

[Demo] NLP Dataset for Customer Service Automation

Company Type	Health Insurance Companies
Inquiry Category	Reimbursement eligibility for medical expenses
Inquiry Sub-Category	Home healthcare reimbursement
Description	Customers seek information on their eligibility for reimbursement of expenses related to receiving medical care at home, including nursing services, home infusion therapy, medical equipment rentals, and home health aide services.
Data Size	6,020 paraphrases
Want to buy data?	Please contact nlp-data@gross.me via your business email address.

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

What are ____ guidelines ____ payment ____ treatment at ____ place instead of ____?

____ I get treated at ____ information can you ____ me ____ guidelines ____?

____ I pick ____ facility over ____ hospital ____ should ____ know about ____?

____ like to know the ____ guidelines ____ payment ____ offered at ____ rather ____ or clinics.

I ____ know ____ policy on payments ____ being treated in ____ of ____.

____ are the guidelines ____ insurance ____ methods ____ treatment from you?

I wanted to know what ____ for ____ and payments ____ a ____.

If you ____ to ____ by ____ describe coverage/payout ____.

If I choose ____ facility over ____ hospital or ____ what ____ coverage and ____ options?

Is ____ any way ____ treatment with you ____ of ____ hospital?

____ to know how coverage and payments work if ____ from you ____.

____ your ____ what are the rules for coverage ____ and payment ____?

____ it possible ____ to know ____ terms ____ payment options available ____ I ____ treatment at ____ place?

____ can get treated by you instead ____ a ____.

Are ____ pricing and ____ options ____ outlined?

____ someone ____ from ____ what are ____ rules for coverage?

____ like to ____ how coverage/payments work when ____ from ____.

____ me the coverage guidelines for ____ treated by ____ a ____?

____ it possible ____ explain ____ coverage ____ payment ____ for ____ from you instead ____?

____ I want ____ your place, what are the ____ coverage and ____?

____ you ____ me ____ how ____ coverage ____ works ____ treatment at your ____?

____ your place over hospitals, ____ scoop on coverage ____?

Is ____ possible ____ receive detailed ____ coverage ____ payment options when ____ treatment at ____?

If ____ want to be treated ____ you ____ a ____ please ____ the coverage/payout ____.

____ know what ____ you ____ treatments at your joint, ____ of fancy hospitals ____ clinics.

If I get ____ information ____ you give me about ____ guidelines and ____?

How to ____ that ____ receive ____ your location?

____ choosing to have treatment ____ premises, what are ____ coverage ____ payment?

I _____ wondering _____ guidelines exist for _____ selecting _____ facility over a _____.

Is _____ you can tell _____ about coverage _____ payment _____ if _____ get _____ your place?
_____ receiving _____ instead _____ hospital, _____ is the guidelines for coverage _____ payment?

Let's have _____ guidelines for _____ treated _____.

_____ there _____ one needs to _____ they choose _____ instead of _____ hospital?
_____ any _____ needs to _____ if one _____ this location instead of _____ hospital?
_____ you tell me what the _____ and _____ in-house _____?

I _____ I can _____ detailed _____ the _____ and payment _____ available to _____ when I _____ treatment at _____ place
_____ like _____ know _____ coverage works when I _____ to _____ your place _____ of going to _____.

Is _____ way to pay _____ instead of _____?

_____ curious about what _____ for _____ and _____ choosing a _____ over a _____.

If _____ your place _____ you _____ me about coverage and payments?

What _____ the rules for covering _____ your joint _____ hospitals _____?
_____ choose to _____ over hospitals or _____ should I know?
_____ are _____ for _____ at your facility versus _____?
_____ rules for coverage _____ your _____ compared to _____ hospital?

Can _____ tell _____ the rules _____ coverage and _____ get treatment at your facility instead _____?
_____ using your _____ for medical _____ please clarify _____ paid _____.

_____ I _____ your place _____ to _____ what information can you _____ coverage guidelines?
_____ to know _____ a policy for being _____ your space _____ than _____ hospital.
_____ you _____ an explanation _____ works _____ choose to receive _____ your place?

Is _____ about what _____ have _____ pay if you _____ this _____ instead of _____?
_____ like to know _____ guidelines for _____ treated _____ instead of _____ a _____.

_____ tell me what the coverage guidelines are _____ me _____ of going _____ a _____?
_____ would _____ to know the _____ options _____ your _____ rather than hospitals.
_____ scoop on coverage and _____ I pick your _____ hospital?
_____ you _____ me any _____ coverage and _____ for treatment at _____ facility?

Is there _____ rule _____ what _____ needs to _____ if _____ of a hospital?
_____ receive _____ in your place _____ of _____ what _____ guidelines for coverage and _____?

If I get _____ place _____ a hospital, what would _____ about coverage _____ payment choices?

I need to _____ coverage criteria _____ treatment at _____ of regular hospitals.

I would _____ to know _____ guidelines for _____ of _____ to _____ hospital.
_____ rules about what one _____ to _____ choose _____ location over _____ hospital.

Can _____ works if I choose _____ treatment at your _____ than going to _____ hospital?
_____ know _____ policy _____ payments _____ being treated at your _____ instead _____ a _____.

If _____ choose to receive _____ your _____ instead of a _____ the _____ for coverage _____?
_____ to _____ what guidelines exist for _____ and payments when _____ facility _____ hospital.

Is it possible to receive detailed guidelines _____ the coverage _____ payment _____ are _____ to _____ when _____ seek _____?
_____ opt _____ treatment _____ your _____ are your rules _____ and payment choices?

Is it possible for me to _____ on _____ and _____ me when I seek _____ at _____?
_____ are rules _____ one needs _____ pay _____ one _____ location instead _____ the _____.

Is there _____ way _____ for treatment _____ instead of in _____?
_____ the _____ coverage and payment when receiving treatment at your _____?
_____ me _____ coverage _____ for _____ your facility in lieu of _____ hospitals or _____.

How will _____ payments work _____ get treatment _____?
_____ to know the specific _____ guidelines and _____ that _____ your facility instead _____ hospitals or _____.

_____ want to _____ how coverage/payments _____ get _____ you rather than a _____.

_____ I get treatment _____ your _____ or clinic, what are the _____ coverage?

Is it _____ to _____ coverage _____ payment _____ when you _____ from _____ instead of _____?

_____ provide _____ explanation of how coverage and _____ get _____ from you?
 _____ for _____ in your _____ what _____ prescribed rules _____ coverage _____ payment options?
 _____ you _____ me the specific _____ guidelines _____ payment _____ are _____ at your _____?
 _____ any rules for covering my _____ joint _____ of the _____ hospitals _____ clinics?
 _____ you have any _____ about _____ treated at _____ to pay?
 I _____ to _____ coverage guidelines and payment _____ if I _____ treated _____.
 _____ know if _____ are guidelines on _____ coverage _____ payment options available _____ me _____ seek _____ your place.
 Is _____ to receive detailed _____ on _____ coverage _____ available when I seek treatment _____ your _____?
 Please tell me _____ criteria _____ alternatives for _____ at your _____ of _____ or clinics.
 Can _____ me how coverage _____ I choose to _____ of at a hospital?
 _____ to _____ detailed guidelines _____ the coverage terms and _____ options available _____ me _____ place?
 _____ about what one _____ pay if _____ chooses this location _____ hospital.
 _____ kind of _____ do you _____ for _____ my _____ your joint, instead _____ hospital or _____?
 _____ like to know _____ and payment _____ at your _____ rather _____ a hospital.
 _____ possible to get _____ at your _____ a hospital?
 _____ possible _____ the coverage and _____ options _____ receiving _____ from _____ than a hospital.
 _____ like to find _____ what guidelines _____ for coverage _____ when _____ facility over a _____.
 Is there a _____ should _____ if they _____ location over _____ hospital?
 _____ will _____ and _____ work _____ treatment at your facility _____ of _____?
 _____ guidelines exist _____ and payments _____ selecting _____ facility over a hospital?
 _____ the _____ for _____ treated by you _____ of _____ to the hospital.
 _____ would _____ know the rules for coverage _____ receive treatment at _____ instead of _____ hospital.
 _____ you _____ about the coverage _____ for in-house _____?
 Is _____ specific _____ coverage _____ payment when _____ go _____ a _____ instead of going to _____?
 What _____ the _____ if _____ choose your place over _____?
 _____ provide me _____ and _____ for _____ your facility _____ lieu _____ regular hospitals or clinics.
 _____ give me _____ idea _____ how coverage _____ work _____ I _____ treatment _____ you?
 _____ receive treatment at your place, _____ guidelines are available for _____?
 When you are _____ at your place, _____ do _____ rules _____?
 _____ are the guidelines _____ payment when _____ your place instead _____ a _____?
 _____ tell me how coverage works when _____ to _____ treatment _____ your _____ than at _____?
 I am _____ knowing what guidelines _____ and _____ when _____ facility _____ a hospital.
 _____ you _____ specific rules about how to _____ for treatment at _____ location instead _____ going _____?
 When _____ receive _____ from _____ hospitals or clinics, _____ explain _____ and payment options?
 _____ you _____ on how to pay _____ at _____ to a traditional hospital or clinic?
 Is _____ any _____ what _____ if you choose _____ location over _____ hospital?
 When _____ get treatment _____ instead of _____ hospital, what _____ guidelines _____ and payment?
 If I _____ your facility _____ of going _____ a _____ the rules _____ and payments?
 What is the _____ coverage _____ I _____ your _____ over _____ hospital?
 When opting _____ treatment _____ your premises, what _____ prescribed rules _____ coverage _____?
 I would _____ to know _____ coverage works _____ I _____ treatment at _____ place rather _____ in _____.
 Do you _____ what the _____ for treatment from _____?
 _____ one has to _____ if _____ choose this _____ over a hospital?
 I _____ if I can receive _____ guidelines on the _____ terms and _____ options available _____ me _____.
 _____ give an explanation of the _____ and payment _____ receiving _____ instead of _____ hospital?
 _____ me _____ receive detailed guidelines on the _____ and payment options _____ my _____ at _____ place?
 _____ want _____ know _____ specific _____ various payment options _____ at _____ rather than hospitals.
 Is there a _____ coverage and _____ you get _____ your location?
 To receive treatment _____ from _____ what _____ the _____ coverage _____ payment?
 What guidelines _____ you _____ covering _____ paying at _____?

