

# *Esperanza*

An Investigative Report on Price Gouging, Aggressive Court Activity,  
and Unfair Trade Practices Against the Uninsured by  
Hospitals in Miami-Dade County, Florida

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### ***Executive Summary***

After reviewing the testimonies, examining the market, and analyzing court cases, and hospital bills of victims in Miami-Dade County, the Consejo de Latinos Unidos makes three recommendations:

- ***Increase Public Access to Improved Hospital Financial Data***

The State of Florida should improve the hospital financial data reporting system and require that hospitals provide standardized annual financial data on the inpatient and outpatient actual costs per patient per day, gross billed charges per patient per day by payer group, and net collected charges per patient per day by payer group. To assist consumers and establish “Truth in Pricing,” the State of Florida should require all hospitals to report annually the gross billed charges and net collected charges by payer group for each of a list of a standardized 50 most common procedures. All data must be available to the public on the Internet.

- ***Enforce Florida’s Deceptive and Unfair Trade Practices Act***

The Florida Attorney General should revisit the report written by the Legal Research Unit of the Office of Attorney General in 2002 titled *Florida Hospital Financial Trends*. The Attorney General must enforce the Florida Deceptive and Unfair Trade Practices Act (Florida Statute § 501-204) that prohibits “unconscionable acts or practices in the conduct of any trade or commerce” in relation to the unconscionable price gouging of the uninsured. A crackdown should begin immediately.

- ***Implement a Reasonable Pricing Structure for the Uninsured***

Hospitals in Miami-Dade County and across the country should voluntarily adopt a reasonable pricing structure for the uninsured that does not discriminate based on a person’s race, ethnicity, or income. Tenet Healthcare’s “Compact with the Uninsured” (see Appendix B) is an example of excellence in treating the uninsured with dignity, fairness, and respect. A hospital reimbursement rate of 120 percent of Medicare reimbursement was recently deemed “reasonable” by a panel in Florida. Hospitals should immediately place a six-month moratorium on lawsuits and review their internal practices.

### ***Key Findings***

Our work in Miami-Dade County has produced the following key findings about the treatment of the uninsured:

- A “hidden” state report confirms that average patient charges in Florida *increased five times more* than the Consumer Price Index between 1990 and 2001 while gross patient care charges for Miami-Dade hospitals increased nearly *eight times faster* than the CPI

for government operated hospitals; nearly *four times faster* for non-profits; and more than *three times faster* for for-profits between 1990 and 2000.

- The Miami market's worst offender to the uninsured appears to be Kendall Regional Medical Center, owned by HCA, the nation's largest for-profit hospital chain. We received the most complaints about this hospital's aggressive billing and collection activities. Baptist Hospital came in second.
- Court records in Miami-Dade County show a steady decline in lawsuits against patients by most hospitals between 2000 and 2003. HCA, which owns three hospitals in the market, saw a *five-fold increase* in aggressive lawsuit action between 2000 and 2003. Kendall Regional had a record year in 2003, filing 248 lawsuits—about one per weekday—attempting to collect a whopping \$1.1 million.
- Patient testimonials from Miami-Dade County show that uninsured patients are price gouged anywhere from two to six times more than what a typical insurance company would pay for the same procedure and services. Many uninsured patients are never contacted by a hospital's financial counselor or social worker to apply for government programs or charity care. Many of the few uninsured patients who do apply through the hospital for charity care or a discount program never hear back from the hospital. Unreasonable, inflexible, or unrealistic terms are sought by hospital collectors. Those terms are difficult to fulfill.
- Worried about the bad publicity and government investigations, the hospital industry—in a constant state of denial that they have done anything wrong—is scrambling to deflect attention away from their industry's egregious behavior by blaming federal regulations or insurance companies. Hospital leaders are chattering about everything except the crucial need: lowering outrageously high hospital prices. The Florida Hospital Association outlined a proposal to offer discounts to the uninsured, which is nothing more than a disgraceful "Hospital Price Gouging Protection Act," and does nothing to end the garnishment of wages, the placement of property liens, or the seizure of savings accounts of hard-working uninsured patients by greedy hospitals.

