

To: Florida Hospital Commission[flhospitalcommission@ahca.myflorida.com]
From: [REDACTED]
Sent: Tue 10/20/2015 10:08:49 PM
Importance: Normal
Subject: Report Price Gouging Submittal (AHCAPHI)
MAIL_RECEIVED: Tue 10/20/2015 10:08:54 PM

Submittor Information

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

Price Gouging Experience:

On [REDACTED] 15 went to [REDACTED] on [REDACTED] with a [REDACTED] burn on my knee..my ins card was taken and i was told i had a \$350.00 co-pay which i payed. a few weeks later i got a bill for \$1207.00 . all this for a visit by attending doctor who only wrote a rx for [REDACTED]
[REDACTED]