____ therapies ____ on an ____ basis?
 Does ____ health plan pay ____ all ____ ____ ____ ?
 Will ____ policy ____ ____ outpatient ____ procedures?
 Does ____ policy ____ ____ ____ therapies?
 Does my coverage ____ ____ ____ ____ ?
 Does my ____ ____ ____ outpatient ____ types?
 Do the ____ ____ ____ outpatients?
 Are ____ therapies included ____ ____ ____ ?
 ____ ____ insurance for ____ ____ ____ therapies?
 Is my ____ ____ able to provide coverage ____ ____ ____ ?
 ____ ____ have ____ for ____ therapy?
 ____ the ____ for ____ ____ inclusive?
 Does the ____ ____ ____ for outpatient ____ ?
 Is ____ therapy included in ____ ____ ____ ?
 ____ ____ coverage available for ____ ____ ?
 ____ there ____ ____ my plan ____ outpatient ____ ?
 Does ____ ____ accommodate ____ ____ procedures?
 Will ____ ____ sessions be ____ ____ ____ policy?
 ____ my policy ____ ____ ____ procedures?
 ____ there Insurance ____ ____ ____ outpatient therapy?
 ____ this coverage include ____ ____ ____ ?
 ____ my policy ____ all ____ ____ ?
 ____ want ____ know if ____ insured ____ ____ possible ____ treatments.
 There ____ ____ the scope of my policy ____ ____ ____ care.
 Is the coverage ____ ____ outpatient ____ ?
 Are all ____ received ____ ____ outpatient ____ ?
 Does my ____ plan ____ comprehensive coverage ____ ____ ____ ?
 Does ____ ____ ____ therapy ____ ____ of a hospital setting?
 Can I get ____ for ____ ____ ____ ____
 ____ my insurance ____ ____ outpatient ____ ?
 ____ out-of-hospital ____ in ____ plan?
 What ____ ____ outpatients ____ ____ ____ by my policy?
 ____ my plan ____ ____ ____ of ____ therapy?
 Does ____ ____ include ____ forms ____ non-hospital ____ ?
 ____ all forms of ____ ____ ____ paid ____ under my ____ ?
 Does ____ insurance ____ ____ outpatient ____ ?
 Is therapy done outside ____ ____ ____ covered ____ my ____ ?
 ____ you ____ ____ of my off ____ ____ ?
 Does my health ____ include coverage ____ ____ ____ ____ ?
 ____ ____ ____ in my ____ covered?
 ____ Outpatient ____ covered in ____ ____ ?
 ____ policy ____ ____ outpatients
 ____ ____ outpatient therapy are ____ ____ the plan?
 ____ my ____ ____ with outpatient ____ procedures?
 does ____ ____ cover all ____ ____ ____ ?

Does my current _____ therapies?

Can the _____ plan support _____?

Does my _____ outpatient _____?

_____ insurer, is I protected _____?

_____ there _____ therapy that is _____ an outpatient?

_____ the _____ of the _____ included _____ my policy?

I wonder if _____ for different _____

_____ policy _____ all _____ procedures?

_____ my _____ all _____ therapies?

_____ I _____ get coverage _____ outpatient _____ options?

_____ my coverage _____ therapy types?

_____ out-of-hospital treatment _____ paid for _____ the plan?

_____ my policy _____ for _____ treatments?

_____ my _____ coverage _____ outpatient _____?

_____ on outpatient _____ in my _____?

_____ if I am _____ therapy sessions.

_____ therapy on _____ outpatient _____ in _____?

does the _____ therapy _____

_____ my health plan _____ outpatients?

_____ plan coverage _____ therapies?

Are outpatient _____ inclusive _____ policy?

Can _____ type of therapy when _____ am an _____?

_____ cover _____ outpatient services?

_____ out-of-hospital _____ of _____ coverage?

_____ my _____ all outpatient _____?

_____ the plan _____ of outpatient _____?

_____ my _____ outpatient therapies?

_____ I covered _____ therapy?

_____ insurer _____ me _____ any outpatient _____?

_____ my insurance _____ forms of _____?

_____ all _____ of _____ therapy covered _____ plan?

_____ the policy _____ to outpatient _____?

_____ insurance cover all _____?

_____ I be insured for _____ forms of _____ the _____?

_____ cover _____ that is performed _____ an _____ basis?

Is it _____ to _____ every type _____ as an _____?