**[Important Note:** In this report, we did not cover any cases involving Tenet Healthcare. A year and one day ago we signed an agreement with Tenet to help the uninsured. Any complaints we received were immediately forwarded to Tenet to be resolved. We hope to do the same with other hospitals.]

## ***Introduction***

The name of this report is *Esperanza*, which is Spanish for “hope.” Our hope is that opinion leaders, hospital executives, and public policy makers in Miami-Dade County, Tallahassee, and Washington, D.C. will bring an end to hospital price gouging and aggressive collection activities against the uninsured once and for all.

*The Wall Street Journal* describes the problem clearly:

“At the heart of the issue is the hospitals’ common practice of charging full listed prices to the nation’s 43.6 million uninsured patients. Meanwhile, other patients enjoy deep discounts negotiated on their behalf—either by private insurers and HMOs or by government programs such as Medicare and Medicaid, the federal-state program for the poor. In some areas, the hospitals’ official charges amount to several times the discounted rates.

“Adding to the problem for the uninsured, many hospitals have become more aggressive in seeking payment of these bills. Hospitals have placed liens on debtors’ homes, garnished wages, seized bank accounts and, in some cases, sought the arrest of debtors who miss court dates, a practice known in some states as ‘body attachments.’”<sup>1</sup>

What some hospitals have discovered is that they can charge much higher prices to uninsured patients who are not represented by powerful insurance companies or the government. Typically, a hospital will charge uninsured patients three, four, five or even ten times as much as what an insured patient pays for the exact same procedures or services.

Our hope is that hospitals will voluntarily adopt a universal pricing structure for the uninsured that treats them with dignity and respect. Offering the uninsured either a significantly discounted managed care price or the usual Medicare reimbursement rate plus a percentage would help establish fairness. A new Florida hospital bill dispute resolution process overseen by the Florida Health Agency held that a hospital reimbursement rate of 120 percent of Medicare reimbursement was “reasonable.” Regardless of race, ethnicity, or income, patients should not face financial ruin or bankruptcy because they are uninsured.

## ***Providing a Voice***

Our group, Consejo de Latinos Unidos (or Council of United Latinos), is a national nonprofit organization that educates and assists Latinos and others in the areas of health care, police protection, immigration, and education. The Consejo has been combating hospital price gouging across the country for over three years and has been providing a voice for the voiceless, the uninsured. One in three Latinos is uninsured.

On January 28, 2003, *The Wall Street Journal* reported “a big win” for the Consejo when Tenet Healthcare, the nation’s second largest hospital chain announced that it would end the practice

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<sup>1</sup> Lagnado, Lucette, “Hospitals Will Give Price Breaks to Uninsured, if Medicare Agrees,” *The Wall Street Journal*, December 17, 2003, page A1.

of price gouging uninsured patients and adopt a “Compact With the Uninsured” (see Appendix B).

The Consejo was the first organization to outline Tenet’s “aggressive pricing strategies” against uninsured patients in February of 2002.

Last summer, Consejo helped spur a national probe into hospital price gouging by the U.S. Energy and Commerce Committee. On July 16, 2003, the *Associated Press* reported:

“The investigation grew out of allegations by an advocacy group for Hispanic patients that the two largest for-profit hospital chains, Nashville-based HCA and Tenet Healthcare Corp. of Santa Barbara, Calif., subjected uninsured patients to price-gouging. The Los-Angeles based group, Consejo de Latinos Unidos, said uninsured patients are charged up to five times what insurance companies typically pay for the same procedures and services.”

### ***Defining the Uninsured***

When we talk about the uninsured, we are talking about families that are not poor enough to qualify for Medicaid or charity care, and not wealthy enough (or healthy enough) to purchase health insurance. They are in the middle, stuck paying the bill.

