

To: Florida Hospital Commission[flhospitalcommission@ahca.myflorida.com]
From: [REDACTED]
Sent: Tue 11/3/2015 6:16:10 PM
Importance: Normal
Subject: Report Price Gouging Submittal (AHCAPHI)
MAIL_RECEIVED: Tue 11/3/2015 6:16:14 PM

Submittor Information

Name: [REDACTED]
Phone Number: [REDACTED]
Email Address: [REDACTED]
County: [REDACTED]

Price Gouging Experience:

My 7 year old son was treated at [REDACTED] on [REDACTED] 15. He was [REDACTED] and was treated for approximately 3 hrs, then he was transferred to [REDACTED] when it was determined that he was not suffering a head injury. The total charge for those 3 hrs is \$38,594.00. I am employed at [REDACTED] and my family is insured under the [REDACTED] [REDACTED] I pay for the top tier of insurance offered. The plan paid \$16,991.00. I was informed by [REDACTED] (after filing 2 appeals) that these charges are in excess of the usual, customary, and reasonable rates allowed. Following insurance payments adjustments, the balance due is \$11,954.33. In comparison, my son was an inpatient for 2 nights at [REDACTED] and underwent multiple treatments, consultations, [REDACTED] - the balance I owe is a mere \$1,332.05. I feel that [REDACTED] is overcharging the insured to compensate for the uninsured and something must be done about this unfair practice. I work hard to have substantial health insurance for my family and I am left with the burden of an exorbitant bill from [REDACTED]