Is _____ covering therapy _____?

Is my _____ outpatient _____?

I _____ know if _____ all _____ of out-of-hospital _____.

What _____ of outpatients _____ included in _____?

_____ insurance _____ for _____ therapy?

_____ cover _____ outpatient procedures?

_____ am _____ if all forms _____ therapy _____ covered _____ my _____.

_____ out-of-hospital _____ covered _____ the _____?

What _____ of _____ are _____ the policy?

Is _____ for _____ outpatient _____ the _____?

Is _____ coverage for _____ outpatient _____?

_____ plan _____ outpatient therapies?

_____ my coverage _____ outpatient therapy?

_____ about outpatient therapy?

____ my ____ outpatient therapy treatments?
 ____ the policy ____ all ____ therapies?
 Does ____ for ____ patient therapies?
 ____ my ____ outpatient services?
 ____ therapies covered by ____ policy?
 ____ treatments ____ my plan?
 ____ policy ____ coverage for out-patient ____?
 ____ I ____ insured for ____ the ____ treatments ____ this plan?
 Does ____ policy cover ____ therapies?
 ____ I have coverage for therapy done ____?
 ____ want ____ know if ____ have comprehensive coverage ____ done outside ____.
 Is all ____ outpatient ____ part of ____?
 ____ I ____ for all forms ____ out-of-hospital treatments within ____?
 Will ____ cover outpatient ____?
 I ____ if I have ____ for ____ outpatient ____.
 ____ my ____ protection ____ any ____ therapies?
 ____ my ____ cover ____ therapies?
 ____ policy include outpatients ____?
 ____ policy able to ____ treatments?
 Will my policy ____ to ____?
 Can my insurance cover ____ non ____?
 ____ know ____ am covered for all outpatient ____.
 ____ my policy have ____ for ____?
 Can ____ therapies ____ this insurance ____?
 ____ policy cover all ____ outpatient ____?
 ____ I ____ every ____ of ____ therapy?
 ____ if my policy ____ therapy ____.
 ____ my insurance cover ____ treatment?
 ____ my coverage include ____?
 Will ____ for all ____ treatments?
 Does my ____ therapy type?
 Does my insurance ____?
 Does ____ plan ____ outpatient ____?
 ____ the policy able ____ cover ____?
 ____ policy cover ____ outpatient ____?
 I ____ if out-of-hospital therapies are ____ plan.
 ____ of the hospital included ____ coverage?
 I ____ I ____ insurance for every outpatient ____.
 ____ I ____ for therapy ____ outside ____ hospital setting?
 ____ my ____ plan ____ outpatients?
 ____ cover outpatient therapies?
 ____ therapies ____ be covered ____ policy.
 Is ____ therapy type?
 ____ all ____ of outpatient therapy ____ plan?
 ____ wonder if ____ am covered ____ outpatient ____.
 ____ my ____ cover ____ of therapies done on ____ basis?
 Is ____ good ____ all ____ therapies?
 Does my ____ therapy?
 All types ____ may ____ covered by ____ plan.
 Does my ____ all types ____?

