

**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]