

[Demo] NLP Dataset for Customer Service Automation

Company Type	Health Insurance Companies
Inquiry Category	Coverage limits for specific treatments/procedures
Inquiry Sub-Category	Cancer treatments
Description	Inquiries about coverage limits for cancer treatments, including chemotherapy, radiation therapy, surgeries, and follow-up care.
Data Size	6,064 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.)

____ I ____ for paying any ____ of ____ expenses ____ included in ____ ____ ?

I want ____ know ____ there ____ ____ ____ with ____ ____ outside ____ what you provide financial assistance ____.

Is ____ necessary for me ____ ____ up ____ ____ cash ____ surgery ____ ____ my limits?

Is ____ ____ out of pocket ____ ____ ____ fully covered by my ____ ?

____ ____ personal expenses be incurred if ____ ____ ____ my surgery are ____ ____ ?

____ I ____ to pay for ____ surgical ____ not ____ in ____ ?

If ____ of those ____ ____ ____ not ____ by your limits, ____ ____ be held ____ ?

Do ____ have to pay ____ any portion ____ ____ surgical ____ ____ your ____ limitations?

Is it my responsibility ____ ____ anything ____ ____ coverage ____ ____ bills?

____ I have to ____ any additional ____ ____ ____ procedure?

Out-of-pocket costs for surgeries ____ are ____ covered ____ ____ ?

Is it ____ for me to bear ____ ____ ____ ?

____ ____ ____ for ____ costs out-of-limit?

Do I ____ ____ ____ surgical expenses?

____ ____ have ____ pay ____ ____ surgical charges of ____ own?

Out-of- ____ ____ for surgeries that aren't ____ by ____ ?

Is ____ my responsibility to pay ____ ____ ____ are ____ ____ limit?

Does any ____ surgical charges ____ ____ ?

____ ____ have to pay for ____ ____ that are ____ ____ coverage ____ ?

____ I pay ____ surgical ____ ____ are not ____ ?

Will ____ ____ on ____ ____ surgical ____ aren't ____ by your limits?

Is ____ any ____ expenses if ____ aspects of ____ surgery ____ ____ ?

Is it ____ for ____ to ____ held ____ for ____ ____ surgery cost?

Is ____ ____ ____ have to pay?

Will ____ ____ ____ surgical ____ if they are not covered by your ____ ?

____ I have ____ ____ ____ any procedure ____ that ____ outside the coverage ____ ?

____ ____ have to ____ expenses if certain ____ of my ____ are ____ ____ ?

Do you ____ ____ ____ have ____ pay for surgeries not ____ ____ limits?

I need ____ ____ if I ____ ____ charged ____ ____ fees.

Do I ____ to pay ____ procedures that ____ ____ fall under ____ ____ ?

____ I ____ to pay extras ____ procedure?
 ____ to cough ____ my own money for my surgery ____?
 Am I responsible ____ additional ____ beyond ____ set caps?
 If ____ surgery are not ____ coverage, will I incur ____ personal ____?
 What is my ____ not ____ your policy?
 ____ I ____ to ____ personal ____ if ____ aspects ____ surgery ____ not covered?
 Is ____ pay for ____ own ____ costs outside my limits?
 Is it ____ responsibility ____ additional surgery ____ beyond the ____?
 ____ have to ____ any ____ expenses ____ aren't included ____ the ____ limits?
 ____ to pay my own bills ____ costs?
 Do ____ have ____ for ____ surgeries?
 ____ cough up ____ surgeries that ____ included in the limit?
 ____ cover surgical costs, what ____ liability?
 ____ if I have to pay ____ coverage maximums ____ surgical ____.
 ____ any ____ for additional surgical ____ that aren't ____?
 Is ____ will ____ a portion ____ the surgical ____ that exceed plan limits?
 ____ am ____ for ____ parts of the surgery ____ that fall ____.
 ____ I ____ for any surgical costs that are ____ covered ____?
 ____ to pay for any parts of the ____ out of ____?
 I ____ if ____ will ____ to ____ charges myself.
 I want ____ of the ____ expenses that aren't covered.
 Is there any ____ liability ____ by your policy?
 ____ wonder ____ for ____ costs that exceed ____ caps.
 Is it ____ that ____ am ____ for ____ surgery ____?
 Is ____ possible for ____ to ____ responsible for ____ portions ____ surgery ____?
 Am I responsible for any ____ costs ____ coverage ____?
 ____ to cough ____ own cash for surgery costs outside my ____?
 Is it ____ I am responsible ____?
 ____ that are non-covered apply ____?
 What is my liability ____?
 ____ I ____ for ____ expenses?
 Is ____ to ____ for ____ surgery expenses?
 What's ____ if ____ policy doesn't ____ surgical costs?
 ____ pay any ____ surgical ____?
 Is ____ my ____ to ____ expenses that aren't included ____ your ____?
 ____ it possible ____ owe some portion ____ the ____?
 ____ liable for additional surgery expenses.
 ____ plan cover any out-of-pocket ____ surgeries ____ fully covered?
 Should I ____ if my ____ what you ____?
 ____ to ____ the bill ____ procedure ____ fall outside the coverage ____?
 ____ goes ____ what you ____ is ____ out-of-pocket payments required?
 ____ have to ____ surgical costs ____ your limits?
 Is ____ possible that I ____ paying ____ of ____ fees that ____ restrictions?
 Is it ____ responsibility to ____ expenses not ____ in ____ limits?
 ____ responsibility to ____ part of ____ expenses not ____ the coverage limits?
 ____ surgeries not ____ by my plan, ____ any?
 Is there ____ liability ____ additional surgery ____ set ____?
 Is it ____ to ____ for ____ in the coverage limits?
 ____ additional ____ my responsibility?
 What ____ potential ____ costs ____ aren't covered ____ your policy?

_____ excess surgery costs that are _____ limit?
 _____ responsible _____ surgical charges myself?
 Is _____ surgical expenses not included _____ your coverage limits?
 _____ held responsible for extra surgical _____ not _____?
 _____ is my _____ policy _____ cover any surgical costs?
 _____ charges that _____ covered by _____ apply to _____?
 _____ I _____ to pay for any part _____ the _____ in my _____?
 Is it _____ responsibility to pay out _____ exceed _____ cap?
 _____ I have _____ for the surgery _____ do _____ cover?
 Does _____ surgery _____ fall _____ the _____ limits I am _____?
 Is it _____ that I could _____ for paying _____ portion of the _____ restrictions?
 _____ it _____ to pay money _____ that isn't covered?
 _____ it possible for me _____ be liable _____ additional _____?
 _____ for surgeries that my _____ doesn't cover?
 Is it possible _____ could be liable _____ additional _____ beyond _____?
 _____ to pay _____ own way _____ surgery costs outside of _____?
 _____ it my _____ to _____ out-of-coverage parts _____ surgery _____.
 _____ if _____ am responsible _____ portions of _____ costs.
 _____ my _____ if _____ surgical costs?
 Do _____ non-covered surgical _____?
 Any _____ costs _____ are not covered by _____ potentially _____.
 Do _____ to _____ over _____ coverage _____ in surgical bills?
 _____ you know if _____ to _____ cash _____ surgeries _____ aren't included in your _____ limit _____?
 _____ costs _____ are not covered by _____ be my _____.
 Is _____ me _____ pay excess surgery _____ beyond your _____?
 What _____ liability for _____ covered in your policy?
 _____ I _____ responsible for _____ surgical _____ aren't covered?
 Do _____ to pay _____ fall _____ your coverage limits?
 Is it _____ me _____ pay _____ of _____ if my _____ is _____ you _____?
 _____ legal liability _____ your policy _____ cover _____ surgical costs?
 Is _____ pay for _____ of the surgical _____?
 _____ need _____ pay _____ costs _____ are beyond _____ limits?
 Do _____ require _____ payments _____ my surgery is _____ offer?
 Do _____ charges _____ my insurance?
 _____ certain aspects of my surgery _____ within _____ I _____ to _____ personal _____?
 _____ the surgery costs aren't _____ by your limits, _____ hook?
 Is it possible that _____ owe money _____ covered?
 _____ to fork _____ cash _____ that _____ included in your _____ limit restrictions?
 _____ I have to _____ of _____ surgery that _____ in _____ coverage?
 _____ I be held _____ additional surgical costs _____?
 Do I have _____ pocket _____ expenses _____ exceed the _____ cap?
 _____ there _____ associated with the _____ that _____ don't provide financial _____?
 Can _____ for surgeries _____ aren't _____?
 Is _____ my responsibility _____ surgical _____ that _____ not _____ in _____ limits?
 _____ it _____ duty _____ pay _____ that are over your _____ limits?
 Is _____ me to pay additional _____ beyond _____ caps?
 Is it my responsibility _____ surgical _____ by _____ coverage _____?
 Will I have to _____ any _____ surgery that _____ by _____ coverage?
 Do _____ to pay for _____ that are _____ coverage limitations?
 _____ it _____ responsibility _____ pay any _____ of surgical _____ included in _____ coverage _____?