_____ my _____ everything that _____ outpatient?
_____ therapies _____ covered _____ my insurance?
I am _____ insured for all _____ of therapy done _____.
_____ all kinds of _____ therapies?
_____ know _____ my coverage _____ to _____ therapy treatments.
_____ the _____ coverage for _____ therapy?
_____ my policy _____ of _____ outpatient _____?
_____ policy cover _____ therapy?
_____ wonder _____ my plan _____ therapies.
_____ policy cover _____ Outpatient _____?
_____ for _____ of outpatient therapies?
_____ my _____ cover all _____ of _____?
_____ this plan _____ outpatient _____?
_____ policy include therapy _____?
_____ coverage _____ all outpatient therapies?
Does the _____ include _____ outside _____ the hospital?
_____ wonder _____ receive outpatient _____ through _____ insurance plan.
_____ my _____ plan give _____ for outpatient _____?
_____ insurance cover all _____ therapies?
_____ coverage _____ every type _____ outpatient therapy?
_____ my _____ to the _____ treatments?
Are any _____ on outpatient _____ my _____?
_____ would like to _____ if I am _____ all _____ of _____.
_____ forms of outpatient therapy _____?
_____ my _____ cover _____ therapies?
Is _____ types of outpatient _____?
_____ therapy _____ under _____ insurance?
_____ my _____ include _____ Therapy _____?
Have _____ outside of _____ hospital _____ my policy?
Is there coverage _____ outpatient _____?
_____ be covered _____ any therapy done on _____?
Do _____ all therapy _____?
Does _____ coverage _____ outside of a _____?
_____ sessions be _____ the policy?
Will my policy _____?
_____ in my plan?
_____ covered _____ all outpatient therapies?
_____ for _____ therapy sessions
_____ outpatient therapy treatments?
I _____ am insured _____ all _____ of _____ treatments.
I _____ wondering _____ I _____ outpatient _____ through this _____ plan.
_____ coverage _____ outpatient therapy treatments?
_____ forms _____ outpatient therapy included _____ plan?
_____ my _____ different outpatient _____?
Is it _____ reimbursed for every type of _____ when I work _____?
_____ I _____ for therapy _____ of the hospital?
_____ my _____ cover _____ of _____ therapies?
_____ my _____ outpatient therapy?
_____ insured for outpatient _____?
Does _____ plan _____ for outpatients?

Does my _____ include all _____?

_____ some questions regarding _____ scope _____ my policy about _____.

_____ it possible _____ avail of _____ for _____ outpatient _____?

_____ be covered for _____ of _____ therapies under _____ plan?

Will I _____ able _____ get coverage _____ type of therapy _____ outpatient _____?

_____ my _____ inclusive _____ treatments?

What _____ treatment _____ covered by my _____?

_____ cover therapy _____?

Does my _____ outpatient _____?

_____ coverage _____ for different outpatient _____?

Is _____ for outpatient _____?

Is _____ for _____ outpatient basis?

Should _____ insured for _____ types _____ treatments within this _____?

Can I _____ for various _____?

Is there coverage _____ therapy _____ outpatient?

_____ the policy _____ therapy?

Does _____ covers _____?

_____ I _____ therapy in my _____?

_____ health plan provide _____ for _____?

_____ be insured for outpatient _____?

Is _____ for _____ type of _____ as an outpatient?

Does _____ policy _____ coverage _____ therapies?

_____ my health _____ able _____ all outpatient _____?

_____ coverage cover _____ therapy _____?

Will all therapies _____ included _____ my policy?

Is my policy _____?

Should _____ be _____ for _____ therapy _____?

_____ outside the hospital _____ by _____ policy?

Are _____ sessions _____ by _____ policy?

_____ included _____ my policy?

_____ the _____ cover all _____?

_____ my _____ about therapies _____ basis?

Can _____ all types _____ outpatient _____ under _____ plan?

_____ you _____ treatments I _____ site?

Does my policy _____ therapies performed _____ an _____?

_____ coverage _____ all out-patient therapies?

_____ okay for _____ outpatient therapies?

Are all _____ on _____ basis _____?

Are therapy treatments _____ on _____?

Is _____ able to cover all _____ of _____?

Is outpatients treatments _____?

_____ want to know if _____ therapies _____ in _____.

In my _____ all _____ therapy included?

Are _____ any coverage _____ therapies?

_____ my _____ include non-hospital _____?

_____ on _____ basis _____ my policy?

Is that my _____ treatments?

coverage for _____ type _____ therapy received _____?

Is my _____ outpatient _____?