What are the ____ for coverage ____ your ____ than ____?

____ I choose to ____ treatment at ____ place ____ of ____ what ____ guidelines ____ payment ____ coverage?

____ the coverage criteria for treatment ____ your facility ____ lieu ____ hospitals.

____ I ____ your facility instead of a ____ should ____ know ____ and payments?

Please ____ know ____ coverage criteria and payment alternatives ____ treatment ____ hospitals or ____.

There ____ rules about ____ one ____ pay if ____ location ____ of the ____.

____ the ____ for ____ and payment ____ your place ____ of a hospital?

____ to know ____ policy on ____ for being ____ your ____ than a hospital.

If you're ____ your ____ you ____ to know ____ and coverage.

____ would coverage and ____ treatment at your facility ____ hospital?

____ kind ____ rules do you ____ covering my ____ of a fancy hospital or ____?

Is there any guidelines about ____ and ____ methods for ____?

When ____ from ____ rather ____ a hospital or ____ you explain ____ coverage ____ payment ____?

If ____ facility over ____ hospital ____ a clinic, what coverage ____?

For being treated at ____ rather ____ I ____ to ____ policy.

____ decide ____ receive treatment at ____ place ____ of a ____ what are the ____?

____ you want to ____ you instead of a ____ your coverage ____ choices.

____ it possible to get treatment ____ your ____ of ____ clinics?

____ your place compared to a hospital, what ____ can you ____ about ____ guidelines ____ payment ____?

Can ____ the coverage ____ by you ____ of going ____ the hospital?

____ pay for ____ care if you get ____ from ____?

What payment ____ at your ____ of ____ hospital?

____ me to ____ detailed guidelines on ____ and payment options ____ to ____ seeking treatment at your ____?

I have a question ____ coverage ____ when choosing a facility ____ a ____.

____ do ____ work for ____ rather than in ____?

____ the rules for ____ when a ____ medical ____ from ____?

What ____ the rules ____ and payment ____ opting for ____ premises?

____ treatment at ____ other ____ hospital, ____ are ____ for coverage and payment?

If I ____ your place over ____ hospital, ____ coverage ____ payment?

If I pick ____ facility over ____ hospital ____ should ____ know ____ payment ____?

I'm ____ guidelines exist ____ and ____ choosing ____ facility over a hospital.

Can ____ tell ____ how ____ if I ____ from you?

What ____ are ____ treatment ____ your facility ____ of ____ traditional hospital?

____ it ____ me ____ get ____ guidelines on ____ coverage terms ____ when I seek ____ at your ____?

There are guidelines ____ payment when ____ your place.

If I get treatment ____ me ____ idea ____ how coverage/payments ____?

____ inquire about ____ guidelines ____ for coverage ____ payments ____ choosing ____ over a ____?

____ facility ____ medical care, please ____ are handled financially

If ____ at ____ place ____ a hospital, what are the coverage and ____ guidelines?

What information ____ give me about ____ and ____ get treated ____ place?

How do I know the ____ get treatment ____ your ____ instead ____ a ____?

Do ____ any ____ regarding ____ and payment for ____ treatment ____ location?

____ treatment ____ you rather than ____ hospital or ____ explain the ____ and ____ options?

____ choosing ____ have treatment within ____ what are ____ coverage and payment ____?

What are ____ for coverage ____ payment ____ get treatment at your place ____ hospital?

I need ____ payment policy ____ treated ____ your space instead ____ a ____.

Can ____ tell me ____ coverage guidelines ____ rather ____ going to ____?

Is there a ____ needs ____ pay if they ____ this location ____ hospital?

I ____ know the coverage ____ for when you ____ your ____ than ____ hospital.

Guidelines for insurance ____ payment methods for receiving ____?

____ need ____ know ____ on ____ and coverage ____ being ____ your home rather than ____ hospital.
 When ____ premises as ____ to a ____ medical facility, what are ____ rules ____ coverage ____ ?
 I need to ____ for being ____ at ____ than a hospital.
 ____ am interested in ____ what guidelines exist ____ payments ____ facility ____ hospitals.
 ____ it ____ get treatment ____ your place ____ of a ____ clinics?
 When ____ treatment ____ your ____ to ____ what ____ your rules for coverage and payment?
 If ____ treated at your place, ____ you tell ____ the coverage guidelines ____ ?
 ____ to know what ____ options ____ for treatment at ____ .
 What ____ the ____ for coverage and ____ when you ____ home?
 Can ____ an ____ and ____ options for in-house treatment?
 If ____ to receive care ____ place, what ____ the ____ for ____ ?
 ____ the guidelines for ____ payment method for ____ treatment ____ you?
 There is ____ question about ____ pay ____ they choose this ____ instead ____ hospital.
 I ____ like to ____ specific coverage guidelines and ____ offered at your ____ a ____ .
 Please give ____ the ____ and ____ at ____ facility in lieu of regular ____ or ____ ?
 ____ need to know ____ being treated at your ____ not ____ hospital.
 If I ____ a hospital, ____ the scoop ____ coverage?
 There are rules about what you ____ to ____ choose ____ location ____ .
 ____ you know how coverage ____ I ____ treatment ____ place rather than ____ a hospital?
 ____ tell ____ coverage ____ for treatment at your facility in lieu ____ .
 What ____ for ____ when choosing ____ facility over a ____ ?
 If ____ decide to pick your place ____ hospital, ____ the ____ coverage ____ ?
 ____ would ____ to ____ if there are ____ payments ____ choosing a ____ over hospitals.
 Can ____ give ____ of how ____ works when ____ to ____ at your place rather ____ going ____ hospital?
 Can you ____ an ____ and ____ for treatment at your facility?
 Is there a ____ about what ____ choose this ____ instead ____ a clinic?
 ____ want ____ the specific coverage ____ payment ____ at ____ facility, not ____ clinics.
 ____ in need of ____ about the ____ criteria ____ at your facility.
 I ____ to ____ coverage ____ work for treatment at ____ facility ____ a ____ .
 ____ you ____ me ____ rules ____ coverage and payments at ____ facility?
 If I decide ____ choose ____ over ____ what is ____ scoop ____ coverage ____ ?
 I ____ know what ____ exist ____ coverage ____ choosing ____ facility ____ hospitals.
 ____ tell me ____ the coverage ____ payment options ____ seek ____ from ____ ?
 ____ want to ____ instead of ____ hospital, please ____ your coverage/payout choices.
 Is ____ to pay for ____ of hospitals?
 There are ____ about what ____ have ____ choose ____ instead of the ____ .
 ____ it ____ to covering ____ joint, ____ kind of ____ do you have?
 If I go ____ instead of a hospital ____ what are ____ coverage and ____ ?
 Is there ____ way ____ for treatment ____ hospital?
 ____ prefer ____ at ____ what are the guidelines for coverage ____ payment?
 ____ you ____ me ____ the ____ I receive treatment from ____ of a hospital or clinic?
 ____ one gets medical ____ from you, what ____ rules ____ ?
 If ____ your facility ____ hospital or ____ what should ____ know ____ coverage and payment ____ ?
 Where ____ find ____ costs ____ I'm ____ your place?
 Can you ____ the ____ for getting ____ by me, instead of ____ ?
 How ____ I ____ treatment ____ you?
 Can you ____ me the coverage guidelines ____ of going ____ ?
 What ____ payment when you ____ to have treatment ____ your own ____ ?
 What ____ tell me about ____ payment ____ if ____ treated ____ your place?
 Do ____ rules on how to ____ treatment at your ____ going ____ a hospital ____ clinic?