_____ my responsibility to _____ surgery expenses _____ go above the _____?
 Should _____ have _____ payments if my _____ goes _____ offer?
 _____ it _____ duty to _____ of _____ expenses that surpass the _____ cap?
 Do I _____ for _____ covered?
 Will _____ have to _____ additional _____ the procedure?
 Do I have _____ pay _____ for _____ that _____ limit?
 _____ have _____ pay more when _____ is voided by _____?
 _____ to pay for _____ isn't covered?
 _____ I _____ pay _____ for procedures that fall _____ of coverage _____?
 Is _____ necessary _____ to cough up my own _____ for _____ outside _____?
 Is it _____ that _____ have _____ pay for some _____ the surgical _____ that _____ restrictions?
 _____ have to _____ anything other _____ surgical expenses?
 _____ have to pay expenses _____ certain _____ my surgery are _____?
 I wonder _____ I am liable for _____ that _____.
 Will _____ be _____ if you _____ cover _____ costs?
 Will _____ to _____ for parts _____ the _____ your _____ not include?
 _____ I _____ to _____ for any procedures _____ coverage limitations?
 Will I _____ to _____ parts of the _____ covered by _____ coverage?
 _____ to take on _____ expenses related _____ procedure?
 Do _____ to _____ surgery costs outside my _____?
 _____ I _____ to _____ part of the _____ my coverage does not _____?
 _____ I _____ to pay _____ parts of _____ that _____ covered _____ you?
 _____ held _____ for out-of-coverage portions of the cost _____?
 _____ it possible that certain aspects _____ covered?
 If some _____ my _____ are _____ covered _____ will _____ any personal expenses?
 Will _____ for _____ part of the surgery that you _____?
 _____ my responsibility _____ surgical _____ for out-of-limit _____?
 Are there _____ the _____ expenses that _____ outside of the _____ that I _____ accountable _____?
 Is _____ may _____ to pay _____ of the excess _____ fees?
 _____ you _____ those surgical costs, _____ be on the _____?
 I _____ liable for surgery costs that _____ caps.
 Is it _____ pay for all _____ the _____ that exceed your _____?
 _____ my responsibility _____ pay for surgical _____ aren't _____ in _____ coverage _____?
 Are _____ responsible _____ costs _____ fall _____ of your _____ limits?
 Is _____ for out-of-coverage portions _____ surgery _____?
 _____ have to _____ up _____ surgeries that _____ your ridiculous limit restrictions?
 Is _____ my responsibility _____ pay _____ expenses not _____ in your _____.
 Is _____ for _____ to be _____ for surgery _____ that exceed _____?
 Can _____ to pay leftover _____?
 _____ know _____ any parts of _____ surgery _____ the coverage limits?
 _____ my _____ if _____ pay anything _____ your _____ maximums _____ surgical bills?
 Is _____ possible _____ I _____ portion of the surgical fees that _____ restrictions?
 Is _____ my responsibility to _____ for _____ covered _____ coverage limits?
 I _____ know if I _____ pay _____ non-covered _____.
 Do I have _____ pay _____ own money for _____ your _____?
 Is _____ responsibility _____ pay _____ of surgery cost?
 _____ I responsible _____ surgery _____ beyond the _____?
 _____ have to _____ more if surgical fees _____ your _____?
 _____ if _____ have to pay _____ charges.
 _____ that I _____ a portion of the surgical _____ over _____ plan _____?

Is it ____ that ____ owe ____ for ____ that isn't ____.

Do I have to ____ aren't ____ in ____ limits?

I ____ if ____ should owe ____ for surgery ____ covered.

____ those ____ costs ____ covered ____ limits, ____ I ____ to pay them?

____ me to face ____ expenses beyond the ____ caps?

Is ____ I ____ owe money for surgery ____ covered?

Do ____ to ____ bill for ____ costs that ____ covered?

Are any surgical ____ me or ____?

____ there ____ excess ____ costs that ____ pay?

____ it ____ to cover ____ costs ____ are outside of ____ limitations?

Will ____ any ____ surgery ____ beyond ____ limits?

____ there any ____ of the ____ aren't covered ____ insurance?

Do I have ____ pay for ____ that aren't ____ your ____?

____ have ____ cough up cash for ____ that are ____ included ____ limit ____?

Do any of the surgery expenses fall outside ____ limits ____?

Does ____ surgery expenses fall ____ the ____ limits ____ I am ____?

____ it possible that I ____ incur personal ____ certain ____ my ____ are ____ within ____ coverage?

Am I responsible ____ parts ____?

Is it possible ____ I ____ accountable ____ portions ____ cost?

____ could ____ liability for surgical costs ____ covered ____ your ____?

____ to pay above your coverage ____ surgical ____?

Is it ____ responsibility ____ pay ____ surgical ____ are ____ your coverage ____?

____ surgical ____ aren't ____ by ____ limits, will I ____ to ____?

____ like to ____ if any ____ the surgery ____ fall outside ____ limits for ____ I ____.

Is ____ I may be responsible ____ of the surgical ____ plan restrictions?

____ I be forced to ____ surgeries ____ included ____ your laughable ____ restrictions?

Do ____ I will have ____ pay ____ not ____ in your laughable ____?

____ it ok ____ me to ____ surgical costs ____ my ____?

Do ____ to cough up ____ money ____ surgery?

Any out-of-pocket ____ that ____ covered ____ my plan?

I ____ to ____ I am expected to ____ procedures that exceed your coverage.

Will ____ need ____ additional surgical charges ____ own?

Are ____ out-of-pocket ____ have surgery?

Is it ____ that I ____ surgical charges myself?

____ there any ____ not covered by ____?

Is ____ my responsibility ____ over your ____ in surgical ____?

____ to ____ for some of the ____ that ____ not ____ your policy?

____ I responsible for any ____ costs ____ coverage limitations?

Will I be ____ to ____ cash for ____ included ____ limit restrictions?

Is it ____ responsibility to ____ for surgery expenses ____?

Is it my ____ for ____ portions ____?

____ it ____ for ____ surgical ____ covered?

____ the surgical costs aren't ____ by your ____ hook.

I am ____ if ____ any uninsured ____ to me.

Is ____ responsibility to ____ for ____ procedures that fall ____ coverage ____?

____ surgical ____ are not covered by your limits, ____ have to ____?

Will ____ pay for ____ related to the ____?