_____ therapies _____ the policy?

_____ the _____ for every _____ of therapy received _____ outpatient?
 _____ all _____ of out-of-hospital _____ paid for _____ plan?
 Is it _____ policy _____ outpatient _____?
 I _____ if _____ have comprehensive _____ therapy _____ outside of _____ setting.
 Is my _____ going _____ me _____ any outpatient _____?
 Is _____ to _____ therapy?
 Can I get _____ any type of _____ happens _____ an _____?
 _____ I be covered for _____ types _____?
 Has the policy _____?
 _____ outpatient _____ included in my _____?
 _____ to know _____ have coverage _____ therapy done outside _____ hospital _____.
 _____ done on an outpatient basis?
 Does _____ policy _____ that _____ on _____ outpatient basis?
 Is _____ plan _____ all the _____?
 Will all forms _____ based _____ paid for _____ plan?
 Is _____ covers outpatient _____?
 _____ include all non-hospital _____?
 I _____ if I _____ coverage _____ different outpatient _____.
 _____ insurance _____ all forms _____ therapy _____ the hospital?
 Is _____ for every therapy received _____?
 _____ my policy _____ with _____?
 _____ plan _____ all _____ therapies.
 Am I protected _____?
 _____ be covered for all forms _____?
 Is it _____ that _____ can _____ this insurance plan?
 _____ plan include _____ for _____ treatment?
 Does _____ coverage include _____?
 _____ receive outpatient _____ with _____ plan?
 Have I _____ insured for _____?
 Is _____ coverage for _____ therapies _____ outside _____ setting?
 _____ covered _____ all outpatient treatments under _____?
 _____ my policy _____ outpatient _____?
 _____ my insurance _____ of _____ therapy?
 Is _____ insurance for _____ done outside _____ hospital?
 _____ want to _____ insurance _____ cover my outpatient _____.
 Is _____ policy _____ outpatient _____?
 Are all _____ therapies _____ in _____?
 _____ I get _____ for _____ type _____ therapy _____ I am _____?
 _____ all outpatient _____ my plan.
 I don't _____ if _____ for all _____ out-of-hospital _____.
 _____ any coverage for _____ therapies?
 _____ this _____ for _____ forms _____ out-of-hospital treatments.
 Should _____ be _____ for all _____ outside _____ the hospital?
 _____ cover all _____ treatments _____ off-site?
 _____ my _____ covering outpatient _____?
 Does _____ policy handle _____?
 Do _____ cover _____ outpatients?
 _____ handle _____ outpatient therapies?
 Does _____ _____ therapies on _____ outpatient basis?
 _____ my _____ cover the outpatient _____?

____ it include ____ treatment ____?
 Does ____ policy ____ all ____?
 ____ insurance cover ____ therapies?
 Does my policy ____ therapy ____ outpatient ____?
 ____ my ____ include all ____ of ____?
 ____ am wondering ____ I am covered ____ sessions.
 Does ____ cover ____ type ____ outpatient ____ receive?
 Should ____ be insured for all ____ within ____?
 Does ____ cover ____ outpatient ____ types?
 Should ____ on ____ basis be ____ in my ____?
 Is ____ of outpatient therapy ____ the ____?
 Will it ____ options for ____?
 ____ all forms ____ outpatient therapy ____ covered in ____?
 Is all ____ outpatient basis included ____?
 ____ my ____ cover ____ types of ____.
 ____ policy ____ outpatient therapies?
 ____ plan offer comprehensive ____ therapy?
 I would ____ know if insurance ____ type ____ therapy.
 All ____ therapies might ____ covered ____.
 ____ out-of-hospital therapies included ____?
 ____ there a ____ outpatient therapy?
 ____ plan, is ____ covered?
 Is ____ insurer covered for ____?
 ____ my ____ encompass different ____?
 Will my insurance ____ of ____?
 Are ____ on ____ outpatient basis ____ in ____ policy?
 Is ____ included ____ the ____ coverage ____ all ____ therapies?
 ____ policy include coverage for ____?
 ____ I have ____ for ____ place outside of the ____?
 Are out-of-hospital ____ plan?
 ____ my policy ____ all ____?
 ____ therapy treatments ____ an outpatient ____?
 Are ____ the ____ included in the ____?
 Does ____ deal with ____ outpatient ____?
 ____ cover outpatient therapy?
 Did ____ cover ____ therapy ____?
 Does ____ of my outpatient ____?
 ____ there ____ all ____ done outside the ____?
 ____ if ____ for all ____ of therapy done ____ the hospital.
 ____ the ____ on outpatient ____?
 ____ every therapy included ____?
 Is ____ for ____ to ____ any outpatient ____ I ____?
 Is ____ on outpatient basis included ____?
 ____ my coverage take ____ outpatient ____?
 Are my ____ comprehensive ____ for ____?
 ____ my ____ cover ____ outpatient therapies?
 I ____ to ____ if therapies on the ____ basis ____ in ____.
 Is ____ insurance ____ pay ____ outpatient ____?
 ____ my ____ all ____ therapeutic procedures?
 ____ covers all outpatient treatments?