____ am ____ need of specific ____ guidelines and ____ your ____ not ____ or ____ .
 I need to know ____ criteria and ____ treatment at your facility ____ of ____ hospitals ____ .
 If I ____ not to go ____ a ____ are ____ guidelines ____ payment?
 If I choose ____ other than ____ hospital ____ how ____ ?
 I want ____ know how ____ works ____ your facility ____ a ____ .
 ____ do payments work ____ isn't in ____ hospital?
 ____ to ____ specific coverage guidelines and ____ options offered ____ your facility, ____ hospitals or ____ .
 ____ you give a description ____ and ____ when you receive ____ from ____ ?
 I need ____ know the coverage ____ for ____ your facility
 If ____ get ____ by ____ please outline coverage/payout ____ .
 Coverage guidelines ____ treated ____ of a hospital...
 When ____ treatment ____ your own place, ____ for coverage ____ payment ____ ?
 ____ at ____ facility ____ a hospital, what ____ the coverage and ____ like?
 If ____ get treated ____ compared to a hospital, what ____ can ____ about ____ and ____ ?
 What are ____ payment when ____ receive treatment at ____ ?
 ____ opting for treatment in ____ are ____ prescribed ____ for ____ payment choices?
 ____ I ____ your place ____ a hospital, ____ should you ____ coverage ____ ?
 What are ____ covering ____ treatment you ____ at your place?
 ____ you give ____ getting treated by ____ of going to ____ hospital?
 ____ looking for specific ____ guidelines ____ your ____ instead of hospitals or ____ .
 What ____ the rules ____ coverage ____ payments ____ a ____ instead of ____ ?
 ____ tell ____ about the guidelines ____ coverage and ____ .
 What are ____ rules ____ my ____ at ____ instead of ____ a fancy hospital ____ ?
 Can ____ on the ____ terms and payment options available ____ I seek treatment ____ your place ____ a ____ ?
 I'd like to ____ what ____ exist ____ and payments when choosing ____ .
 ____ you ____ me ____ guidelines exist ____ coverage and payments when ____ facility ____ ?
 Can you give ____ the ____ coverage guidelines ____ options that are ____ your facility ____ clinics?
 ____ to know ____ coverage ____ work if I receive treatment ____ .
 Do ____ have any rules ____ how to pay for ____ your facility, ____ going ____ ?
 If I ____ to ____ treatment ____ place instead ____ hospital, what ____ the ____ and payments?
 If I get ____ at your place compared ____ hospital, ____ do ____ about ____ ?
 What ____ guidelines ____ and payment ____ go ____ place rather ____ a hospital?
 When I ____ to receive ____ at ____ place, ____ are ____ for coverage ____ ?
 ____ what one needs to pay if they ____ this location ____ ?
 Do you have any ____ for ____ treatment ____ your ____ and ____ ?
 ____ I get treatment ____ your ____ can you give me ____ coverage ____ and ____ ?
 If ____ would like ____ treated by ____ outline coverage/payout ____ .
 Do you ____ rules ____ how to pay for ____ of going to a ____ ?
 I ____ to know ____ coverage guidelines and payment ____ at your facility ____ hospitals ____ .
 If ____ place ____ what is the ____ on ____ payments?
 What are ____ guidelines for coverage and ____ treatment at ____ place ____ of ____ hospital?
 What ____ rules for coverage ____ in ____ to a hospital?
 ____ treatment ____ you ____ than ____ healthcare center, please ____ the rules and ____ .
 Is it possible for ____ to ____ detailed guidelines ____ the ____ and ____ available to ____ when ____ seek ____ place?
 I ____ what guidelines ____ for ____ and ____ your ____ over hospitals.
 ____ coverage ____ options ____ you ____ that takes ____ at your facility?
 ____ have coverage ____ when ____ get treated ____ .
 ____ need to ____ how ____ payment ____ treatment ____ facility ____ of a hospital.
 ____ treatment at ____ place ____ than a ____ guidelines ____ coverage and payment?

I ____ to ____ rules ____ coverage ____ payments if I go ____ your facility ____ a ____.
 Can you tell me ____ receive my treatment at ____ place?
 ____ about coverage ____ pricing for ____?
 I ____ like ____ know ____ guidelines ____ choosing a facility ____ hospitals.
 ____ like ____ know ____ works when ____ choose ____ receive ____ at your place ____ a hospital.
 I would like ____ know the specific coverage ____ and ____ payment options offered ____ clinics.
 ____ choosing ____ a ____ guidelines exist for ____ and payments?
 I'm ____ knowing ____ exist for ____ when selecting a ____ over ____ hospital.
 If I ____ to receive ____ place, ____ the ____ coverage and payment?
 ____ you want ____ by ____ instead of ____ clinic/hospital, ____ outline ____ choices.
 Can ____ explain ____ and payment works ____ treatment ____ facility instead ____ a ____?
 ____ know what ____ exist for coverage and payments ____ over ____.
 ____ do you ____ treatment ____ and coverage ____ establishment?
 If you want ____ by ____ instead ____ a hospital, ____ outline ____
 ____ any options for paying ____ treatment instead ____ hospital?
 ____ choosing ____ premises, ____ are ____ rules for coverage ____ payment?
 ____ are the guidelines for ____ payment methods for ____?
 ____ need ____ policy ____ treatment at your space ____ of ____ hospital.
 What ____ rules ____ coverage and ____ opting ____ treatment ____ your premises instead ____ conventional hospital?
 What are ____ coverage and ____ when you ____ at ____ place?
 ____ treated by you instead ____ a clinic or ____ outline coverage/payout ____.
 I ____ like ____ the ____ getting ____ you instead of a hospital.
 ____ are ____ for coverage and ____ treatment at ____ premises?
 When going ____ treatment ____ your premises, ____ rules for ____ and ____?
 ____ want ____ be treated by ____ please outline the ____.
 I ____ to know the ____ on ____ being treated ____ your space ____ hospital.
 What are your rules for ____ opt for ____ your own ____?
 I need to know ____ the ____ for ____ treated at ____ than ____ hospital.
 What ____ exist for coverage ____ your ____ hospitals?
 ____ treated at ____ place ____ a hospital, what ____ can ____ coverage guidelines and payment choices?
 ____ are the ____ for coverage and payment ____ treatment ____ place ____ of a ____?
 Can you ____ understand ____ payment options ____ I ____ from you?
 If I ____ your ____ over ____ what's the scoop on ____?
 I ____ coverage for being treated at ____ space ____ than in ____.
 Do you have ____ regarding how to ____ your facility, ____ of ____ to ____ hospital?
 When getting treated ____ your ____ instead ____ to a hospital, do ____ coverage and ____?
 What should I ____ I ____ facility ____ or clinics?
 ____ need to ____ how coverage ____ I choose to receive treatment ____ place ____ a ____.
 ____ want to know if ____ and payment ____ your ____ hospital ____ clinic.
 Do ____ have ____ how to pay ____ treatment ____ instead of going to ____ hospital?
 I ____ to ____ for covering my treatments at ____ instead of fancy hospitals ____.
 ____ the specific ____ and payment options ____ your facility, ____ hospitals ____ clinics.
 Please ____ the ____ criteria ____ payment alternatives for treatment ____ facility in lieu of ____ or ____.
 ____ need some information on ____ for coverage and ____ choosing a ____ over ____.
 Where are the ____ and options when ____ place?
 ____ choose ____ place over ____ what will I ____ about ____ and ____?
 Can I ____ the ____ and payment ____ that ____ me when ____ seek treatment at your place?
 ____ the ____ for coverage ____ you ____ treatment at a ____ other ____ the hospital?
 ____ don't know the ____ on payments ____ at ____ space rather ____ in ____.
 I need to know the policy ____ the ____ your ____ a hospital.

Can ____ tell ____ coverage ____ when I ____ to receive my treatment at your place ____ ?

I ____ to know how coverage ____ work for ____ at ____ hospital.

I would like ____ I ____ guidelines on the ____ and ____ available to me ____ seek treatment in your ____

Do ____ have any specific rules ____ to ____ for treatment at ____ location, ____ to ____ hospital?

I want ____ know ____ coverage guidelines ____ getting ____ by you instead ____.

Can you ____ an explanation ____ the coverage ____ options ____ treatment ____ you?

If I ____ your place, what ____ for ____ and payment?

____ need ____ coverage guidelines and payment ____ facility instead of hospitals or ____.

____ you tell ____ what ____ coverage ____ for treatment by ____?

Is it ____ to pay ____ treatment ____ your ____ than ____ clinics?

____ to receive treatment ____ your place instead of ____ hospital, ____ are ____ guidelines ____?

____ guidelines when ____ treated by yourself ____ hospital.

____ can ____ give ____ if ____ treated ____ your ____ compared to a hospital?

Is ____ any rules ____ to ____ if they ____ this ____ over a ____?

When ____ choose to ____ your place instead of going ____ you tell ____ coverage works?

____ used ____ coverage ____ payments ____ your facility ____ of a hospital?

____ tell ____ more about ____ coverage ____ options when ____ from ____ instead of a hospital?

____ guidelines ____ treated by ____ of hospitals.

If ____ want ____ by ____ instead of ____ please outline ____ and pay out choices.

What are your ____ for ____ you choose ____ treatment ____ your premises?

____ you have ____ coverage ____ payment ____ get treatment at your location instead ____ to a ____?

If you are treated ____ space instead ____ a hospital, ____ need ____ policy ____ coverage.

I want ____ know ____ of rules ____ for covering my ____ your joint, ____ of ____ clinics.

I ____ the guidelines ____ coverage and ____ when ____ a facility ____ a hospital.

If I get treated ____ do ____ have to ____ and ____ choices?

____ get ____ compared to ____ hospital, what information ____ you give ____ coverage and payment?

Please ____ choices for getting ____ you ____ of a ____.

____ pick your place over the hospitals, ____ on ____ and ____?

I ____ exist for coverage ____ payments when I ____ over a hospital.

When seeking treatment at your ____ versus ____ can ____ get detailed ____ terms and ____?

Do you have ____ rules ____ pay for ____ instead of going to a ____?

I am interested in the coverage ____ and ____ for ____ in lieu of ____ hospitals ____.

____ treatment ____ what are ____ rules for ____ arrangements and ____ choices?

____ you able ____ an explanation of the coverage ____ you receive ____ from ____?

____ rules do ____ have for covering ____ your joint ____ of fancy hospitals or ____?

____ about the ____ for treatment at your place?

____ coverage and payment ____ be aware of ____ over a hospital?

____ when ____ by yourself instead ____ a hospital.

____ want to ____ treated ____ you, ____ outline coverage and ____.

Is ____ to ____ at your facility instead of ____ hospital?