____ are ____ out-of-pocket costs for ____ that aren't ____ by ____?

____ have to ____ any ____ expenses ____ included ____ coverage limits?

____ liability for ____ surgical ____ not covered by ____ not ____.

I ____ if I'm ____ additional surgery ____ the set ____.
 I ____ know if ____ am responsible ____ additional surgical _____.
 Is ____ possible I will ____ responsible for ____ surgery _____?
 Are I ____ for surgical _____ are ____?
 Do ____ pay for ____ that ____ not ____?
 ____ like to ____ if ____ owe ____ that isn't covered.
 ____ my responsibility ____ surgery ____ that exceed coverage ____.
 Is it _____ pay for out-of-limit _____?
 Do I have ____ pay the ____ procedures _____ of ____ coverage ____?
 ____ need to pay ____ any surgical _____ limits?
 Is ____ possible that ____ pay some ____ the surgical fees that are ____ restrictions?
 Is ____ possible for me _____ for surgery that _____?
 ____ I _____ the surgical costs that aren't _____ your limits?
 Do _____ pay any excess ____ costs ____ your ____?
 ____ you ____ I will ____ to ____ for ____ aren't included in the ____ restrictions?
 Do _____ cover ____ costs that are beyond your ____?
 Do I _____ pay for ____ surgical ____ that ____ included in _____?
 Is it my ____ to foot part ____ the ____ procedures _____?
 Is it _____ up ____ money for surgery costs that _____ my limits?
 ____ aspects of ____ surgery are outside your ____ I ____ pay ____ personal ____?
 ____ if I ____ have to ____ for ____ that ____ included ____ the limit ____?
 ____ wonder _____ accountable for the out-of-coverage portions ____ cost.
 ____ I be on the ____ if ____ don't ____ of ____ costs?
 I don't ____ if ____ liable for ____ surgery _____ coverage ____.
 Will _____ to pay for _____ the surgery?
 ____ necessary for ____ to ____ out my own money ____ costs ____ limits?
 Is _____ me to ____ money ____ that are ____ covered?
 Is _____ will be ____ for surgery costs ____ coverage ____?
 Am I responsible _____ costs _____?
 ____ I _____ paying additional ____ charges myself?
 If certain aspects of _____ aren't covered, will _____ to _____?
 Can I _____ the surgery _____ covered?
 ____ be forced ____ cash ____ surgeries _____ included in the limit ____?
 _____ over what you offer in _____ there any _____ required?
 Should I pay _____ surgical ____?
 Do ____ know _____ cough ____ cash for surgeries ____ are not included _____ limit restrictions?
 ____ to ____ if I'll _____ any uninsured ____ fees.
 Do I have to pay ____ own ____ surgery _____ your ____?
 Is _____ to pay _____ expenses?
 ____ your limits aren't enough to ____ surgical ____ will I _____?
 ____ wonder if I ____ to _____ surgical charges ____.
 ____ am wondering _____ am accountable for out-of-coverage portions _____.
 I am responsible _____ of the ____ expenses that _____ coverage ____.
 Will I _____ pay for ____ not ____ in _____?
 ____ it my ____ to cover ____ costs _____?
 ____ you know ____ I'll have ____ cash _____ that ____ not ____ in ____ limit restrictions?
 ____ know if I'm ____ to foot _____ for procedures _____ your coverage.
 ____ I ____ for _____ portions are out ____ limit?
 _____ any ____ costs that ____ covered by your coverage?
 ____ I ____ to cough up ____ for _____ included _____ limit restrictions?

_____ there any out-of-pocket _____ for _____ not _____ by _____.
 Do _____ have to _____ for any _____ your _____ limitations?
 Will _____ need to _____ the parts of the _____ don't _____?
 Is it _____ will _____ a _____ of the surgical fees?
 _____ of _____ costs _____ surgeries not _____ in _____ plan?
 _____ there out-of-pocket _____ for _____ surgery _____?
 _____ I have _____ pay _____ surgery _____ limits?
 _____ if _____ any parts of the surgery _____ that fall _____ of _____ limits.
 I _____ know _____ of the _____ are outside _____ the _____ limits.
 Do _____ pay the non-covered _____?
 _____ want _____ know if _____ parts _____ surgery _____ fall outside the _____.
 _____ it necessary for _____ cough up _____ cash for surgery _____ my _____?
 I'm _____ sure _____ I'm _____ for additional _____ expenses _____ set _____.
 Do _____ have to _____ surgeries that _____ limits?
 _____ it my responsibility _____ costs _____ coverage caps?
 _____ I _____ to pay _____ costs _____ are not included?
 Is _____ covered by the _____?
 _____ I have _____ for any _____ expenses _____ the procedure?
 Is it _____ costs _____ are out-of-limit?
 _____ I _____ for _____ that _____ covered?
 _____ my potential liability _____ policy _____ cover any _____?
 _____ if I _____ responsible _____ costs.
 Do _____ to pay _____ for _____ fees _____ your limit?
 Am I _____ additional surgery expenses _____ set _____?
 _____ responsibility _____ pay for all _____ the surgical _____ exceed your _____ limitations?
 _____ have to pay any _____ costs that _____ not included _____?
 _____ fees be _____ to me?
 Will _____ for any _____ of the _____ covered by your coverage?
 _____ I have to _____ surgical _____ that _____ in _____ limits?
 _____ have to _____ costs _____ your limits?
 _____ to know if some _____ of _____ fall _____ the coverage limits.
 _____ if _____ pay _____ beyond _____ limit for surgery.
 Is it _____ to _____ anything _____ your _____ maximum _____ surgical _____?
 _____ I have to _____ out _____ pocket if _____ expenses exceed _____?
 Do _____ cover _____ surgical _____?
 _____ certain _____ of my surgery are _____ by _____ will I _____ expenses?
 Are there _____ for _____ that are not _____?
 Is _____ necessary _____ my _____ money _____ surgery costs outside _____ my limits?
 Do I have _____ any surgery that is _____?
 _____ I _____ to pay for _____ of _____ that _____ coverage doesn't _____?
 Is _____ possible _____ me _____ for additional surgery _____ beyond _____ caps?
 Will I have _____ pay _____ of the _____ range?
 _____ possible _____ me _____ owe money for surgeries _____ are _____?
 _____ I will have to _____ coverage maximums in surgical _____.
 _____ my _____ over your _____ there out-of-pocket payments _____?
 _____ the surgical _____ designated limit, do I _____?
 Do I _____ pay _____ fall outside of _____ coverage limitations?
 _____ have to pay for some _____ of the _____ my coverage _____?
 Is _____ for surgical _____ that are beyond your _____ limitations?
 Is there _____ surgical _____?

When your _____ surgical _____ do I _____ anything?

Do I _____ pay any _____ beyond _____ limits?

_____ wonder _____ the hook _____ those surgical costs aren't _____.

I am _____ any _____ surgery expenses that _____ outside _____ the coverage _____.

_____ I _____ to _____ for _____ of _____ surgery that are _____ your _____?

_____ know _____ I will _____ to _____ up cash for surgeries _____ in _____?

Will _____ expenses if certain _____ my surgery are not _____?

_____ I be held _____ for additional _____ that are _____?

_____ am _____ if _____ have _____ pay _____ your coverage _____ surgical bills.

Will I _____ pay _____ parts _____ the surgery that _____ cover?

If _____ surgical costs _____ your pathetic limits, _____ be responsible?

_____ am _____ if I _____ owe money for _____ that _____.

Is it possible that _____ be held _____ that _____ caps?

Is _____ possible _____ liable for additional _____ not covered?

Is _____ costs _____ with the operation outside _____ you _____?

_____ out-of-pocket payments _____ if _____ surgery goes _____ what you _____?

_____ is _____ liability if surgical _____ aren't covered _____?

Is I _____ for _____ additional _____ not _____?

Do you _____ if _____ to pay _____ for surgeries _____ in the _____?

Will _____ have _____ pay _____ additional _____?

Do _____ have to _____ for _____ procedures _____ are _____ of _____ limits?

Is _____ to cough _____ my _____ money for surgery costs outside _____?

Do _____ surgery costs _____ my _____?

_____ charges _____ by insurance apply to _____ financially?

_____ surgery _____ what _____ offer, are there out-of-pocket payments _____?

Is it my responsibility _____ pay for _____ portion _____ surgical _____ in _____ limits?

_____ there any _____ costs for _____ that are _____ my plan?

_____ have to _____ any surgical bills _____ your _____ limits?

_____ my _____ for surgical costs _____ by your _____?

Will _____ to _____ for _____ of _____ surgery that your _____?

_____ you _____ I will have _____ cash for surgeries _____ included in _____ limit _____?

_____ I _____ responsible for any _____ that aren't _____ the _____?

I wonder _____ the out-of-coverage portions _____ surgery cost.

Is there any part _____ the surgery _____ by _____ limits?

_____ there _____ payments for my _____?

When surgical fees void _____ designated _____ anything?

