

To: Florida Hospital Commission[flhospitalcommission@ahca.myflorida.com]
From: [REDACTED]
Sent: Tue 10/20/2015 7:50:05 PM
Importance: Normal
Subject: Report Price Gouging Submittal (AHCAPHI)
MAIL_RECEIVED: Tue 10/20/2015 7:50:10 PM

Submittor Information

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

Price Gouging Experience:

One emergency room visit I'm paying out of pocket wth insurance 3,000\$ for sciatic nerve Pain and they said I could pay 25 a month now they want to turn me over to collections because I needed to update my bank information. I am appalled