Is there a ____ one ____ if they ____ this location instead of ____?

____ to know ____ coverage and payment work for ____ at ____ rather than a ____.

____ payment options ____ for treatment ____ your ____ instead of ____?

I am ____ what guidelines ____ for coverage ____ when ____ facility ____ hospital.

Can ____ us ____ the ____ price options ____ in-house treatment?

Please ____ the coverage ____ and ____ for treatment at your facility ____ hospitals or ____.

____ you ____ specific rules for coverage and payment when you ____ location ____ of ____?

____ rules for ____ at your facility instead ____ hospital?

____ are ____ guidelines for coverage and ____ when ____ receive ____ in ____?

____ give ____ overview of coverage and ____ in-house treatment?

Coverage _____ treated by you instead _____ a _____!

Let's _____ coverage _____ for _____ when _____ are treated _____.

I'm wondering _____ coverage _____ I choose to _____ at your place _____ going _____ hospital.

I would _____ the coverage guidelines _____ payment options _____ your facility, _____ or clinics.

What _____ the guidelines _____ coverage _____ payment if I decide _____ to your _____ instead _____?

I need _____ on _____ exist for _____ and _____ when _____ facility over _____.

Is it _____ to _____ detailed _____ the _____ and _____ to me if I seek treatment _____ your _____?

If _____ get _____ place, what will _____ me about _____ guidelines and _____?

_____ for _____ done at your _____ a question.

_____ you tell me the _____ by _____ instead of going _____ a _____?

_____ was _____ what _____ for _____ and payments _____ choosing _____ facility over _____.

Can _____ give me _____ on how _____ and payment _____ treatment _____ facility?

I need specific _____ guidelines and _____ at _____ or clinics.

When receiving treatment at _____ instead of _____ are _____ coverage and payment?

_____ know _____ guidelines exist _____ coverage and payments when _____ a _____ instead of a _____.

_____ the guidelines for _____ when you receive _____ in _____ place _____ than _____?

_____ you tell me _____ get _____ by you _____ of _____ hospital?

What _____ and payment when _____ receive treatment _____ your place, _____ of _____ hospital?

_____ the _____ for _____ my treatments at your joint _____ fancy hospitals or _____.

I'd _____ to _____ the _____ guidelines _____ payment options _____ at your facility _____ clinics.

_____ for _____ at _____ location would be helpful.

_____ you want _____ treated by _____ please outline _____

_____ you _____ at _____ location, _____ have specific _____ for coverage _____ payment?

How will treatment _____ and _____ your establishment?

_____ to place _____ over a hospital, _____ is _____ scoop _____ and payments?

_____ the rules for coverage arrangements and _____ when _____ treatment _____ premises?

Is there any _____ what one _____ this _____ instead of a _____?

_____ you _____ specific _____ on _____ pay for treatment at your location _____ going _____ hospital or _____?

I would _____ to _____ the _____ your facility in lieu _____ hospitals.

When treated at _____ place, where _____ find _____ and options?

_____ it possible _____ at your facility _____ to a hospital?

What _____ rules _____ coverage _____ when you _____ treatment in your _____?

_____ receive treatment _____ your place _____ of at a _____ what are _____ guidelines for _____?

Can _____ me the _____ guidelines for _____ treated by me _____ to _____?

I have _____ about the _____ coverage and _____ I _____ treatment _____ your _____ of a hospital.

_____ you _____ rules _____ getting treated _____ facility and how _____?

How do I _____ and _____ when _____ at your _____?

_____ you _____ the coverage _____ I _____ treatment from you?

_____ getting _____ a place other _____ what _____ are used _____ and payment?

_____ possible _____ get _____ at _____ place instead _____ in _____ or clinic?

I _____ specific _____ guidelines _____ options _____ facility rather _____ hospitals or _____.

_____ given details _____ the coverage _____ and payment options _____ to _____ when I _____ treatment _____ your _____?

_____ you want to _____ treated by you instead _____ hospital, please give _____.

What are the _____ payments _____ a hospital?

_____ you _____ treated _____ your _____ rather than a hospital, you _____ the policy _____ and _____.

_____ to _____ the scoop _____ and _____ choose your place over a _____.

_____ need the specific _____ guidelines and various payment options at _____.

_____ there any rules about _____ your _____ and how _____?

_____ the coverage _____ for treatment _____ your _____ in lieu of regular _____ clinics.

_____ you _____ me know how _____ when _____ to _____ at your _____ rather _____ at a hospital?

Can _____ and pricing _____ for _____ treatment?

_____ me how _____ when I choose _____ receive treatment at your _____ instead of _____?

_____ you give me coverage _____ for getting _____ instead of _____ the _____?

_____ choices _____ treatment _____ your setting.

Can you _____ overview _____ the _____ and pricing _____ treatment?

If _____ treated _____ your place, what information can you give _____ coverage _____ and _____?

Let's _____ coverage guidelines _____ treated by you _____ of _____.

_____ one pay _____ this _____ over a hospital?

Do you _____ any specific _____ on how _____ for _____ at your _____ instead _____ a _____ hospital?

_____ guidelines for _____ if I _____ to receive _____ at your _____ instead of _____?

I want _____ know what _____ exist for _____ and _____ facility over _____.

_____ it _____ treatment _____ what are _____ rules for coverage arrangements and _____?

_____ guidelines for coverage _____ payment _____ I _____ to _____ treatment _____ place _____ of a hospital?

_____ chose your facility over a hospital or _____ what _____ and payment _____?

_____ want to be _____ by you, _____ outline _____ coverage/payout _____.

When choosing treatment _____ are your _____ coverage and _____?

I _____ know if the policy _____ for _____ treated _____ space _____ hospital.

_____ give me _____ explanation _____ coverage works _____ choose to receive my _____ your place?

_____ to know _____ works if I _____ from you instead _____ a _____.

Do you have an _____ coverage and payment _____ when _____ you?

If I get _____ facility _____ a hospital, _____ know about the coverage _____ payments?

Where _____ I _____ rules for _____ and _____ you _____ there?

Tell _____ what _____ rules are for covering my _____ joint, _____ fancy hospitals _____?

_____ there _____ coverage _____ if I choose _____ over the hospital?

_____ it comes _____ what _____ the _____ for coverage and payment?

If I choose _____ over a hospital, _____ know _____ and _____?

How will _____ and payments _____ if _____ get treatment _____?

If _____ get treatment from _____ what _____ the _____?

_____ need specific _____ guidelines _____ options at your _____ hospitals.

For receiving treatment directly from _____ what _____ guidelines _____ insurance _____?

I don't know _____ coverage and payments _____ selecting _____ facility _____ hospital.

_____ treatment _____ from you, what _____ guidelines for _____ payment methods?

Coverage _____ treated by yourself _____ a hospital!

_____ receive _____ guidelines _____ and _____ options available to me, when I _____ treatment at _____ place?

_____ I _____ your _____ hospital or clinic, what should _____ about _____ and _____?

_____ I _____ your _____ what information can _____ give me _____ coverage _____ and payment _____?

_____ want _____ be _____ instead of _____ hospital, _____ explain coverage _____ payout choices.

Is _____ possible _____ pay at _____ going to _____ hospital/clinic?

_____ treated at your _____ compared to _____ information can you provide _____ coverage _____ options?

_____ like to _____ the _____ coverage _____ and different _____ options offered at _____ facility _____ than hospitals _____.

_____ treatment _____ from you, _____ the _____ for insurance and _____?

_____ am interested _____ what guidelines exist _____ coverage and _____ when _____ facility _____.

Let me know _____ coverage _____ treatment _____ lieu of regular hospitals _____.

_____ you have any _____ how to _____ for your _____ at _____ location, instead _____ going _____ a traditional _____?

Should _____ receive treatment at your _____ a _____ clinic?

_____ coverage _____ I be aware _____ I choose _____ facility _____ hospital?

_____ it possible _____ treatment _____ your facility rather _____ at _____ clinic?

_____ one _____ healthcare _____ what are the _____ for _____ payment?

If I pick _____ hospitals, what should I know _____?

Is _____ to explain the _____ and payment _____ receive _____ instead _____ hospitals?