Is _____ possible that I will _____ to _____ a portion _____ that _____ the plan _____?

Will _____ to pay _____ costs that _____ in your _____?

_____ any _____ costs for _____ not _____ by _____ plan?

Is it _____ be accountable for out-of-coverage _____ of _____?

_____ personal expenses if certain _____ of my _____ covered?

I don't _____ I need to _____ my _____ for surgery _____.

Will I _____ to pay _____ parts _____ the _____ that _____ not _____ your _____?

_____ my _____ to pay _____ the coverage maximums _____ bills?

Is _____ possible _____ to pay _____ expenses beyond _____ caps?

_____ to _____ of _____ if surgery expenses surpass your _____ cap?

_____ any copays _____ surgeries that _____ doesn't cover?

Is _____ cost _____ that aren't fully _____ by _____ plan?

If _____ surgical costs _____ covered _____ limits, _____ I _____ the hook?

Are _____ required _____ cover any _____ costs _____ limits?

_____ be costs _____ with _____ that you don't provide _____ for?

Have _____ any _____ surgical fees?

_____ goes over what you offer, are _____?

Out-of-pocket costs _____ surgeries _____ aren't _____ covered by _____?

Is _____ out of pocket costs for _____ not _____ plan?

Is it _____ pay any _____ of _____ expenses that _____ not included in _____?

Is it my _____ to _____ expenses that _____ your coverage cap?

Is it _____ will be responsible _____ paying part _____ fees that _____ the plan _____?

_____ I _____ non-covered surgical _____?

_____ you require _____ surgery goes over what _____ offer _____ coverage?

_____ wonder if _____ will _____ to pay _____ additional _____ charges _____.

Will _____ pay for _____ of _____ surgery _____ isn't _____ by your _____?

Will I be on the _____ cover _____ surgical _____?

_____ non-covered surgical _____ to _____ paid?

Do I have to _____ excess _____ your _____?

_____ it mandatory for _____ goes over what you offer?

Is it _____ if _____ aspects of my _____ are not covered?

_____ charges not covered _____ the insurance _____?

_____ any of the _____ outside _____ that _____ am accountable for?

_____ surgical costs _____ not _____ will _____ be _____ the hook?

Will _____ have to pay additional _____ to _____?

_____ don't know _____ will _____ on the hook if those _____ not _____.

Can I pay _____?

Do _____ have _____ pay extra _____ costs?

_____ there _____ payments necessary if _____ goes over _____ offer?

_____ it _____ that _____ may be responsible for _____ part _____ surgical _____ that _____ restrictions?

_____ I _____ responsible _____ procedure costs that _____ your coverage limitations?

Do I _____ any portion of _____ bills that exceed _____ coverage _____?

Will I _____ some parts _____ the _____ don't _____ coverage for?

_____ to know _____ to pay _____ for my surgery.

Is it my responsibility for _____ costs _____?

_____ I _____ to pay for _____ the surgery _____ covered _____ your _____?

_____ have to _____ any _____ expenses _____ are not _____ coverage limits?

_____ have _____ pay for _____ procedure _____ that _____ fall under _____ coverage _____?

Will surgical _____ included in your _____ my _____?

If _____ don't get _____ by _____ will I _____ on the _____?

_____ requirement _____ to _____ own money for surgery _____ outside my limits?

_____ anyone _____ be charged uninsured surgical _____?

I don't _____ have to _____ additional surgical _____.

_____ wonder _____ to _____ for non-covered surgical expenses.

_____ I _____ held _____ for _____ costs exceeding _____ caps?

_____ be _____ to _____ any excess surgery _____?

Do I pay _____ costs _____ limits?

_____ to _____ of pocket for surgery expenses?

_____ possible that _____ will be _____ paying _____ of _____ surgical _____ that exceed plan restrictions?

_____ I _____ accountable _____ parts _____ the surgery cost?

I want _____ if any parts _____ surgery _____ of _____ coverage limits.

If surgery costs _____ by your _____ I be _____?

When _____ fees void your limits, _____ I _____?

_____ it my duty to _____ surgery expenses _____ coverage limit?

_____ have to pay _____ related to the _____?
 _____ surgery expenses exceed _____ coverage cap, is it my _____?
 _____ it _____ responsibility for _____ parts of _____?
 _____ I _____ for _____ parts of the _____ cost?
 Is it my _____ pay _____ surgical expenses _____ the _____ limits?
 Is it _____ that _____ pay _____ portion of the surgical _____.
 _____ certain parts of _____ are not within your _____ any _____?
 Will I have _____ cover _____ procedure?
 Should I _____ excess surgery _____ past _____?
 Do _____ to pay _____ bill if _____ procedure costs _____ of _____ limitations?
 _____ I have _____ pay _____ own money _____ surgery _____ of my limits.
 _____ possible _____ incur personal expenses _____ some aspects of my _____ not _____?
 Can I _____ liable _____ additional _____ costs _____ aren't _____?
 Will _____ be _____ that aren't within _____ of your _____?
 _____ my _____ to pay for _____ that _____ your _____ cap?
 _____ it _____ that I _____ accountable _____ the surgery cost?
 _____ you know _____ to pay _____ for surgeries that _____ included?
 _____ pay extra for _____ that _____ the insurance limit?
 _____ I responsible for _____ out-of-coverage _____ cost?
 My potential _____ for _____ costs not _____ by _____ unknown.
 Is it _____ that _____ will _____ on the _____ if those _____?
 _____ have _____ for _____ of the _____ that you do _____ include?
 Will I have _____ pay _____ surgeries _____ are _____ included _____ the _____?
 Is there any _____ for _____ covered by my _____?
 Any out-of-pocket _____ are not fully covered by _____?
 If certain aspects _____ my _____ are _____ coverage, _____ I _____ expenses?
 _____ know _____ I pay for _____ expenses.
 Is _____ will be uninsured _____ fees _____ to me?
 Do you know if I _____ to cough up _____ included _____?
 Surgeries _____ designated _____ do _____ owe _____?
 _____ surgical costs not _____ your policy will _____ liability.
 Are _____ required _____ my _____ over what you _____?
 Is it possible that _____ to _____ some of _____ surgical _____ exceeding _____?
 _____ possible _____ could _____ money for _____ that is not _____?
 _____ wonder if _____ liable for surgery _____ the _____ caps.
 If surgical _____ void your designated _____ any _____?
 Is _____ my responsibility to pay _____ surgical _____ in _____ limits.
 Do I have _____ costs?
 Will I _____ held _____ for _____ out-of-coverage _____ the surgery _____?
 Will I _____ costs exceeding _____ caps?
 _____ know if I am _____ for _____ surgery cost.
 _____ there _____ of the _____ expenses _____ I am accountable _____?
 _____ would like to _____ any uninsured _____ fees will be _____.
 _____ parts of my _____ not within _____ I _____ personal expenses?
 Is _____ any _____ ofpocket _____ for _____ covered by my _____?
 _____ you know if I _____ have to _____ for _____ are _____ in the _____ limit _____?
 Is _____ for me to _____ costs _____ exceed coverage _____?
 Is _____ that I _____ portions of surgery?
 Do _____ have _____ pay for _____ out of _____?
 If my _____ goes _____ what you _____ out of _____ payments _____?

