

**To:** Florida Hospital Commission[flhospitalcommission@ahca.myflorida.com]  
**From:** [REDACTED]  
**Sent:** Tue 10/20/2015 4:25:25 PM  
**Importance:** Normal  
**Subject:** Report Price Gouging Submittal (AHCAPHI)  
**MAIL\_RECEIVED:** Tue 10/20/2015 4:25:31 PM

**Submittor Information**

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

**Price Gouging Experience:**

Went to In [REDACTED] and paid my copay but received a large bill from the [REDACTED] [REDACTED] seperatly because he was out of network. How was I to know that the [REDACTED] [REDACTED] and the [REDACTED] [REDACTED]