_____ to know _____ on _____ and coverage for being _____ in your space instead _____.
 _____ you _____ specific _____ to _____ for treatment _____ your location, instead _____ going to a _____?
 _____ there _____ needs to _____ if they choose _____ instead of a _____?
 Can you give _____ the _____ myself instead of going _____?
 _____ do you _____ and _____ at your place?
 _____ I _____ receive _____ instead _____ a hospital, what are _____ for coverage and payment?
 If I pick _____ facility _____ a _____ or clinic, what _____ payments?
 I need to _____ coverage _____ for _____ treated _____ rather than _____ hospital.
 If one receives medical _____ from _____ what _____ for _____?
 _____ you want to receive treatment _____ instead _____ a _____ please outline _____.
 _____ you _____ how coverage _____ work for _____ your _____ of a hospital?
 _____ want _____ by you _____ clinic/hospital, please describe coverage/payout choices.
 What are the _____ at _____ than a _____?
 Are _____ specific _____ coverage and payment when you _____ your _____ instead of _____ to _____ or _____?
 _____ receiving treatment directly _____ you, what _____ the _____ guidelines?
 _____ treated at your _____ do you _____ rules for _____ payment?
 I would _____ to know _____ coverage works _____ I _____ receive _____ place.
 _____ looking for _____ coverage guidelines _____ your _____ hospitals or clinics.
 I _____ like _____ the _____ criteria _____ payment alternatives for _____ your facility _____ lieu of _____ or _____.
 Can you tell _____ how coverage/payments _____ get treatment _____?
 What _____ are used _____ if I _____ to _____ treatment at _____ place?
 _____ get treatment at _____ facility _____ going _____ a hospital or clinic?
 Treatments _____ your place, coverage _____?
 _____ guidelines for _____ payment _____ you receive _____ at _____ place instead _____ hospital.
 _____ get _____ your place _____ to _____ coverage guidelines _____ payment choices can you give _____?
 _____ I choose _____ or hospitals, _____ should _____ know about coverage?
 When getting _____ at _____ location, _____ specific rules _____ coverage _____ payment?
 _____ you need _____ at _____ what payment _____ are _____?
 If _____ choose your place _____ hospital, _____ is the scoop _____?
 _____ there a _____ one needs to _____ they choose _____ location instead _____ a hospital?
 Do _____ have any _____ how _____ pay _____ instead of going to _____?
 When _____ for treatment in your _____ rules for _____ payment choices?
 When opting _____ treatment _____ what are the rules _____ payment _____?
 What payment options _____ when _____ need _____ place?
 There _____ about what one _____ to _____ if they choose _____ instead _____.
 I _____ rules _____ and _____ if _____ get _____ at your facility instead of a hospital.
 _____ are coverage guidelines _____ options _____ apply in _____.
 _____ I _____ hospital, _____ is the scoop _____ coverage and payments?
 You _____ coverage works _____ I choose _____ receive _____ at _____ place _____ of _____ to a _____.
 _____ I get _____ at _____ what _____ me about the coverage _____ payment options?
 There _____ rules about what _____ pay _____ one chooses this _____ instead _____.
 _____ I be _____ of if I choose _____ over hospitals _____?
 _____ wanted to know _____ guidelines _____ coverage _____ when _____ facility over a _____.
 If I pick _____ facility _____ a hospital or _____ I _____ coverage and _____?
 In order _____ get treated _____ of _____ hospital, please outline _____.
 What are _____ for insurance _____ payment methods _____ getting treatment _____?
 Can _____ tell me _____ for _____ and _____ I get my treatment _____ your _____?
 _____ have any specific rules on _____ treatment _____ your location?
 _____ the coverage and _____ options _____ treatments?
 _____ chooses _____ location instead of _____ hospital, _____ should _____ pay?

What should ____ know ____ payment options if ____ your ____ hospital?

What are ____ rules ____ coverage and ____ in your ____?

Can ____ how ____ works ____ I get ____ you?

I want to ____ if guidelines ____ and ____ choosing a facility ____.

Please tell ____ about ____ coverage criteria and ____ your facility?

____ the guidelines ____ coverage ____ payment if ____ treatment ____ your place instead ____ hospital?

I ____ like to ____ how coverage ____ receive ____ at your ____ instead ____ going ____ a ____.

Do ____ know ____ coverage guidelines for getting ____ in ____ hospital?

____ you ____ me ____ guidelines for coverage ____ payment if ____ receive ____ at ____ place?

Payment options ____ treatment with ____ instead of ____?

____ let me ____ coverage ____ for treatment ____ lieu of regular hospitals.

Rules ____ one ____ place if ____ chooses this location over a ____.

____ are the guidelines for ____ coverage and ____ to ____ treatment ____?

____ are the guidelines ____ and ____ at your ____ instead ____ the hospital?

____ know ____ guidelines ____ coverage ____ when choosing a ____ over a hospital.

What ____ the ____ for coverage ____ someone ____ care ____ you?

If ____ you, do you have an ____ coverage ____ payments work?

____ you ____ me ____ coverage ____ getting treated ____ me instead ____ to ____ hospital?

____ to get ____ at ____ without going to ____ hospital or clinic?

____ are ____ financially ____ using your ____ is something ____ should ____ clarified.

____ are the guidelines for ____ for ____ instead of ____ hospital?

If I choose ____ with you ____ a ____ tell ____ about the ____.

"What ____ available for treatment ____ your place, ____ hospitals ____ "

____ are the ____ for coverage ____ facility ____ of a ____?

What ____ exist for ____ payments ____ a ____ over ____ hospital?

____ want to get treatment ____ instead of a ____ outline coverage/payout ____.

What ____ you ____ for covering ____ at your joint instead ____ hospitals ____?

____ do ____ know ____ rules for coverage ____ payments if I get my ____ instead of ____?

If I ____ hospitals, what's the scoop ____ and payments?

Can ____ coverage and ____ options ____ in-house treatment?

I need ____ what rules you have for covering ____ treatments at ____ clinics.

Is ____ in ____ what ____ needs to pay if they ____ this ____ instead of ____?

Do you have ____ rules ____ payment ____ treated ____ location other than a hospital?

____ I ____ treated at ____ place compared ____ hospital, ____ coverage guidelines and payment ____?

Can you explain ____ coverage works ____ I choose to ____ treatment ____ of going ____?

____ need ____ know ____ coverage guidelines ____ options offered at ____ facility, not ____ or clinics.

____ you tell ____ how to get ____ by ____ of ____ to ____?

When ____ at your place ____ of a hospital, what are ____?

____ you please give ____ the ____ coverage ____ various payment ____ are ____ at your ____?

____ the rules ____ your facility ____ to a hospital?

____ know what ____ options are ____ for ____ in your ____?

Is it possible to ____ detailed ____ the ____ to ____ I seek ____ at ____ place?

____ me what ____ rules are ____ my treatments ____ your joint?

When opting ____ within your ____ are the ____ coverage ____ and ____?

Can you ____ what ____ and payments ____ selecting a ____ over ____ hospital?

____ I ____ what is ____ scoop on coverage ____ payments?

How do ____ guidelines and ____ work ____ your ____?

____ are ____ for ____ and payment ____ are ____ in ____ other than a hospital?

Can ____ tell me how ____ payments ____ if I get ____ you ____ hospital?

If ____ choose ____ receive treatment at ____ place, ____ used for ____ and ____?

_____ if I get treatment from _____ not _____ ?

I would like _____ know _____ payment _____ your facility rather than hospitals or _____.

I _____ to know _____ payments and _____ treated in _____ space rather than _____ hospital.

When receiving _____ with you _____ of a _____ are _____ ?

_____ have any _____ on how to _____ location, _____ of _____ to a hospital or clinic?

Do you know what payment options _____ place?

I _____ works when _____ choose to receive treatment at your _____ not _____ a _____.

When choosing _____ treatment _____ what are _____ for coverage _____ payment?

Do you have _____ how _____ for treatment at _____ of going _____ a traditional _____?

_____ getting treated by me _____ going to a hospital?

I wanted to _____ guidelines _____ coverage _____ payments _____ choosing your _____ a _____.

Can _____ me _____ information _____ how _____ payment work for _____ at your _____?

_____ the policy _____ for _____ treated at _____ space, _____ than a hospital.

_____ receiving treatment _____ a _____ other than _____ hospital, what _____ guidelines _____ coverage _____ payment _____?

Can _____ tell me what _____ exist for _____ facility _____ a _____?

I would _____ to _____ the guidelines _____ coverage and _____ when choosing _____ facility _____.

What are the _____ for coverage and payment _____ treatment _____?

_____ give _____ idea of the coverage and _____ treatment?

_____ know _____ coverage _____ and various payment options _____ at your facility _____ hospitals.

_____ need _____ how _____ payment works for _____ at _____ facility _____ of a _____.

_____ one gets _____ care from you, what are the _____?

What _____ guidelines regarding _____ coverage and _____ for treatment directly _____?

_____ should I _____ choose you over a _____ or _____?

Can _____ let me _____ how _____ insurance _____ treatments at _____ compared _____ hospital or clinic?

_____ specific rules _____ coverage _____ payment when you go to _____ instead _____?

If you want _____ be treated _____ a _____ please outline your coverage _____ choices.

Do you _____ rules on _____ pay _____ at your _____ rather _____ to a hospital?

When you _____ what are _____ guidelines for coverage?

_____ you _____ an _____ the coverage and _____ options _____ receive treatment _____ rather _____ a hospital?

_____ you _____ specific _____ for _____ when you go to a _____ instead _____ hospital?

_____ you _____ to have _____ within _____ premises, _____ are your _____ and payment?

_____ know what guidelines _____ for coverage and payments when _____ over _____.

_____ wondering how coverage and _____ for _____ your facility instead _____.

I want to _____ to _____ treatment at _____ place instead of at _____ hospital.

_____ tell me about _____ and _____ if I _____ at your place?

_____ you _____ coverage guidelines for _____ treatment _____ me _____ going to the _____?

_____ the policy for _____ treated _____ your _____ rather _____ in a hospital.

I need to _____ policy on payments and _____ being treated _____ your space _____.

_____ exist _____ what _____ to _____ if _____ this location instead of a _____?

Is _____ possible _____ get _____ on the coverage terms _____ I _____ treatment at your _____?

Please tell me _____ coverage _____ payment _____ for treatment _____ regular hospitals.

Please let _____ coverage _____ payment alternatives _____ treatment at _____ facility.

_____ need to _____ how _____ and _____ for treatment at _____ instead of a _____ clinic.

_____ get treated at _____ can _____ me about coverage guidelines _____ payment _____?

_____ you have _____ pay _____ treatment at _____ location instead _____ going to a _____?

If _____ pick _____ or clinics, what should I _____ coverage _____ payment?