Hospitals and their trade associations appear to be intentionally trying to confuse people and deflect the media by throwing out numbers about the millions hospitals give away for charity care, for uncompensated care, or in write-offs.

We are *not* talking about charity care cases. We are talking about uninsured families who are stuck paying the bill.

This Report is divided into five more sections:

**1. *Florida’s “Hidden” Report***

A briefing on some of the findings from a “hidden” report from the Office of the Florida State Attorney General.

**2. *The Miami Market***

A review of court activity, pricing structure, and the worst offenders.

**3. *Patient Testimonials***

A collection of some of the most gripping uninsured horror stories.

**4. *Florida Hospitals Scramble***

A review of how hospitals are reacting to the criticism and an overview of the Florida Hospital Association’s “discount plan.”

**5. *Conclusion***

A few closing points.

### ***Florida's "Hidden" Report***

Our investigation in Miami-Dade County helped bring a lot of victims out of the basement. Yet, nothing was as damaging as the three-inch report written in late 2002 by the Legal Research Unit of the Office of the Florida Attorney General that crossed our desk. We do not believe anyone has written about or acknowledged the findings in this report, which is titled, *Florida Hospital Financial Trends*.

In the summary of findings, the report states, "The perception of a growing financial crisis for Florida's hospitals is false. After tax profits for the average Florida hospital rose 156% between 1990 and 2001....Equally as false is the perception that a growing number of Florida residents lacking health insurance have had a negative impact on the average Florida hospital's fiscal health. Between 1990 and 2001...the average uninsured patient population [in Florida] fell 30%."<sup>2</sup>

#### ***Skyrocketing Hospital Charges***

The report, which analyzes data from a variety of sources, confirms the empirical evidence we have uncovered in Florida: outrageously high hospital charges. "The average hospital charge [in Florida] for patient care (per adjusted patient day) rose five (5) times faster than the Consumer Price Index between 1990 and 2001: 187% increase in the average hospital charge per adjusted patient day; 156% increase in average Florida hospital's 'Bottom Line' profit; 36% increase in the Consumer Price Index."<sup>3</sup>

Between 1990 and 2000, "gross patient care charges for Miami-Dade hospitals increased: nearly eight times faster than the CPI [Consumer Price Index] for government operated hospitals; nearly four times faster for non-profits; and more than three times faster for for-profits,"<sup>4</sup> concludes the section of the report focused on Miami-Dade County.

The eye-popping report defines gross patient care charges as "equal[ing] the amount the hospitals charges for its patient care services. Gross charges are much higher than the net amount private and governmental insurance carriers negotiate for services provided to their insured members. However, these gross charges are what an uninsured patient would be legally required to pay."<sup>5</sup>

#### ***Falling Daily Census of Uninsured Patients***

The report asks why "given the recent concern over the reported increase in the number of Floridians lacking health care insurance, why (and how) has the average daily census of

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<sup>2</sup> Legal Research Unit, Office of the Florida Attorney General, *Florida Hospital Financial Trends*, "Introduction," page 2.

<sup>3</sup> Ibid.

<sup>4</sup> Legal Research Unit, Office of the Florida Attorney General, *Florida Hospital Financial Trends*, "Hospital Financial Trends, Miami-Dade County," page 8.

<sup>5</sup> Ibid.

uninsured hospital patients declined so dramatically? Have the above trends resulted in an increase in the number of Florida residents going without potentially life-saving hospital care?”<sup>6</sup>

We believe possible deterrents are the outrageously high prices and unreasonable payment terms hospitals advocate.

In Orlando, Luis M. went to a hospital in November 2002 for a lump on his collarbone. After receiving a CAT Scan and told it was nothing serious, Luis went home. A few weeks later, Luis received a bill for almost \$8,000. Shocked by the enormous price tag, Luis never went back or followed up. When the Consejo met with him in the March of 2003, we encouraged (and paid for) a follow-up. He was diagnosed with a Stage II cancer and would have died if we had not met with him.