_____ any _____ for _____ surgical costs not covered _____ policy?
 _____ it _____ responsibility _____ pay anything _____ your _____ limits _____ bills?
 Any _____ costs for _____ that _____ by my _____?
 Will I _____ pay for any of _____ are not _____ by _____?
 Is it _____ responsibility _____ anything above _____ coverage _____ in _____.
 _____ it _____ responsibility to _____ costfully?
 If _____ goes _____ in coverage, _____ you require out-of-pocket payments?
 Is there an out-of-pocket cost _____ surgeries _____?
 _____ it _____ fault to pay _____ bills?
 _____ I pay for _____ expenses _____ aren't _____ by _____?
 _____ you _____ will _____ cough up cash _____ are _____ included in your laughable limit restrictions?
 Is _____ any _____ surgeries _____ aren't _____ by _____ plan?
 _____ to pay for any parts of the _____ have _____?
 Do I _____ to pay _____ above _____ coverage maximums _____?
 Are there _____ out _____ not covered by my _____?
 _____ excess _____ costs that _____ beyond your limits?
 Is it _____ for any _____ bills that exceed _____ limits?
 Is it _____ pay for _____ bills that _____ limitations?
 _____ you _____ have _____ up _____ surgeries not included in the limit?
 Is it my responsibility to pay _____ procedures _____ fall _____?
 _____ it necessary for me _____ own money _____ costs _____ of my _____?
 _____ don't know _____ I _____ responsible _____ costs exceeding coverage _____.
 _____ know if _____ are any parts of the _____ outside _____ coverage limits.
 Do you know _____ will _____ to pay cash _____ included _____ your _____?
 _____ I have to pay _____ when surgery _____?
 _____ pay for any additional _____ charges myself?
 Is _____ possible that _____ uninsured surgical fees?
 _____ I pay any _____?
 I would like _____ I am _____ paying _____ portion _____ the _____ fees _____ the plan _____.
 Do _____ covered surgical _____ financially?
 _____ incur _____ personal _____ if certain _____ of _____ are not covered _____ your _____?
 Any _____ for surgeries _____ covered?
 _____ I have to _____ some parts _____ the _____ you don't _____?
 _____ would like _____ if _____ of the _____ expenses fall outside _____ the _____.
 Is it necessary for _____ extra if surgery _____?
 _____ there any uninsured _____ fees _____?
 _____ to pay _____ surgical expenses?
 Is _____ be _____ paying some of the surgical _____ over the _____?
 Is _____ possible that _____ to pay _____ of the _____ exceed plan restrictions?
 _____ I _____ pay _____ surgery costs _____ aren't within _____ limits?
 Can _____ be responsible _____ cost of surgery _____ covered?
 _____ don't _____ am _____ for extra surgical costs.
 _____ surgery _____ fall outside _____ coverage _____ for which I _____ accountable?
 _____ to _____ for surgery that isn't _____?
 _____ to pay _____ that aren't included in the _____?
 Will I _____ for _____ surgeries _____?
 Can _____ for surgical _____?
 Is _____ that I _____ to pay some _____ fees that _____ above plan _____?
 _____ don't _____ I _____ to pay money for _____ is not _____.
 _____ be _____ for additional surgical costs that _____?

Is it _____ any surgical costs beyond your _____?

Will _____ have _____ expenses if some _____ my surgery _____ not covered?

_____ I held _____ for out-of-coverage parts _____?

_____ to foot _____ bill for _____ that fall _____ of _____ limits?

Is _____ me _____ be _____ for additional _____ expenses beyond _____?

Is it possible that _____ have _____ pay _____ some of _____ that exceed _____?

_____ I _____ to pay _____ surgery expenses beyond _____?

Will I _____ to _____ expenses _____ procedure?

Do _____ pay _____ non-covered _____?

Is _____ responsibility to _____ higher _____ surgical bills than _____ maximums?

Is it okay for _____ excess surgery _____?

Do I pay _____?

I _____ I have _____ pay my own _____ for surgery _____.

_____ possible that I _____ have _____ a portion _____ surgical fees _____ are above plan _____?

_____ have to _____ surgical _____ void your limit?

Can _____ cover _____ costs _____ your _____?

_____ I _____ to _____ the _____ costs that exceed _____ caps?

_____ costs aren't covered _____ your measly limits, _____ I _____ on _____?

_____ I _____ responsible for _____ beyond the _____ caps?

Is _____ my responsibility _____ pay out _____ pocket for _____ that exceed _____?

_____ it _____ I _____ responsible _____ additional surgery expenses _____ caps?

Out-of-pocket _____ that are not _____ by _____ plan?

Will _____ have to _____ not included in _____ limits?

_____ to _____ any _____ the _____ expenses not included in your limits?

Is _____ responsible for _____ costs that _____ not _____?

If _____ is _____ what _____ in coverage, are _____ payments required?

_____ I be _____ the _____ costs _____ not covered by _____ limits?

_____ have to _____ that exceed coverage caps?

Will _____ have to _____ myself?

_____ would _____ know if there _____ costs associated _____ operation outside _____ give.

_____ billed for _____ that aren't _____ plan's range?

_____ I have to pay _____ additional _____ myself?

_____ don't know if _____ excess surgery costs _____ your _____.

If _____ surgical _____ covered _____ limits, will I be responsible?

_____ my surgery _____ what _____ are there _____ payments required?

Do _____ I'll _____ cough up cash for _____ not _____ in the _____?

_____ know if _____ have _____ my own money _____ surgery costs.

_____ I pay money for _____?

I _____ if _____ am _____ paying some portion of _____ fees that _____ plan _____.

Do you _____ I will _____ to pay _____ surgeries that _____ included _____ limit _____?

Is _____ costs related to _____ what you give?

Is _____ my _____ to pay _____ portion _____ the surgical _____ in _____ coverage _____?

Will I have to _____ for _____ not _____ the _____?

_____ the _____ costs _____ covered by your _____ will _____ liable?

_____ it my _____ for procedures _____ fall outside of _____?

If _____ dole _____ that _____ your _____ boundaries, _____ pays?

_____ for _____ to cover surgical _____ beyond your _____?

_____ it possible I may _____ a _____ of _____ fees that exceed _____ restrictions?

Do I have _____ additional surgery _____ the _____?

_____ need to _____ own costs _____ surgery?

_____ those _____ costs aren't covered by your _____ will _____ ?
 _____ need _____ up _____ own money for my _____ costs?
 Are I _____ are out-of-limit?
 Is it _____ to _____ above _____ coverage maximums in _____ surgical _____ ?
 _____ responsibility to _____ for surgery expenses that _____ past your _____ ?
 Do _____ have to _____ surgical _____ that _____ not _____ ?
 Is _____ necessary _____ to pay _____ surgery _____ of my _____ ?
 Will I _____ pay for the _____ ?
 _____ there _____ when the surgical fees _____ your _____ ?
 _____ I _____ surgical costs?
 _____ my responsibility _____ pay for any _____ that _____ not in _____ limits?
 _____ if I am _____ for surgery costs _____ caps.
 I would _____ to know _____ can _____ money _____ surgery _____ isn't _____ .
 _____ of my surgery are not covered by your _____ incur _____ ?
 Will I _____ for procedures that _____ your _____ range?
 Does _____ go _____ the _____ on me?
 Will I _____ pay for those surgical _____ that _____ limits?
 _____ I have to _____ additional _____ ?
 Will _____ pay for any _____ are not _____ your _____ ?
 _____ don't know if _____ for out-of-coverage portions _____ cost.
 Will _____ have to _____ part _____ you do not cover?
 I don't know _____ are _____ parts _____ surgery expenses _____ aren't _____ .
 _____ I _____ any _____ costs that are outside _____ your _____ ?
 Will I _____ held responsible _____ surgical _____ in _____ ?
 Do you know _____ I will have to _____ surgeries _____ in your _____ ?
 Is it _____ for out-of-pocket _____ surgeries _____ my plan?
 Will _____ excess _____ beyond your _____ ?
 Will _____ forced to _____ up _____ for surgeries _____ in the _____ restrictions?
 _____ responsible _____ costs that _____ not _____ within your coverage limitations?
 _____ to pay for surgical _____ not _____ in limits?
 _____ I have _____ extra when surgical fees _____ ?
 _____ I have _____ pay _____ parts _____ surgery that _____ not covered _____ your _____ ?
 Is _____ my responsibility _____ pay _____ surgical costs _____ ?
 _____ all _____ costs beyond your limits?
 Do _____ have _____ foot _____ for _____ that _____ outside your coverage _____ ?
 _____ I _____ personal expenses _____ certain parts of my surgery are _____ ?
 I don't know _____ responsible _____ paying _____ surgical _____ not included _____ limits.
 Will I _____ cover any _____ that aren't _____ limits?
 Will _____ to pay additional costs _____ procedure?
 _____ it my responsibility _____ expenses that _____ included _____ coverage limits?
 I wonder if _____ liable _____ surgery _____ beyond _____ .
 Is _____ possible for me _____ be liable _____ beyond set _____ ?
 _____ know _____ I am responsible for _____ expenses _____ set _____ .
 _____ am _____ will _____ any uninsured surgical fees.
 _____ responsibility _____ portion of the _____ expenses not in your _____ limits?
 _____ procedures outside of your plan?
 Is _____ any _____ surgical _____ to _____ charged _____ me?
 _____ my responsibility to _____ anything _____ coverage maximums _____ surgery _____ ?
 Is _____ to _____ for _____ costs that _____ the coverage _____ ?
 Is there _____ liability for _____ expenses beyond _____ ?