Should I _____ aware _____ and _____ if _____ your facility over _____ hospital?

_____ the _____ coverage _____ I go to _____ place _____ of a hospital?

What information can you give _____ if I _____ a hospital?

_____ there any rule about _____ to _____ if you _____ location _____ of _____ hospital?

____ it possible to ____ me about ____ options when receiving ____ you?
 ____ are available ____ your ____ instead of hospitals?
 If I ____ over a ____ is ____ scoop on ____ and ____?
 ____ want ____ know what ____ guidelines ____ and payments when ____ a ____ hospitals.
 ____ give ____ an ____ how coverage ____ payments ____ if I ____ treatment ____ you?
 ____ the coverage guidelines for treatment, ____ of going ____ hospital?
 I ____ know the ____ coverage for ____ in your own home.
 I need ____ know the ____ on payments ____ being ____ own home ____ hospital.
 For being treated at your space instead ____ I _____.
 Are there ____ rules ____ coverage ____ payment ____ treated at your ____?
 I'd ____ what guidelines exist for coverage ____ payments ____ facility over ____.
 I want to ____ policy ____ payments ____ being ____ your space ____ than a hospital.
 ____ do ____ payouts and coverage at your ____?
 ____ get ____ by you, please outline ____ choices.
 ____ coverage and payment if I choose ____ go ____ your ____ instead ____ a hospital?
 ____ want ____ how coverage/payments work if ____ get ____ not a ____.
 ____ it ____ receive ____ on the coverage terms and payment options available ____ I ____ place ____ a
 hospital?
 ____ I get ____ at ____ facility ____ of ____ or clinic, how do I ____ about ____ coverage ____?
 ____ you want ____ rather ____ a clinic or hospital, ____ coverage/payout choices.
 ____ me ____ coverage choices ____ treatment ____ your ____.
 ____ you have ____ for ____ by you ____ of ____ to ____ hospital?
 Should ____ coverage ____ payment options if I ____ a hospital?
 ____ choosing ____ have treatment in ____ premises, what ____ the rules ____?
 ____ the rules ____ coverage ____ your ____ is not a ____?
 ____ you ____ overview of coverage ____ pricing ____ treatment?
 ____ know ____ guidelines exist ____ and payments ____ choosing a facility over ____.
 Is ____ possible ____ me ____ detailed ____ on ____ and payment ____ I seek ____ at ____ place?
 I want to ____ coverage and ____ choosing ____ facility ____ hospitals.
 ____ give me coverage ____ and ____ choices ____ I get treated ____?
 When ____ treatment ____ than ____ what ____ the guidelines ____ coverage and payment?
 How ____ pay ____ treatments ____ obtained at ____ location?
 ____ you ____ any ____ covering and paying ____ your ____?
 ____ rules do ____ for covering ____ your joint instead of ____?
 ____ you want to be treated ____ please ____ choices.
 Can you ____ guidelines ____ instead of ____ to ____ hospital?
 Can you ____ me how coverage works when ____ to receive ____ at ____ place ____?
 I want ____ coverage and ____ works ____ at your facility instead ____.
 If I get ____ your place, what ____ can you give ____?
 I would ____ to know how coverage works ____ choose ____ receive treatment ____ to a ____.
 When choosing treatment in ____ what are ____ and ____ choices?
 ____ you tell me ____ the ____ are for getting ____ instead of ____ to ____?
 If you want ____ be ____ of ____ please outline coverage ____ copay ____.
 I ____ know ____ exist for ____ and ____ selecting ____ facility ____ a hospital.
 ____ it ____ to ____ guidelines on ____ coverage ____ and payment options when ____ treatment ____ your ____?
 What ____ insurance ____ and payment methods for receiving ____ from ____?
 Is ____ to get detailed ____ on the coverage ____ payment ____ available ____ when ____ treatment at ____
 place?
 If ____ want ____ you instead of ____ hospital, ____ outline ____ payout choices.
 ____ any rules about ____ treated at ____ facility and ____ to ____ going to a ____?
 ____ I ____ treatment at ____ of a ____ or clinic?

_____ you _____ about _____ coverage _____ payment _____ if I _____ at your place?
 If I get treated _____ your _____ what will you _____ guidelines _____?
 _____ to _____ coverage and _____ options for _____ treatment.
 Can you _____ me more _____ coverage _____ your facility?
 Can _____ explain _____ works when _____ choose to receive _____ place _____ of a hospital?
 Can _____ tell _____ how _____ choose not to go _____ a _____?
 _____ explain _____ and _____ work if I _____ treatment _____ you?
 _____ to know _____ coverage works _____ I _____ to receive _____ at _____ place _____ a hospital.
 _____ are _____ for _____ your facility _____ of a _____?
 Is _____ more to know about _____ and _____ I choose _____?
 I want to know _____ the scoop _____ and _____ if _____ choose _____ place over _____.
 _____ work _____ treatment at _____ instead of a hospital?
 What are _____ you go to a place _____ a hospital?
 _____ the guidelines on insurance _____ and payment methods _____ treatment _____?
 Let's have coverage guidelines _____ when _____ treated _____ yourself _____ hospital.
 If _____ medical care from you, what are _____ and _____?
 If you want _____ treated by _____ of _____ provide coverage/payout _____.
 Should I _____ coverage _____ options _____ to me _____ I _____ treatment at your place?
 _____ important _____ know _____ policy on payments _____ space instead of _____ hospital.
 If _____ treatment with you _____ a healthcare _____ me _____ costs _____ rules.
 _____ the specific coverage guidelines _____ payment options that are _____ your _____?
 _____ are _____ guidelines for coverage _____ payment if I _____ to _____ treatment _____ instead of _____?
 For _____ you, what _____ the specific guidelines for _____?
 _____ you _____ for paying for treatment _____ your _____ to a hospital?
 _____ receiving treatment _____ place instead of _____ the _____ for coverage?
 There might _____ rules about _____ one _____ pay if _____ location _____ a _____.
 Can _____ tell me the guidelines _____ getting treatment _____ me _____ hospital?
 Do _____ have _____ about treatment at your _____ to _____?
 _____ I pick your _____ or _____ what should I know _____ payment options?
 _____ are your prescribed rules for _____ and _____ when _____ opt _____ premises?
 Can _____ give _____ instructions on _____ pay _____ at your _____?
 _____ you _____ me _____ information on the coverage _____ payment _____ I _____ you?
 What _____ the rules for paying _____ facility _____ a _____?
 _____ about what you _____ to pay _____ choose this _____ instead _____ a hospital?
 Do you have _____ treated at _____ and paying?
 _____ curious _____ what _____ coverage _____ payments _____ choosing your facility _____ hospitals.
 Is _____ possible _____ work if _____ receive treatment _____ you?
 How _____ work if I _____ from _____ hospital?
 _____ you want to _____ treated _____ of a hospital, please _____ your coverage _____.
 I _____ about _____ and _____ for treatment _____ of a hospital or _____.
 _____ specific _____ for coverage and payment _____ you are treated _____ location _____ than _____?
 _____ are _____ rules for _____ receives medical _____ from you?
 _____ to get _____ treatment at your place, _____ are the _____ coverage _____?
 I _____ to _____ if coverage _____ payment _____ at your _____ instead _____.
 _____ should I find rules _____ options _____ I'm _____ your _____?
 I _____ in knowing _____ guidelines exist for _____ and _____ selecting a _____.
 If I get _____ from _____ how _____ coverage _____?
 _____ your _____ what are the guidelines for coverage and _____?
 _____ the _____ criteria _____ payment options for treatment at _____ lieu of _____ hospitals _____ clinics.
 _____ want _____ treated by you _____ a hospital, please _____ coverage and _____.

_____ choices for getting _____ by _____ instead of _____.

If I _____ your place _____ the scoop _____ coverage and _____?

_____ you have _____ specific _____ how _____ pay for treatment at _____ instead of _____ to _____?

_____ to _____ the specific coverage _____ and payment options _____ at _____ of hospitals or _____.

_____ am _____ for specific _____ guidelines _____ payment _____ at _____ facility, _____ than _____ clinics.

_____ I get _____ facility instead _____ or clinic, _____ are the rules _____ coverage _____ payments?

_____ explain how coverage works _____ I _____ receive treatment at _____ rather _____ a hospital?

Do you have _____ about how _____ pay _____ at _____ location _____ of going _____ hospital _____?

I want to _____ the scoop _____ on coverage _____ payments if _____ hospitals.

_____ you have _____ about _____ treated _____ your facility, and _____ to _____?

_____ tell me _____ work for treatment _____ instead of a hospital?

_____ ask you about guidelines for coverage _____ payments when _____ a _____?

I need _____ guidelines and payment _____ offered _____ facility _____ or clinics.

_____ tell me about the coverage guidelines _____ by me _____ of _____?

Do _____ have any guidelines _____ how _____ for treatment _____ your _____ instead _____ to _____ hospital?

If _____ be treated by _____ instead _____ please _____ your coverage/payout choices.

_____ you have _____ for _____ your _____ instead of a fancy hospital or _____?

_____ can _____ tell me about _____ coverage and _____ when I receive _____?

Where can I find _____ for _____ when _____ at _____?

I would like _____ coverage _____ various payment options _____ your facility rather _____ or clinics.

_____ coverage _____ payments work _____ I _____ treatment _____ you?

_____ me _____ the _____ for coverage _____ not hospitals.

_____ I _____ your facility _____ a _____ or _____ what _____ I know about _____?

_____ payments work for _____ instead of _____ a _____?

I need to know the _____ for _____ hospitals or _____.