_____ Outpatient therapy types?

Will my policy _____ all _____?

_____ inclusive of _____ treatments?

_____ there any _____ all forms _____ therapy outside of _____?

Is _____ about outpatient _____?

_____ forms of outpatient therapy?

Will all _____ outpatient _____ be _____ by my _____?

_____ my policy includes _____?

Does _____ policy _____ all _____

Will my _____ out-of-hospital _____ treatment?

Does _____ cover treatments outside _____?

_____ on the outpatient basis included _____.

_____ asked _____ I _____ for _____ outpatient therapies.

Is _____ policy coverage _____?

Is all _____ outpatients covered _____?

_____ cover all outpatient _____?

_____ secure for all _____ therapeutic _____?

Will _____ all kinds _____ treatment?

_____ in my plan?

Does _____ plan _____ coverage _____ outpatient _____?

_____ kind _____ treatment _____ covered by my _____?

_____ plan support _____ outpatient _____?

_____ include coverage for _____ out-patient _____?

I am _____ have _____ for _____ outside of a _____ setting.

Is my policy applicable _____ treatment?

Is any _____ on _____ basis included _____ policy?

_____ my policy _____ therapies?

Does _____ cover _____ therapeutic _____.

Does my _____ outpatient _____?

Did my _____ plan include _____ treatments?

Will _____ policy _____ outpatient _____ procedures?

_____ want _____ know _____ for therapy that _____ done on an _____ basis.

Are _____ therapy treatments _____ policy?

_____ covering _____ outpatient therapy?

_____ policy _____ outpatient treatments?

_____ I protected for _____?

_____ my _____ going _____ protect _____ outpatient therapies?

Does _____ cover outpatient _____?

_____ I get _____ for _____ therapy _____?

Is _____ plan's _____ out-of-hospital _____?

Does _____ every _____ outpatient therapy?

_____ of therapy be _____ for _____?

_____ cover _____ the treatment I _____?

_____ my policy cover all _____ therapy _____ an outpatient _____?

Does _____ outpatient therapies?

Does the policy _____ for _____?

Does _____ policy _____ different _____ therapies?

_____ coverage _____ more _____ one outpatient _____?

There are _____ the _____ of my policy _____ therapy.

_____ forms of _____ therapy covered in _____.

_____ policy _____ non hospital therapies?
 Does _____ all _____ therapies?
 Does _____ insurance _____ all _____ of _____ therapies?
 Can _____ therapy done _____ an outpatient basis?
 Is _____ policy capable _____ all _____?
 _____ policy _____ various _____ therapies?
 _____ covered _____ all _____ treatments?
 _____ reimburse all forms _____ of hospital treatment?
 Will my _____ all forms _____ based treatment?
 Did my _____ include _____ coverage _____ treatments?
 I wonder if _____ extends _____ treatments.
 _____ any coverage for all _____?
 Will _____ all _____ treatments _____ I get off _____?
 _____ out-of-hospital _____ in _____ insurance?
 Does my _____ outpatient _____?
 I'm _____ if _____ protected for _____.
 _____ it _____ to _____ therapy _____ this insurance plan?
 _____ my _____ types of _____ treatment?
 Will I be _____ for all _____ within this _____?
 Does _____ outpatient _____ treatment?
 There _____ some questions _____ of _____ outpatient therapeutic care.
 _____ my insurer _____ outpatient _____?
 _____ all _____ out _____ treatment _____ for by my plan?
 _____ my _____ therapy treatments?
 _____ it _____ receive outpatient therapies _____ this insurance _____?
 Will _____ plan _____ of _____ therapy?
 Will my policies _____ treatment?
 _____ insured for _____ out-of-hospital treatments within _____ plan?
 _____ wonder _____ I are insured _____ sessions.
 _____ there coverage for outpatient therapy _____?
 _____ my _____ all outpatient _____?
 _____ policy cover all _____ procedures?
 Is _____ current policy related _____?
 Should my _____ treatments?
 _____ wonder if all forms of _____ in _____ plan.
 Will all _____ procedures be _____ by _____ policy?
 _____ my _____ cover outpatient _____?
 Does _____ affect _____ outpatients?
 Does _____ deal with outpatient _____?
 _____ for _____ outpatient treatment options?
 _____ wonder if there _____ for outpatient _____ in _____.
 I _____ if you _____ all _____ I get off-site.
 _____ types of outpatient therapies _____?
 _____ my _____ include _____ therapy?
 Is _____ policy _____ outpatient _____ procedures _____?
 I _____ I _____ for all _____ of therapy _____ outside the _____.
 _____ coverage for _____ therapy?
 Do my coverage _____ types?
 _____ it possible my _____ treatments?
 _____ the outpatient therapy _____ my _____?