Price gouging can deter treatment and, yes, possibly kill a number of Florida residents.

### ***Price Disparity for the Uninsured***

Like our previous investigations on hospital behavior, the report by the Attorney General’s Office concludes that “uninsured patients are charged the gross amount for their health care—unlike insured patients who pay the much lower amount under contracts negotiated by their insurance providers. At the same time, it is common practice for hospitals to file a property lien for the gross amount of an uninsured patient’s health care bill. Given this, the disparity in the average gross health care charges by ... hospitals raises certain questions of equity.”<sup>7</sup>

The report asks, “Where is the equity in holding uninsured hospital patients responsible for the full amount of their gross hospital charges...?”<sup>8</sup>

It is a question opinion leaders need to seriously ponder, because you cannot defend such blatant unfairness.

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<sup>6</sup> Legal Research Unit, Office of the Florida Attorney General, *Florida Hospital Financial Trends*, “Florida Public Policy Issues,” page 3.

<sup>7</sup> Ibid, page 11.

<sup>8</sup> Ibid.

### ***The Miami Market***

Our investigation was successful because we were contacted by a good variety of uninsured patients from different parts of Miami-Dade County (a select number of patient testimonials is included in the next section). We created a database of over 120 victims.

Although we received complaints about every single major hospital in Miami-Dade County, the worst offender, according to testimonials, was Kendall Regional Medical Center, operated by HCA, followed by Baptist Hospital. HCA is the nation's largest for-profit hospital operator and owns three hospitals in Miami-Dade County.

When HCA came out with a "new and improved" financing plan for the uninsured last year, the Consejo called it "worthless fluff." Under HCA's plan, which was implemented on October 1, 2003, uninsured patients will have to prove their treatment is "non-elective," prove their home is worth less than \$300,000, prove they have the inability to pay before having their wages garnished, or wait until HCA finds it "appropriate" to offer a payment plan.

As we reported in our *Infierno* report: "HCA has a spotted history when it comes to honesty and integrity. [In 2003], the hospital giant agreed to pay almost \$900 million to settle claims of Medicare and Medicaid fraud. Since 1999, HCA has paid a combined ...\$1.7 billion to settle claims of fraud....[and] HCA appears to be engaged in the most deplorable, immoral, and egregious behavior we have ever seen against the uninsured."<sup>9</sup>

#### ***Stunning Increase of Lawsuits by Kendall Regional***

We were able to review hundreds of lawsuits filed at the Miami-Dade courthouse. Between 2000 and 2003, most major hospitals have seen a significant decline in lawsuits against patients.<sup>10</sup> The allegation that Kendall Regional partakes in aggressive collection efforts is supported by a review of court filings. In that four-year period, filings have increase a staggering 629 percent at Kendall Regional. In addition, Aventura and Cedars, the other two HCA hospitals in Miami-Dade, have also shown a dramatic increase in filings. All three hospitals saw a *five-fold increase* between 2000 and 2003, going from 100 to 511 cases filed.

Hospital	2000 Filings	2003 Filings <sup>11</sup>	Change
Aventura	50	157	Increase of 214%
Baptist	220	73	Decline of 67%
Cedars	16	106	Increase of 563%
Jackson Memorial	482	77	Decline of 84%
Kendall Regional	34	248	Increase of 629%
Mercy	198	198	No change

<sup>9</sup> Forbes, K.B., *Infierno*, Consejo de Latinos Unidos, July 16, 2003, page 8.

<sup>10</sup> Not all patients who are sued are necessarily uninsured. We have found that on average about ten percent of lawsuits filed by hospitals are against insured patients who owe a deductible.

<sup>11</sup> The filing numbers for 2000 and some of the filing numbers for 2003 were attained by doing an electronic search.

The Consejo also individually reviewed the cases filed in 2003 by Kendall Regional, Baptist Hospital, and Jackson Memorial. Kendall Regional was the most aggressive, attempting to collect \$1.1 million from patients in 2003.