Can you _____ me about the _____ and _____ options when I _____ than _____?

Can _____ about _____ coverage _____ payment options _____ I choose _____ receive treatment _____?

_____ coverage guidelines for _____ treated _____ instead of _____ a hospital?

_____ to _____ coverage _____ and _____ options _____ at your facility, not hospitals _____ clinics.

I _____ like to know _____ I choose to _____ my _____ at your place _____ a _____.

Is _____ to _____ treatment at your _____ of _____ clinics?

_____ for _____ to _____ detailed guidelines on the _____ and _____ options available to me when _____ at _____ place?

I _____ curious _____ coverage _____ payment for treatment at _____ hospital.

_____ I know if I _____ your _____ over a _____?

_____ treatment at a place other _____ what are the _____?

_____ there _____ rule _____ what _____ needs _____ pay _____ they _____ this location _____ a _____?

Are there _____ specific _____ coverage _____ payment when _____ get treatment at _____ location _____ to _____ hospital?

If _____ receive treatment at _____ place, what _____ coverage and payment?

Do _____ rules about how _____ for medical services _____ your _____?

_____ like to know how _____ when _____ to get treatment _____ place rather _____ hospital.

_____ coverage works _____ I choose _____ get _____ your _____ of _____ a hospital?

_____ information can you give _____ and _____ options _____ I _____ treatment at _____?

_____ you know _____ coverage _____ for _____ treated _____ you instead _____ a hospital?

_____ you tell me _____ and payment _____ at your _____?

Is _____ rule about what _____ paid _____ one _____ this location _____ a _____?

_____ you tell _____ the _____ guidelines _____ getting _____ by _____ a hospital?

_____ was wondering _____ coverage and _____ for treatment at your _____ instead _____ or _____.

I _____ to know the policy _____ rather _____ a hospital.

If I choose _____ treatment _____ place other _____ a hospital, _____ guidelines for _____ payment?

_____ I choose your place _____ will you say _____ payments?

I _____ to _____ when I _____ get treatment at your _____ of a hospital.
 _____ tell _____ coverage criteria _____ payment _____ for _____ at your facility _____ lieu of _____ or clinics.
 There _____ what should be _____ chooses _____ location over _____ hospital.
 _____ you want to get treated _____ coverage and _____ out _____.
 What _____ the _____ and payment _____ I choose _____ treatment in _____ place?
 If _____ facility over a _____ clinic, what _____ know _____ and payment options?
 _____ possible for _____ to _____ on _____ terms and _____ options available to me at _____ place?
 I want to know the specific _____ and _____ offered _____ your facility _____ of _____.
 I _____ for coverage and payments when _____ facility over _____ hospital.
 _____ I'm treated _____ what information _____ you _____ me about _____ and _____ options?
 _____ don't know _____ policy _____ for _____ treated at _____ space instead _____ hospital.
 Is _____ rules in _____ about what one _____ to pay if _____ hospital?
 What _____ rules for _____ at _____ instead of _____ hospital?
 _____ know about coverage _____ if I choose your _____ over a _____.
 _____ about what one needs to _____ if _____ this _____ a hospital/clinic?
 What _____ rules _____ coverage _____ your _____ instead of _____ hospital?
 I _____ to know how _____ works _____ decide _____ at _____ of going to a hospital.
 Do you have _____ coverage and payment _____ you get _____ location _____ to a _____?
 _____ I choose _____ receive treatment at _____ place, what _____ are used _____?
 _____ the rules _____ payment _____ you opt _____ treatment _____ your premises?
 _____ on _____ payments if I choose your place _____?
 What _____ of _____ you have for _____ my treatments _____ instead _____ fancy hospitals _____ clinics?
 What _____ you tell _____ if I _____ your _____ compared _____ hospital?
 I _____ what _____ exist for coverage and payments _____ between _____ your _____.
 _____ you tell _____ about _____ for treatments at _____ location?
 If _____ want to _____ treated _____ you _____ or clinic, _____ coverage/payout choices.
 Can _____ give us _____ description _____ the _____ prices for _____?
 _____ want _____ how coverage works for treatment _____ your _____ instead of _____.
 _____ need to know _____ coverage for being _____ space _____ than _____ the _____.
 _____ tell me what _____ coverage guidelines are _____ by you instead of _____ to _____?
 _____ you _____ how _____ works when I get treatment _____?
 _____ you want _____ by you _____ a hospital, please _____ payout choices.
 I want to know _____ coverage _____ and payment _____ your _____ instead of _____ hospital.
 What payment options _____ available for _____ your _____ a _____?
 I need _____ know the policy _____ payments _____ for being treated at _____ a _____.
 _____ you _____ me _____ payment options _____ receive treatment from you?
 Let's have coverage _____ for _____ by _____ instead _____.
 _____ to _____ how coverage and payment _____ for _____ at your facility _____ than _____ clinic.
 I _____ know the coverage guidelines _____ various _____ options _____ your facility _____ hospitals _____ clinics.
 If a _____ medical _____ what _____ the rules for _____ and _____?
 What are the rules _____ treatment within _____ premises?
 _____ are _____ and payment _____ choose to use your _____ premises _____ medical treatment?
 I _____ the specific coverage _____ payment options _____ your _____ of hospitals _____ clinics.
 Can _____ explain _____ coverage and _____ options _____ treatment _____ you?
 _____ specific _____ guidelines and payment _____ for _____ facility _____ hospitals or _____.
 _____ treatment within _____ what are _____ rules _____ coverage and payment?
 _____ are _____ rules regarding coverage and _____ medical _____ from _____?
 _____ have _____ for coverage when _____ by yourself.
 What _____ rules _____ you _____ for covering _____ at your joint, instead of _____ or _____?
 I need to _____ the _____ for being treated _____ space _____ of a _____.

____ I ____ get ____ your place instead ____ a hospital, what are ____ for coverage ____ ?
 ____ to know the ____ on ____ for being treated ____ your ____ hospital.
 ____ are the ____ of coverage at your facility ____ ?
 ____ guidelines for ____ treated by you instead of a ____ ?
 How ____ handle ____ coverage ____ payments at your ____ ?
 If ____ at your ____ of a hospital, what ____ the ____ for ____ and ____ ?
 What payment ____ are ____ treatment in your ____ ?
 Can ____ tell me ____ are for getting treatment ____ ?
 ____ you ____ be ____ by you ____ of a ____ the coverage/payout choices.
 ____ have ____ rules on ____ to pay for treatment ____ location ____ than ____ a hospital?
 ____ to know the ____ payments if I ____ treatment at your facility ____ a ____ .
 Can ____ about ____ coverage and payment works ____ at your ____ ?
 ____ choose ____ place ____ hospital, what ____ the scoop on ____ and ____ ?
 ____ like to know ____ coverage ____ and various ____ options ____ facility, rather than ____ or ____ .
 What ____ the rules ____ coverage and ____ for ____ premises?
 What ____ when ____ at a place other than ____ hospital?
 Can ____ know what guidelines ____ for coverage ____ a facility over ____ hospital?
 ____ for treatment ____ what are the ____ coverage and payment choices?
 If ____ want to be treated ____ of ____ or ____ describe ____ coverage/payout choices.
 ____ rules regarding ____ your ____ instead of a hospital?
 ____ you ____ to ____ you ____ than a hospital, please ____ your ____ and payout ____ .
 ____ any ____ for coverage ____ payment when you ____ location instead of going to a ____ ?
 If I ____ treated at your ____ what should ____ and ____ ?
 ____ am ____ exist for coverage and ____ when ____ your ____ over ____ hospital.
 ____ I receive ____ guidelines on ____ me ____ seek treatment at your place?
 If one ____ what are the ____ for ____ and payments?
 ____ it possible to receive detailed ____ the coverage ____ payment options ____ to me when I ____ ?
 If ____ at ____ place ____ to ____ should ____ know about coverage guidelines ____ payment choices?
 I would like to learn ____ when ____ a ____ over a hospital.
 What ____ the scoop ____ if I ____ place over ____ ?
 I ____ know if the policy is ____ your ____ a hospital.
 If I get ____ compared ____ hospital, what can you tell ____ about ____ guidelines?
 ____ curious how coverage ____ work ____ treatment at your ____ of a ____ or ____ .
 ____ your ____ seeking medical care in ____ hospitals, ____ clarify ____ treatments ____ handled ____ .
 ____ information ____ me if I get treated ____ your place than ____ ?
 I ____ know ____ coverage and payment ____ your facility instead of a ____ or ____ .
 I want ____ know how ____ and payment work ____ treatment at your ____ or ____ .
 Can ____ us an idea of the ____ and ____ for ____ ?
 ____ guidelines ____ if I choose ____ receive treatment at your ____ instead of a ____ ?
 ____ guidelines for ____ payment ____ receiving treatment from you?
 Can you ____ coverage ____ choose to get treatment ____ your ____ rather than ____ to ____ hospital?
 ____ you tell me how ____ health insurance covers ____ place compared to ____ to ____ ?
 Is ____ possible to receive ____ with ____ instead ____ in ____ ?
 I need ____ guidelines and payment ____ your ____ not at ____ .
 What ____ the ____ for coverage ____ for treatment ____ ?
 Do you ____ any ____ how to pay for ____ your ____ of ____ to a ____ ?
 ____ to know ____ policy ____ when you are ____ your ____ than at ____ hospital.
 ____ I ____ treated ____ what can you tell ____ about ____ payment choices?
 ____ treatment ____ your ____ the rules for coverage and payment?
 ____ it possible to explain ____ coverage ____ payments ____ if ____ treatment ____ ?

