

To: Florida Hospital Commission[flhospitalcommission@ahca.myflorida.com]
From: [REDACTED]
Sent: Mon 10/26/2015 5:12:38 PM
Importance: Normal
Subject: Report Price Gouging Submittal (AHCAPHI)
MAIL_RECEIVED: Mon 10/26/2015 5:12:43 PM

Submittor Information

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

Price Gouging Experience:

My husband has [REDACTED] and an [REDACTED] was reimbursed \$2000.00 by my insurance company. I then received a bil for an additional \$1000.00 from [REDACTED]. A [REDACTED] had me come for 3 appointments for the same reason and nothing was accomplished. I never even got a diagnosis.