_____ coverage include _____ outpatient _____?

_____ included in my _____.

What kind _____ procedures are covered _____?

_____ my policy _____ all _____ on _____ outpatient basis

_____ it _____ outpatient therapy _____?

_____ have _____ for _____ done outside the hospital setting?

My _____ may not _____ all types _____.

_____ about all _____ treatment?

Are _____ my coverage?

_____ if I have _____ done outside _____ a _____ setting.

Does _____ plan cover _____?

Is the _____ all _____ therapies?

Is _____ types of _____ therapies _____ insurance?

I don't _____ I'm _____ all _____ of _____ outside _____ the hospital.

Does _____ any coverage _____ therapies?

_____ cover outpatient care?

I _____ have coverage _____ different outpatient _____.

_____ my coverage _____ an _____ facility?

Will _____ policy _____ for _____ outpatient _____?

_____ I _____ for all _____ treatments?

Does _____ include _____ on outpatient _____?

I wonder _____ plan _____ therapies.

_____ I covered _____ done outside _____ hospital?

_____ policy covers _____ outpatient _____?

I _____ if _____ have coverage for therapies _____ setting.

Will _____ types of _____ be _____.

I would like _____ if I _____ receive _____ through _____ plan.

Is _____ type of outpatient _____?

_____ outpatient _____ fall under _____?

_____ cover a lot _____ outpatient treatments?

Is _____ for outpatient _____?

_____ on an outpatient _____ covered?

_____ my _____ cover _____ therapy?

_____ this _____ covering _____ outpatients' _____?

Is _____ for all _____ of therapy _____ the hospital?

Does _____ current _____ cover all _____?

_____ my policy _____ of outpatient _____?

_____ my plan _____ outpatient _____?

Does my _____ include _____ outpatient therapy _____?

_____ my _____ include non-hospital _____?

_____ the _____ cover _____ outpatient _____?

_____ policy _____ all therapies outside _____ a hospital?

_____ insurance cover all forms of _____?

Does my _____ all types _____ therapy conducted _____ basis?

Will _____ any _____ of outpatient _____?

Will _____ policy _____ all my _____?

_____ plan cover many _____?

My _____ may include _____ therapy.

_____ the _____ for _____ outpatient treatments?

_____ outpatient _____ my plan?

Can ____ get ____ types of ____ therapies?
____ coverage ____ for outpatients?
Will all ____ of ____ treatment be reimbursed ____?
____ it include ____ types?
____ my coverage cover ____ the ____ types?
Will ____ of ____ sessions be covered by ____?
____ I ____ covered for outpatient ____?
I ____ know ____ I ____ insured for ____ possible out-of-hospital ____.
Will all ____ treated be paid ____ my ____?
Does my ____ therapy options?
Is all therapies on ____ part ____ policy?
Is ____ for ____ in my plan.
____ my ____ reimburse ____ forms of ____ treatments?
Does ____ out-patient therapy?
am ____ covered ____ therapy ____ plan?
____ my ____ have coverage for ____?
All outpatient ____ covered ____ my ____.
____ all ____ off-site therapies?
____ my ____ valid for all ____?
____ insurance inclusive ____ all ____ non-hospital therapies?
I ____ to know if ____ insured ____ therapy ____ outside ____.
Does ____ still cover ____ therapies?
____ wonder if ____ comprehensive coverage ____ outpatient therapy.
Does ____ plan ____ comprehensive coverage on ____?
____ by my policy?
Is ____ for ____ Treatments?
Does ____ outpatient therapy?
Is ____ any coverage available ____ various ____?
Will my policy ____ my ____ services?
____ cover outpatients?
____ might ____ cover all ____ therapies.
____ coverage for ____ outside-patient therapies?
Does my ____ therapeutic procedures?
____ all ____ of outpatient therapy ____ plan?
Should all ____ of ____ covered under the ____?
Are ____ for ____ outpatient ____?
____ my ____ all sorts ____ therapies?
____ all ____ of non-hospital therapies ____ my ____?
Does ____ other outpatient ____?
____ health ____ pay ____ non-hospital based therapies?
There are ____ questions ____ policy regarding outpatient therapy.
Will ____ cover all ____?
Will ____ of hospital ____ be reimbursed under ____ plan?
____ coverage ____ for all ____ as an ____.
Is ____ policy ____ outpatient therapy ____?
____ wondering if ____ coverage ____ type of therapy ____ an outpatient basis.
Does ____ cover outpatient ____?
Will ____ treatment?
____ types ____ outpatient ____ included in my ____?
____ my ____ cover all forms ____?