____ I ____ treated at your ____ what ____ me about the coverage ____ and ____ ?
____ guidelines ____ coverage ____ payment ____ go to your place instead of ____ ?
____ your ____ how do ____ guidelines and payment ____ ?
____ need to ____ the policy on payments and ____ your ____ .
____ tell ____ coverage criteria and payment options for ____ facility in lieu ____ regular ____ clinics?
Can you ____ how ____ when I choose to receive ____ place rather ____ a ____ ?
____ rules apply to coverage ____ of ____ hospital?
____ treatment within ____ as opposed ____ facilities, ____ are ____ prescribed rules ____ coverage arrangements
____ payment choices?
When ____ your ____ opposed to conventional medical ____ are ____ prescribed rules?
____ I ____ a facility ____ should I know about coverage and ____ ?
____ possible ____ receive guidelines ____ terms and ____ options available to me when ____ your
place?
I would like ____ guidelines and various ____ options offered at ____ facility, not ____ .
I want ____ know the coverage ____ for ____ at ____ of ____ hospitals.
There are rules ____ needs to ____ paid ____ chooses ____ than ____ hospital.
Can ____ me the specific ____ guidelines ____ payment options ____ offered ____ your ____ ?
If I ____ at your place, what ____ you ____ me ____ payment ____ ?
If one receives ____ from ____ what ____ rules ____ payment?
____ tell me how ____ if I get treatment ____ ?
Coverage guidelines when ____ treated by ____ a ____ .
____ I ____ treated at your place, what ____ give ____ guidelines and payment ____ ?
What ____ I know if I ____ your facility ____ ?
If ____ by you ____ a hospital, please outline ____ coverage/payout choices.
____ are the ____ arrangements ____ payment ____ when ____ for treatment within ____ premises?
____ are the rules ____ your ____ instead of a ____ or ____ ?
____ treatment ____ instead of a hospital, ____ are there ____ coverage and ____ ?
____ your ____ instead of a hospital or ____ I know ____ coverage and payment ____ ?
____ choose ____ place ____ hospitals what's ____ coverage and payments?
When ____ medical care from you, ____ are ____ coverage?
Tell me ____ for ____ and payment, ____ hospitals.
____ tell me ____ the ____ criteria for treatment ____ your ____ in ____ hospitals.
What ____ coverage and pricing ____ treatment?
____ any specific rules ____ how to ____ for treatment ____ location instead ____ going ____ or clinic?
When you ____ treatment at ____ place ____ of at a hospital, ____ the ____ coverage ____ ?
Can ____ please provide ____ the specific coverage ____ payment options that ____ facility?
____ there ____ way to pay for ____ instead ____ hospital?
What are the ____ for ____ of at a hospital?
____ apply ____ payments at ____ instead of a hospital?
Is ____ possible to explain the ____ and ____ options ____ receive treatment ____ a hospital?
____ to receive ____ place than ____ are ____ guidelines for ____ and payment?
Coverage ____ you get treated by ____ instead of ____ .
When using ____ facility ____ care, ____ clarify ____ treatments are handled ____ .
____ receiving ____ a place other ____ hospitals, what are ____ for ____ ?
Do ____ of ____ coverage ____ payment options when ____ treatment ____ you?
____ I ____ rules for coverage ____ payments ____ treatment at your facility instead of ____ ?
____ know if coverage ____ payment work for treatment ____ facility ____ hospital.
____ opting for ____ premises, what ____ your rules ____ coverage ____ payment ____ ?
What options ____ available ____ for ____ of a ____ ?
____ me with the ____ criteria and payment ____ for ____ at your facility instead ____ ?
____ tell me the rules ____ coverage and ____ at your facility instead ____ hospital?

Is _____ receive detailed guidelines on _____ payment options when _____ seek _____ your _____?
 _____ it _____ to receive _____ the _____ and payment options _____ to _____ when _____ seek _____ at _____ place instead of _____

How _____ payments _____ for treatment _____ here _____ hospitals?

Please _____ the _____ and payment _____ for _____ at your _____ lieu _____ regular hospitals _____ clinics.

The _____ on _____ coverage _____ being _____ at _____ space _____ a _____ is _____ I need to know.
 _____ to _____ for _____ received here _____ of hospitals?

_____ choose _____ facility over hospitals or _____ I _____ about the coverage _____ payment _____?

Should _____ and payment _____ used for _____ at _____ facility _____ a _____ clinic?

I need to _____ coverage/payments _____ I _____ treatment from _____.

I _____ know _____ works when _____ to receive treatment _____ your _____.

How _____ payments work to _____ here instead _____ a _____?

_____ need to know _____ for _____ at your space rather _____ a _____.

Is it possible _____ find rules _____ treated at _____ place?
 _____ when _____ are treated _____ rather _____ a hospital.

Can you explain how _____ don't go to _____?

_____ opting for _____ within _____ what are _____ for coverage _____ payment _____?

Is there a rule _____ pay if they _____ to _____ location instead _____ a _____?

Is _____ a set of guidelines _____ if _____ choose _____ receive _____ at your _____?

If _____ get _____ from you, do _____ have _____ explanation _____ how _____?

_____ want _____ will work _____ I get treatment from _____ of a _____.

Is _____ any rules about what one _____ pay if _____ instead _____ a _____?

Can you _____ works _____ to receive treatment _____ place instead _____ in a hospital?

Is it possible _____ to be _____ detailed _____ and payment options available to _____ treatment
 _____ your place

Do _____ any rules on _____ to pay for _____ at _____ location, instead _____ or clinic?
 _____ you have _____ getting treated by _____ instead _____ going _____ hospital?

_____ you able to explain _____ I get treatment _____?

_____ I _____ treated at your _____ to _____ what do you tell _____ guidelines and payment _____?

_____ tell _____ how coverage/payments work _____ I _____ treatment _____ you?

If _____ decide _____ your place _____ a hospital, _____ the scoop _____?

How to pay for _____ your location?

_____ the _____ and payment _____ you get _____ in _____ place other than _____ hospital?

_____ tell _____ the coverage _____ for _____ instead of _____ to _____ hospital?

_____ would like _____ coverage _____ payment _____ if _____ get treatment at _____ place.

What _____ the _____ and payment when it _____ treatment _____ your _____?

Do _____ have any _____ for coverage and _____ when _____ are _____ your location _____ a hospital?

Can _____ me _____ coverage works when _____ choose to _____ at _____ place _____ a hospital?

The _____ for _____ coverage _____ methods _____ receiving _____ directly from _____?

Can _____ tell me what _____ are _____ coverage _____ facility?

Where _____ I find the _____ costs _____ options when _____?

Let's _____ coverage guidelines for _____ treated _____ hospitals.

Can _____ tell _____ the guidelines _____ treating myself _____ to _____ hospital?

_____ have any specific rules _____ covering and _____ for _____ location?

_____ want _____ the _____ guidelines _____ payment _____ I get _____ at your place.

What _____ rules for coverage and payment _____ your _____ medical _____?

If one chooses _____ instead _____ a _____ what _____ they _____?

_____ a way to _____ detailed guidelines _____ payment options available to me _____ seek _____ at _____ place?

_____ can you _____ me the coverage guidelines for _____ treated by _____ of _____ hospital?

_____ possible _____ treatment _____ your location instead of going _____ hospital _____ a _____?

What ____ are ____ place ____ at ____ facility ____ of a ____?
 ____ you give ____ the coverage ____ for being treated ____ you instead ____?
 How ____ payment works for treatment at your facility ____?
 ____ you ____ to explain the coverage and ____ in-house ____?
 I would like ____ know ____ the ____ choose ____ treatment at ____ place instead of a ____.
 ____ you ____ the ____ guidelines ____ treated by ____ than ____ to the hospital?
 I would like ____ the coverage guidelines and ____ offered ____ facility ____ hospitals.
 ____ to receive treatment ____ your ____ of the hospital, what ____ for coverage?
 Is ____ receive ____ terms and payment options ____ I seek treatment at ____ place?
 How do you deal ____ payments ____ establishment?
 ____ you ____ me ____ an explanation ____ coverage ____ when I ____ receive ____ at your place?
 Do ____ rules for coverage ____ when ____ at your ____ instead of a hospital?
 ____ that I ____ on the coverage terms and ____ available to me when ____ seek ____ place?
 ____ curious about how coverage ____ payment ____ treatment at ____ facility instead ____ clinic.
 I ____ to know ____ coverage ____ for ____ facility ____ a hospital.
 Do you have ____ how ____ pay for your healthcare, instead ____?
 If I get treated at ____ place, ____ and ____ choices?
 What ____ coverage ____ payment ____ for treatment at ____?
 ____ have ____ getting treatment ____ your ____ and ____ to pay, ____ of going to ____ hospital?
 ____ to know ____ is ____ treated ____ your ____ instead of a hospital.
 ____ there guidelines ____ the ____ and payment options ____ to me when ____ seek ____ place?
 ____ guidelines and ____ options for your ____ than hospitals ____ clinics.
 If I ____ facility ____ a hospital, ____ should I ____ payment options?
 If ____ get ____ at your facility ____ a hospital, ____ do ____ know ____ rules for ____?
 Is ____ possible ____ for coverage at ____ facility instead ____?
 ____ need to know how coverage works ____ I ____ treatment ____ than at a ____.
 Can ____ if I get treatment from ____?
 ____ can ____ find ____ for ____ options when ____ your place?