Hospital	Number of Filings	Total Sought in 2003 <sup>12</sup>
Kendall Regional	248	\$1,128,920
Baptist	73	\$392,591
Jackson Memorial	77	\$207,894

**[Important Note:** In this report, we did not cover any cases involving Tenet Healthcare. A year and one day ago we signed an agreement with Tenet to help the uninsured. Any complaints we received were immediately forwarded to Tenet to be resolved. We hope to do the same with other hospitals.]

***HCA: Some of the Highest Prices***

According to the Office of the Florida Attorney General’s “Hidden” Report, Kendall Regional ranked second in the top five most profitable acute care hospitals in Florida in 2001.<sup>13</sup> No surprise that HCA’s three hospitals have some of the lowest cost-to-charge ratios in Miami-Dade County, which means they charge the most for care. Interesting to note that the Medicare data is from 2001, which could mean things have gotten worse.

Hospital	Cost to Charge Ratio	Times Cost	Sample Cost	Sample of Amount Billed	Date of Medicare Data
Aventura	.2398	417%	\$10,000	\$41,700	12/2001
Cedars	.2524	396%	\$10,000	\$39,600	12/2001
Kendall Regional	.2686	372%	\$10,000	\$37,200	12/2001
Miami Heart Institute	.3065	326%	\$10,000	\$32,600	06/2000
Baptist Hospital	.3259	307%	\$10,000	\$30,700	09/2002
Mercy	.3437	291%	\$10,000	\$29,100	12/2001
Mt. Sinai	.388	258%	\$10,000	\$25,800	12/2001
Jackson Memorial	.4009	249%	\$10,000	\$24,900	09/2002
Pan American	.4026	248%	\$10,000	\$24,800	03/2002

***Need for a Better, More Detailed Billing System from Jackson Memorial***

“[The] inspector general's report [on Jackson Memorial] paints a picture of lax management, loosely written admission policies and poor collection rates,”<sup>14</sup> wrote *The Miami Herald* last month.

<sup>12</sup> The “Total Sought in 2003” was obtained by reviewing each and every docket in 2003 and finding the amount of the complaint.

<sup>13</sup> Legal Research Unit, Office of the Florida Attorney General, *Florida Hospital Financial Trends*, “Introduction,” page 3.

<sup>14</sup> Epstein Nieves, Gail, “County Audit: Jackson Owed \$85M,” *The Miami Herald*, December 19,2003, page F1.

But a major problem we found with Jackson Memorial is an inadequate billing system that provides little information to the patient as to exactly what procedures were done and at what price. Of all the cities and states we have traveled to, Jackson Memorial appears to have one of the “cheapest” billing statements we have ever seen.

Poor billing systems may mean poor collection rates.

***Patient Testimonials***

Below are samples of the horrific behavior we uncovered in Miami-Dade County.

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***Mercy Collectors Shows No Mercy: Patient Placed in “Financial Bind;” Feels “Ripped Off”***

Francisco C., 43 years old, says, “I went to Mercy Hospital...in February 2002. I went to the hospital because I had high blood pressure. They gave me an electrocardiogram [when I arrived at the hospital]. I was in the hospital two days [and charged more than \$8,000.00]. In reality I was only in the hospital about one day. At no moment [did a social worker and or counselor speak to me and offer me Medicaid, or charity care or any other local, state, and federal health assistance program]. They [the collectors] were calling me constantly. I felt badly. They bothered me so much that I borrowed the money from my credit card and paid them off. I tried and they said that they could not make payment arrangements. I transport Medicaid patients [for a living]. I still have blood pressure problems. I am a little disappointed with [Mercy] Hospital. They should be a little more understanding. I am in debt with my credit card. I have been ripped off by this hospital. I have been placed in a financial bind.”<sup>15</sup>