_____ my _____ outpatient treatments?
 Does _____ plan _____ outpatient therapies?
 Is _____ insured for _____ of _____ hospital?
 _____ of outpatients _____ covered _____ my policy?
 Does _____ policy cover _____ the _____ procedures?
 Does the policy _____ all _____?
 _____ hospital _____ covered by my _____?
 Does my _____ cover the costs _____?
 Does _____ health _____ coverage _____ outpatient _____?
 Is my _____ relevant _____ therapy _____?
 _____ the outpatient therapy _____ of _____?
 Does _____ policy _____ the outpatient _____?
 _____ my policy _____ of _____ therapy?
 Will _____ treatment options that _____ available?
 Is _____ insured _____ sessions?
 _____ my policies cover _____ types _____?
 Does _____ policy cover _____ on an _____ basis.
 Are therapies _____ outside _____ in my policy?
 _____ every type _____ outpatient therapy?
 I'm _____ if _____ insured for _____ forms of _____ outside _____ hospital.
 Does _____ all outpatient _____?
 Is all _____ outpatient _____ with my _____?
 Will _____ cover _____ sorts _____ outpatient _____?
 Can diverse outpatients _____ covered _____?
 Am I _____ all _____ of _____ therapy _____ plan?
 _____ my _____ all therapies done _____ an outpatient _____?
 Does _____ policy _____ therapy treatments?
 Do _____ have _____ therapies _____ the hospital _____?
 _____ my _____ all non Hospital _____?
 _____ the benefits cover _____ forms _____?
 Will _____ be _____ outpatient therapies?
 _____ all _____ be reimbursed by _____ plan?
 Can my _____ outpatient _____?
 _____ coverage _____ therapy done _____ of a hospital _____?
 Is _____ type _____ therapy received as _____ outpatient?
 _____ there coverage for every therapy _____ received _____?
 _____ therapies covered _____ my policy?
 _____ my _____ to cover _____ therapies?
 _____ all types of therapies _____ done on an _____ basis?
 _____ cover all types of therapies that are _____ basis?
 Does _____ plan _____ outpatient _____?
 Will _____ get covered?
 Is _____ outpatient _____ in my _____?
 _____ policy covering all _____ procedures?
 Does coverage include every type _____ received _____ outpatient?
 What kinds _____ treatments _____ by _____ policy?
 I _____ to know if _____ can receive _____ through _____.
 Is _____ insurance for _____?
 Does my _____ cover _____ therapies?
 _____ insurance _____ all _____ therapies?

_____ Outpatient therapies be _____?

I _____ if I'm _____ for _____ therapy sessions.

Does _____ include _____ on _____ side?

_____ insured _____ all types of _____ treatments.

Will _____ policy _____ care?

_____ there be covered _____ types _____?

Does my health _____?

Can _____ be reimbursed for _____ type _____ I'm an _____?

_____ I covered _____ therapy outside the hospital?

Can _____ therapy done outside _____ the hospital?

_____ therapy in my plan?

Will my insurance cover my _____?

Will _____ policy _____ outpatient _____?

Does my _____ therapies?

Does my coverage _____ therapy?

_____ it _____ to _____ reimbursed for every _____ of therapy _____ as an _____?

_____ treatments have _____ coverage?

Will _____ outpatient therapies?

_____ this plan _____ all their _____ the hospital?

_____ reimbursed _____ all types of therapy _____ am an _____?

Does this plan _____ all _____ hospital?