Do I have to _____ the _____ costs _____ outside _____ the _____ limits?

Is _____ that _____ have _____ pay personal expenses if _____ aspects _____ my _____ are not _____?

_____ the _____ costs aren't _____ by _____ limits, _____ I _____ to _____?

Is it possible _____ I'm liable for _____ beyond _____?

Is it possible _____ for paying some _____ surgical _____ exceed plan restrictions?

_____ my surgery goes over _____ coverage, _____ there _____?

I would _____ to know if _____ part of _____ bill _____ procedures _____ exceed _____ covered amount.

If _____ costs aren't covered by _____ limits, _____ be _____?

_____ pay any _____ coverage maximums in surgical bills?

I was wondering _____ could _____ leftover _____ within _____ policy servicing _____.

Will I _____ pay cash for _____ the limit _____?

Is _____ possible _____ may _____ to _____ portion of _____ surgical _____ over the plan _____?

It's _____ that _____ for _____ a _____ of the surgical fees that exceed _____.

_____ it ok _____ pay _____ expenses beyond the caps?

_____ surgical fees _____ your limit _____ owe _____ extra?

_____ my surgery _____ what _____ offer, are _____ out-of-pocket payments?

Do you know _____ to _____ up cash for _____ included _____ the limit _____?

_____ I have to pay if _____ surgical _____ limits?

_____ responsibility to pay _____ procedures that _____ outside your _____ limitations?

_____ responsible _____ surgical _____ go beyond the limits?

Is it _____ I may _____ for paying _____ of _____ fees?

_____ surgical costs _____ not covered by your _____ liability?

If _____ surgery _____ over what you _____ there _____?

Is _____ responsibility _____ uninsured _____ costs exceeding coverage _____?

_____ costs _____ surgeries not covered by _____ for _____?

Is _____ my _____ to pay anything _____ coverage _____ bills?

Is there any _____ costs?

Is _____ for _____ pay my _____ money _____ that is outside _____ limits?

_____ have _____ those surgical costs _____ not _____ by your limits?

Is _____ my duty _____ pay any _____ in your _____ limits?

I _____ know if _____ responsible _____ surgery expenses.

Will _____ pay _____ surgical charges?

_____ for surgical costs that _____ not covered _____ your _____?

_____ to pay _____ surgical _____ included in coverage limits.

_____ for surgery _____ covered?

I want to _____ if any of _____ fall _____ of _____ coverage limits _____ for.

_____ it possible that _____ could _____ liable _____ surgery costs _____ caps?

_____ I _____ certain aspects _____ my _____ are not covered?

_____ for surgeries _____ by _____ plan?

Will _____ for part _____ surgery that _____ included in your _____?

_____ costs _____ by your policy _____ my liability?

If my surgery goes _____ are _____ out of _____ payments required?

Is it _____ to _____ portion of the surgical _____ included _____ limits?

Does _____ to _____ any _____ surgery _____ your limits?

I _____ know if _____ are _____ of _____ surgery expenses _____ fall outside of _____ coverage _____.

_____ responsibility for out-of-coverage _____ surgery _____?

_____ have _____ cover any _____ expenses?

_____ any _____ surgical _____ my money?

Is _____ necessary for _____ to _____ own _____ surgery costs that _____ outside _____ my _____?

Is _____ me to _____ money _____ surgery that's _____ covered?

Is _____ responsibility _____ pay _____ procedures that fall _____ your _____ ?
 _____ know if I'll _____ the _____ those surgical costs _____ covered.

Will I _____ to pay for any _____ the _____ not _____ coverage?

Is _____ responsibility _____ pay _____ over your _____ surgical bills?
 _____ it a liability for _____ surgery _____ caps?

Will I have _____ expenses related to _____ ?
 _____ of my _____ your coverage, will I _____ to pay personal expenses?

I _____ accountable _____ parts of the _____ are _____ the limits.

Will I _____ the parts of the surgery _____ ?

Will _____ to _____ for parts _____ the surgery _____ your coverage?
 _____ any responsibility for additional surgery _____ caps?
 _____ on the hook _____ costs _____ are _____ covered by your limits?

Does the _____ of _____ coverage limits _____ accountable for?

What _____ my _____ for _____ aren't covered _____ your policy?
 _____ I responsible _____ surgical _____ ?

Is _____ responsibility to _____ portion _____ surgical _____ that _____ included _____ the _____ limits?

Does anyone _____ out-of-pocket costs for _____ by my _____ ?

I would _____ know if _____ are _____ associated with the _____ you _____.

When _____ fees void _____ limit do _____ extra?

_____ I have _____ cough _____ surgeries that _____ in your ridiculous limit _____ ?

Is _____ okay _____ me to _____ non-covered surgical _____ ?
 _____ certain aspects _____ not _____ your _____ will _____ incur any expenses?
 _____ I _____ to pay _____ any parts _____ surgery _____ you don't _____ ?

Is _____ may have to pay some _____ the surgical _____ the _____ restrictions?
 _____ it possible for me _____ responsible _____ additional _____ the caps?
 _____ you _____ have to cough _____ surgeries that _____ in the limits?
 _____ to _____ if any _____ of _____ surgery expenses fall outside _____ coverage _____ which I _____ accountable.

If my _____ goes _____ what _____ offer, _____ needed?

Is it true _____ I _____ for _____ expenses beyond the _____ ?
 _____ if _____ should pay _____ surgery that _____ covered.
 _____ it _____ for _____ to _____ up _____ own money for _____ ?

Am I held _____ for _____ of _____ ?

Will I _____ held _____ for _____ that aren't _____ limits?
 _____ that are _____ apply to me financially?
 _____ any of those surgical costs _____ not covered _____ your _____ be _____ ?

Will _____ to _____ cash for surgeries _____ not included _____ your _____ limits?
 _____ have to _____ for _____ charges my own?
 _____ wondering if I _____ expected _____ foot _____ bill for procedures that _____ your _____ amount.

Is it my responsibility to _____ any _____ not _____ your coverage _____ ?

Should I incur _____ personal _____ if _____ of my _____ not _____ ?

Do _____ have _____ of _____ surgery expenses _____ surpass the coverage _____ ?

Do I _____ to _____ if the surgery expenses surpass _____ ?
 _____ it _____ I am _____ uninsured surgery _____ exceeding coverage _____ ?
 _____ to _____ up for _____ costs not included _____ limits?

Is _____ possible that I will be on _____ if you _____ ?
 _____ know if I _____ responsible for _____ costs.
 _____ I am _____ for additional _____ expenses _____ the caps?
 _____ surgery are not _____ your coverage, will _____ be _____ personal expenses?
 _____ part _____ that is not _____ for by me?
 _____ there any out-of-pocket _____ for surgeries that _____ by _____ ?

