

To: Florida Hospital Commission[flhospitalcommission@ahca.myflorida.com]
From: [REDACTED]
Sent: Mon 11/16/2015 2:54:47 AM
Importance: Normal
Subject: Pediatric Hospital Gouging (AHCAPHI)
MAIL_RECEIVED: Mon 11/16/2015 2:54:54 AM

Requestor Information

Name: [REDACTED]
Email: [REDACTED]
[REDACTED]

Concern/Question

Subject [REDACTED]
: Gouging

Question or Concern:

The application directed me to this form. My son has a [REDACTED] [REDACTED] and was hospitalized for [REDACTED] of this year at a cost of approximately \$30,000. He had one colonoscopy, and was otherwise on an IV and an IG tube. My cancer surgeries cost less than this hospital trip and we are still paying it off for my son's care.