***Senior Citizen Hit with \$5,000 Bill for Three Hour Visit***

Elvira S. went to Kendall Regional for shortness of breath. Her son-in law Oswaldo reports, “She was there [in the hospital] for about three hours. They asked us how we were going to pay? She [my mother-in-law] is 66 years old. She is a resident but she cannot apply for Medicare. I called the hospital and tried making payment arrangements. We deserve to be charged more reasonable prices. I think we are being overcharged. This is too much money!”<sup>16</sup>

***Dry Cleaners Employee Gets Charged Seven Times More***

Coralis F. tells of her husband’s nightmare. Antonio went to Jackson Memorial. He was in the hospital for 3 days. He was charged \$60,000.00 for a heart catheterization. A typical insurance company would have paid about \$8,000 for the same exact care. “My husband went to Jackson Memorial. He was in the hospital for three days. He went to the hospital on October 15, 2003. He went to the hospital because he had chest pain. He had a heart catheterization. They have charged us almost \$60,000.00. While my husband was in the hospital no social worker ever came to see us. I asked to speak to a social worker but because he was released on a Saturday there was not a social worker available. I was told to call and make an appointment with a social worker. When I called they told me that they were not able to help me because he was no longer hospitalized. The hospital has called several times trying to collect their money. They also asked me if I had hired an attorney. I think we were overcharged. They should always

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<sup>15</sup> Case 5121, December 2003.

<sup>16</sup> Case 5123, December 2003.

have a social worker available to speak to the patients. My husband works at a dry cleaners. I am barely beginning to work as a mortgage broker. My husband earns a little over \$20,000.00 per year.”<sup>17</sup>

### ***Karate Student Gets Chopped with Enormous Bill***

Alejandra C., a 42 year-old mother from Argentina, tells us, “I took my soon to Kendall Regional Medical Center because he injured his back. He was practicing Karate when this occurred. I was charged \$3,600.00. I did not have insurance when this happened. We were in the hospital for about five hours. I was told that I would not be charged a lot of money. While I was at the hospital no social worker ever came to talk to us. No one ever offered us any financial assistance. The hospital gave my son X-Rays, and a urine analysis. I want to pay this bill. I want them to charge me a reasonable amount. I cannot pay \$300.00 per month and this is what they are asking me for. I want to pay. I sent them a money order for \$70.00.”<sup>18</sup>

### ***No Insurance Leads to Doubling of Bill***

A single 24 year-old student went to Mercy Hospital. Aleeisha F. states, “I went to the hospital because I had a stomach virus. Before I left the hospital no social worker came to talk to me. I was in the hospital ...maybe two and a half hours. [The hospital called because they thought I had insurance] Yes, I had my mother’s insurance card and I thought I was insured under my mother’s insurance. [But] I did not have insurance. [The first bill I received] was for about \$1,500.00. [When they found out I did not have insurance,] the bill went up to \$3,257.00. I called the hospital and I went to speak to some lady on Pico Avenue. She told me to write a letter so that I could get a ...voucher, I mean a discount. [The lady on Pico Avenue] works for the hospital billing department. The hospital would give me financial assistance [if I wrote the letter]. [I spoke to the hospital] about a month ago. I go to school. I baby sit and tutor [part time]. It was my initiative [to settle this bill]. I do not want to ruin my credit. There are six members in my family. I take care of my grandmother who has Alzheimer’s.”<sup>19</sup>

### ***Kidney Stone turns into \$60,000 Nightmare***

Rina M., homemaker and mother of two from Honduras, tells us, “I went to Jackson Memorial Hospital. I was in the hospital five days. I was there for a kidney stone. I did not have surgery. They were testing an instrument on me. This was a seven-month process. They finished this process on December 22<sup>nd</sup>. Well first they tried this process one time and it failed and they had to try it a second time. I was charged for both times. I do not think this is fair that I have to pay for this. I currently owe the hospital about \$60,000.00. They are overcharging me. For a five-day hospital stay they are charging me \$24,000.00. They charged me \$10,000.00 for the first [extra corporeal] shock they gave me. I was also asked to give a deposit for these electroshocks. I want to pay this bill but I want to pay the just amount. I want them to tell me the just amount. I would think that the just amount is about \$15,000.00. Everyone complains that these hospitals charge too much money. They should find a way to charge less and that everyone would pay

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<sup>17</sup> Case 5166, January 2004.