_____ for _____ cover _____ costs beyond your limits?
 Is _____ that _____ will be responsible _____ surgery _____ exceeding coverage _____?
 Do I _____ to _____ surgery _____ aren't under your _____?
 _____ would like _____ of the _____ expenses fall outside _____ coverage limits.
 _____ you _____ have to cough _____ cash for surgeries not included _____?
 Do _____ to _____ any portion _____ the _____ expenses _____ aren't included _____ limits?
 If _____ surgical _____ covered by your _____ I _____ responsible?
 _____ my responsibility _____ the out-of-coverage portion _____ surgery _____?
 _____ my responsibility _____ out-of-coverage _____ of surgery cost?
 _____ be _____ the surgical costs are _____ by _____ limits?
 Do _____ to _____ uninsured _____ expenses?
 _____ responsible _____ any _____ costs that fall _____ your _____ limitations?
 Is _____ a _____ that applies to me _____?
 What is my _____ your policy does _____ cover _____?
 _____ am I _____ your policy _____ not cover any _____?
 I _____ I need to cough up _____ surgery costs _____ limits.
 If _____ aspects of my surgery _____ within _____ coverage, _____ I _____?
 Is _____ that I _____ additional surgery _____ beyond set caps?
 _____ it _____ responsibility for _____ out-of-limit?
 _____ my _____ to pay out _____ pocket _____ surgery _____ your coverage _____?
 Do I have _____ pay _____ bill _____ the procedure costs _____?
 _____ to know if any _____ of the surgery _____ the _____.
 _____ it _____ responsibility to _____ for the _____ surgical _____?
 Is _____ that I will _____ responsible _____ surgery _____ coverage caps?
 Do _____ to pay _____ way for surgery _____?
 _____ I _____ responsible _____ additional surgical _____ covered?
 I want to know if _____ required _____ my _____.
 _____ any out-of-pocket _____ for surgeries _____ my plan _____ cover?
 Do I _____ to _____ up _____ own money for surgery _____ that _____?
 What _____ potential _____ any surgical _____ by your policy?
 Can I _____ money if the _____?
 _____ I have to pay _____ surgery _____ not _____?
 _____ over _____ you offer, are _____ out-of-pocket payments involved?
 Is it mandatory _____ me _____ pay _____ surgery _____ outside of my _____?
 _____ if I _____ money for _____ that isn't _____.
 Is it possible _____ be _____ additional _____ expenses beyond _____ set _____?
 _____ be _____ the _____ for _____ surgical _____ if _____ don't cover them?
 _____ it okay for _____ to _____ any surplus _____ costs _____?
 _____ have _____ pay for some _____ of the surgery _____?
 Will I _____ to pay for certain _____ coverage doesn't _____?
 Will I _____ for any _____ of the _____ I _____ have coverage _____?
 Is it _____ for _____ to _____ my own _____ surgery _____ my limits?
 Is it _____ that I am _____ for _____ coverage _____?
 Will _____ have to pay the _____ if _____ aren't _____ your _____?
 Should _____ anything over your _____ maximums in surgical _____?
 _____ plan cover any out-of-pocket costs _____ covered?
 _____ for surgical costs out of-of-limit _____?
 I _____ have _____ for any procedure _____ are _____ your coverage limitations.
 _____ I _____ to _____ for _____ the surgery you don't _____?
 _____ it _____ responsibility _____ for _____ outside of your coverage limits?

_____ there are any _____ the surgery expenses _____ are outside the _____?

Is _____ my responsibility _____ for _____ that exceeds your _____?

Is _____ for me _____ out of pocket _____ my _____ goes _____ your _____?

I don't _____ whether _____ for surgery _____ covered.

Will I have to _____ for _____ costs _____ included _____?

Is _____ my _____ to _____ the _____ limits _____ surgical bills?

Is it _____ be charged _____ surgical fees?

Is it possible that _____ be _____ for _____ portion _____ surgical _____?

If _____ over what _____ offer in coverage, are _____?

Is it _____ duty _____ pay for _____ surgical _____ that _____?

Is _____ I _____ responsible for paying _____ portion of _____ fees that _____ above plan _____?

I don't know _____ will _____ charged _____ fees.

Do _____ have to _____ up _____ own _____ for _____?

_____ I owe _____ surgical _____ void your designated _____?

_____ to _____ surgeries that _____ in the limit restrictions?

_____ anyone _____ if _____ are _____ of the surgery expenses _____ outside _____ coverage limits?

_____ my _____ goes _____ are there out-of-pocket payments required?

_____ of my _____ are not covered by _____ coverage, will _____ personal _____?

_____ non-covered surgical _____ to me _____?

Do _____ charges that _____ covered by insurance _____ financially?

_____ I _____ to pay _____ for surgeries that _____ limit restrictions?

Could _____ associated with an _____ that you do not _____?

_____ have _____ costs that are outside of _____ limits?

If _____ aspects of my surgery are _____ within your _____ incur _____?

_____ I have to pay _____ surgeries _____ in _____ limit _____?

Is _____ possible that I might have to _____ the _____.

Is it possible _____ I will be held liable _____?

_____ am _____ if I should _____ anything beyond _____ limit _____.

Do _____ need _____ pay for _____ costs beyond _____?

Is _____ with _____ operation that you _____ provide _____ assistance for?

_____ my liability _____ your _____ cover surgical _____?

_____ have _____ pay _____ surgery costs _____ of _____ limits?

_____ I have to _____ up cash for surgeries _____ included _____ limits?

_____ have to pay _____ of pocket _____ exceed my coverage _____?

_____ necessary for me _____ pay for _____ that _____ my limits?

_____ it _____ pay anything _____ your _____ maximums _____ surgical bills?

Is _____ my responsibility _____ bills that exceed _____ coverage limits?

Is _____ possible that _____ some _____ the _____ fees over the _____?

_____ to pay _____ surgical _____ included _____ the coverage limits?

_____ all those _____ aren't _____ by _____ limits, _____ be responsible?

_____ for any surgical _____ covered by your policy?

Is it possible that I may _____ surgical _____ that are _____ the limit?

Do you _____ if I will have _____ up _____ for _____ included in _____?

_____ not covered by my _____?

_____ there a chance of _____ charged _____ me?

Is _____ that I _____ be _____ responsible _____ some of the surgical _____ plan restrictions?

_____ it my _____ surgery _____ over coverage caps?

_____ I _____ pay costs related to _____?

_____ aspects of _____ surgery _____ covered, _____ I _____ personal expenses?

_____ policy doesn't _____ surgical costs, _____ is my _____?

Is ____ responsibility ____ pay ____ surgical bills that ____ your ____?

____ be ____ hook if the ____ aren't covered?

Is it ____ me to foot ____ of the ____ that ____ coverage?

Is it ____ for ____ if ____ are ____ portions?

____ possible that I ____ to pay for some of ____ that are above ____?

Do I have to ____ procedures ____ outside ____ your coverage ____?

Is ____ extra I owe if surgical ____?

Is it ____ for me ____ for ____ surgery cost?

____ accountable ____ parts ____ the surgery expenses that ____ covered ____ coverage ____.

____ it necessary ____ me to pay ____ the set ____?

Is it ____ will ____ to ____ of the surgical fees that ____ above plan ____?

____ I pay for ____ that ____.

____ it ____ for ____ of pocket ____ my surgery ____ over what you ____?

Do I ____ to ____ for ____?

Will ____ have to pay ____ procedures ____ aren't in ____?

I ____ liable for additional surgery expenses past ____.

____ I ____ pay additional ____ the procedure?

Will ____ be ____ any surgical ____ not included ____ limit?

If some aspects ____ surgery ____ coverage, ____ I incur any personal ____?

____ have to pay ____ costs ____ by my plan?

Do ____ have to ____ for any ____ by ____ insurance?

____ I responsible ____ surgical ____ when ____ out of ____?

____ have to pay ____ that are outside of ____?

____ to ____ if I ____ responsible for ____ costs ____ coverage ____.

____ it ____ responsibility to cover ____ procedure costs ____ are outside ____?

____ certain ____ my surgery are not ____ your coverage, ____ incur ____?

____ any non-covered surgical ____ that I ____ pay?

____ have ____ pay ____ expenses ____ included in ____ coverage limits?

____ it ____ I will ____ pay ____ portion of the ____ exceed plan restrictions?

What's ____ liability ____ policy ____ cover surgical costs?

Are ____ responsible ____ parts of the ____?

____ I have ____ the ____ additional expenses?

Is it possible ____ be ____ for excess ____?

____ pay for other ____ surgical expenses?

Do ____ have to pay ____ own ____?

Is there ____ surgical ____ that can ____ to ____?

Do ____ pay ____ excess ____ costs?

____ out-of-pocket costs for ____ covered ____ plan?

____ held ____ for out-of-coverage parts ____ the cost of ____?

Is ____ any liability ____ costs that ____ caps?

Is ____ responsibility to pay any portion ____ expenses ____ included ____ the ____ limits?

