

To: Florida Hospital Commission[flhospitalcommission@ahca.myflorida.com]
From: [REDACTED]
Sent: Wed 10/21/2015 2:05:31 PM
Importance: Normal
Subject: Report Price Gouging Submittal (AHCAPHI)
MAIL_RECEIVED: Wed 10/21/2015 2:05:37 PM

Submittor Information

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

Price Gouging Experience:

I HAD 2 DETACHED RETINAS IN 3 MONTHS THE FIRST WAS DONE BY A SPECIALIST IN [REDACTED] AT A COST OF ABOUT \$7000.00 MOSTLY COVERED BY INSURANCE. THE SECOND WAS DONE AT [REDACTED] THIS SURGERY COST OVER \$16000.00 LEAVING ME A BALANCE OF ALMOST \$4000.00 TO PAY. THESE SURGERIES WERE IDENTICAL AND TOOK ONLY ABOUT 45 MINUTES WITH THE SAME ANESTHESIA AND CARE, BOTH WERE DONE AS OUTPATIENT SURGERY. I CANNOT AFFORD TO PAY THE [REDACTED] BILL, AND I HAD A THIRD SURGERY TO REMOVE SCAR TISSUE FROM MY RETINA, THA ALSO WAS OVER \$16000.00. PLEASE HELP!!!