____ money ____ is not covered?

Is ____ responsible ____ surgical costs ____?

If ____ surgery goes ____ what you ____ out-of-pocket payments ____?

Do I ____ the ____ costs?

Do ____ for any surgical expenses not ____ coverage limits?

____ it ____ out-of-coverage parts of ____?

____ it possible that ____ may be responsible ____ paying some of ____ surgical ____?

____ have ____ for surgery costs?

Will ____ to ____ any additional ____ associated with ____?

_____ the surgical costs _____ not _____ I _____ responsible?
 _____ wonder _____ I _____ to _____ anything _____ your _____ maximums in _____ bills.
 Do I have _____ out of _____ expenses _____ my coverage _____?
 _____ it _____ for _____ of surgery cost?
 _____ I _____ to _____ for _____ of those surgical _____ you _____ them?
 _____ it _____ for additional surgery _____ beyond set _____?
 _____ there _____ responsibility for _____ surgery expenses _____ caps?
 _____ I _____ for parts _____ the surgery that my _____?
 Is _____ for _____ surgical costs beyond your _____?
 _____ be _____ for surgery costs _____ coverage caps?
 I am responsible for _____ outside of the coverage _____.
 I don't _____ to _____ my own _____ for surgery costs _____ of _____.
 _____ to pay _____ above your _____ maximum in surgical _____?
 _____ there _____ surgical _____ affect my finances?
 _____ wonder if I have _____ that _____ of your coverage limitations.
 I _____ to _____ if _____ for non-covered surgical _____.
 If _____ are not included _____ limits, will _____ responsible?
 _____ costs not covered by your policy, _____ is _____?
 _____ to pay _____ for surgery _____ isn't covered?
 _____ it _____ pay _____ surgical expenses that _____ your coverage limits?
 _____ my _____ to _____ the out-of-coverage portions _____ costs?
 _____ I have _____ bill for _____ don't fall within _____ limitations?
 _____ pay _____ surgery costs _____ my limits?
 _____ held responsible for _____ that _____ covered?
 If certain _____ are _____ within your coverage, will _____ incur _____?
 Is it possible _____ I _____ surgical fees?
 _____ my responsibility to pay a _____ not included _____ limits?
 Is _____ for _____ be _____ expenses beyond the set caps?
 Does _____ policy _____ costs _____ covered?
 Are _____ for any _____ costs _____ your limits?
 Is _____ my _____ for surgical _____ portions?
 _____ liability _____ costs _____ covered by your policy _____ unknown.
 If _____ costs are not _____ by _____ be on _____ hook?
 Is _____ responsible _____ portions to _____ for the _____?
 Is it _____ to pay _____ surgical _____ that _____ your _____ limits?
 Are _____ charges _____ to _____ financially?
 Is _____ responsibility to _____ any _____ the _____ expenses _____ in _____ coverage limits?
 Can _____ know _____ I _____ charged any _____ surgical _____?
 Is it _____ am responsible _____ paying _____ the surgical _____ that exceed _____ restrictions?
 _____ be _____ for my surgery?
 _____ necessary _____ me _____ own money for _____ costs outside of my _____?
 Is _____ if surgical fees _____ your limit?
 I _____ I will _____ charged any _____ surgical _____.
 _____ for _____ costs _____ aren't covered by your policy?
 Will I have to _____ anything above _____ bills?
 Will _____ for _____ part _____ the surgery that you don't _____?
 _____ pay _____ surgical expenses _____ not included in coverage limits?
 Is _____ any _____ with the _____ outside _____ provide for?
 Will _____ to _____ any additional expenses that _____ to _____?
 _____ I _____ pay _____ surgical expenses _____ are not _____ in the coverage _____?

_____ if I _____ to pay money for _____ is _____.
 _____ the surgery _____ that isn't covered by the _____ limits?
 _____ it necessary _____ to cover any _____ costs _____ limits?
 Does the surgery expenses _____ limits that _____ for?
 _____ I _____ responsible for any _____ costs that _____ included in _____?
 Are I _____ additional _____ aren't covered?
 Should I pay _____ own _____ outside _____ my limits?
 Will _____ have to _____ surgical costs that _____ covered _____ limits?
 Will I be responsible _____ costs _____ your _____?
 _____ I have _____ costs that are not covered?
 Can _____ accountable for out-of-coverage _____?
 Do _____ pay any _____ of _____ surgical _____ included _____ your coverage limits?
 Is _____ for me _____ for surgery _____ is _____ covered.
 _____ it _____ that I _____ out-of-coverage portions _____ surgery cost?
 Will I _____ pay any _____ not _____ your limits?
 _____ I _____ to _____ for surgeries that aren't _____ the _____?
 If _____ surgery goes _____ what _____ offer, _____ any _____ payments _____?
 _____ there _____ I will have _____ if _____ of _____ surgery are not _____?
 Do _____ know if I'll have _____ cash for _____ that _____ your laughable _____?
 _____ I have _____ any _____ bills that are over your _____?
 _____ be responsible _____ if they aren't _____ by your limits?
 I am responsible for _____ parts _____ the _____ expenses _____ outside _____.
 _____ it my responsibility to _____ surgical _____?
 Do I have _____ pay anything _____ your _____ surgical _____?
 _____ my responsibility _____ pay the _____ expenses _____ included in _____ limits?
 Do I have _____ more if _____ goes _____ the _____?
 Will I _____ to _____ personal _____ if _____ of my surgery _____?
 _____ surgery _____ outside _____ the limits for _____ I am _____?
 I _____ if I'm _____ additional _____ set caps.
 _____ it _____ obligation to _____ extra _____ surgery expenses?
 What is _____ liability if _____ surgical costs?
 Will _____ have to pay _____?
 Is _____ liability _____ additional _____ expenses _____ set _____?
 _____ have to pay _____ not _____ in the ridiculous limit restrictions?
 Will I have to _____ personal expenses _____ are _____ covered?
 _____ the _____ you don't _____ for those surgical costs?
 Will I _____ pay for _____ not _____ in your _____?
 _____ I _____ to _____ any parts _____ the surgery that _____?
 Will I _____ to cover surgical _____ limits?
 _____ it _____ responsibility _____ out-of-coverage portions of _____ surgery _____.
 Is _____ my _____ pay any portion _____ the _____ not included _____ coverage _____?
 _____ wonder _____ am _____ for out-of-coverage parts of _____ surgery _____.
 _____ it _____ that _____ will have _____ part of the _____ fees _____ the _____?
 _____ I be responsible if those surgical costs _____?
 _____ those surgical costs aren't _____ to pay?
 Will _____ to pay _____ part _____ the _____ isn't covered?
 _____ void your limit, _____ to pay anything extra?
 _____ my responsibility _____ cover any _____ that aren't _____ in your _____?
 Do _____ to _____ for any _____ surgical _____?
 Is there _____ required _____ surgery?

_____ for surgical _____ covered by _____ policy?

Will _____ to _____ additional _____ related to the _____?

Is it required _____ pay _____ if my surgery _____ you _____?

If _____ of _____ are _____ within your _____ will I _____ to pay _____ personal _____?

Will I have to _____ cash for _____ in _____ limit?

_____ held _____ for out-of-coverage _____ of _____ costs?

_____ I have _____ pay _____ costs that _____ limits?

_____ any surplus _____ costs _____ your limits?

_____ I _____ the _____ beyond your limits?

Is _____ possible _____ to _____ a portion _____ the surgical _____ exceed plan _____?

_____ surgery goes _____ you offer, are there _____ payments _____.

I'm _____ I _____ to pay anything _____ coverage maximums _____ surgical _____.

_____ my _____ to _____ for _____ costs that are _____ coverage limits?

Is _____ my responsibility to pay any _____ the _____ expenses that _____ in _____ limits?

Will _____ have to pay _____ some _____ surgery _____ your coverage does _____?

_____ surgical costs _____ not _____ by your _____ will I _____?

Am _____ for surgical _____?

_____ not covered surgical _____?

Will I _____ for any _____ surgery that _____ not covered?

Is _____ for _____ out-of-coverage _____ the surgery cost?