<sup>18</sup> Case 5128, December 2003.

<sup>19</sup> Case 5119, December 2003.

their bills. I do not work only my husband works. My husband earns about \$24,000.00 per year.”<sup>20</sup>

***Patient Charged Over \$1,000 an Hour***

Jose Manuel Q., a diabetic truck driver, who owns a small home, told us the following story about his visit to a hospital: “I was not feeling well and I was taken to the hospital. My sugar level and blood pressure were very low. I was in the hospital for two and a half hours. The hospital asked me if I was insured and I told them I wasn’t. [The hospital bill was \$3,040.00]. I think I am being charged too much for two hours and a half. [The hospital should] no be so abusive. To have a conscience, this is excessive. I understand we need to pay. We should not be asked to pay ...more than the normal.”<sup>21</sup>

***\$9,000 for Incorrect Diagnosis***

Mercedes B., a 30 year-old mother of three, went to Mount Sinai Miami Heart Institute for 5 hours and was charged almost \$9,000 for what she believes was a wrong diagnosis. “I was there [in the hospital for] five hours. I went to the hospital because I had terrible back pain. They said I had passed a kidney stone. But according to [other doctors at another facility,] I had a herniated disk. They have asked me to pay \$250.00 monthly. I had to contact their billing department myself to try to make payment arrangements. They are ...diagnosing their patients incorrectly.”<sup>22</sup>

***“Not Just or Reasonable”***

Mercedes P reports, “I took my son to the husband because he shot himself on the arm with a pellet gun. He was in the hospital for about two hours. I took him to Kendall Regional. He did not have surgery. The doctor just made a little incision. I am being charged \$2,998.00. I think this bill is not just or reasonable. I started receiving bills fifteen days after his accident. When I received the first bill I could not believe it. I think this is crazy and absurd. I did not expect to receive a bill this high. I thought it would be about \$400.00. I work at a doctor’s office and this would have cost about \$100.00. The hospital has sent me letters. I called them back and they said I had to pay \$225.00 monthly. They would not accept lower monthly payments. I am not able to pay this. I do not earn enough. I wanted to pay \$20.00 to \$40.00. While I was in the hospital no social worker ever came to speak to me. They never offered me any financial assistance. [The hospital] should not be so abusive. When I got this bill I was in shock. I have never denied payment to the hospital. I want to pay.”<sup>23</sup>

***Back Pain Turns Into Financial Pain at \$1,250 an hour***

“I went to Mount Sinai because I fell off my apartment’s stairs. I was in the hospital for about four hours,” says Ricardo B., a married father from Argentina “I was charged about \$5,000.00.

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<sup>20</sup> Case 5129, January 2004.

<sup>21</sup> Case 5120, December 2003.

<sup>22</sup> Case 5122, December 2003.

<sup>23</sup> Case 5125, December 2003.

I did not have any surgery. I think I am being charged too much money. This is crazy. This is impossible. My back was really hurting but I do not think that their services cost this amount. While I was in the hospital a social worker came to speak to me. She asked if I was insured and I told her that I was not insured. I was never offered any discount. I earn about \$15,000.00 per year. The hospital was asking me to pay this money in full.”<sup>24</sup>

***Janitor Sees Two Years of Wages in One Hospital Bill***

“I went to Pan American Hospital. I had an Appendectomy. I was charged \$21,000.00 for my hospital stay. I also have other bills,” says Ricardo T., a janitor at Florida International University. An insurance company would have paid a little over \$4,800 for the same procedure. “While I was in the hospital a social worker came to talk to me and had me fill out some forms. I was told I did not qualify. I am 35 years old. I am single. My monthly income is \$1160.00. The hospital has not contacted me by phone. I have been sending them small monthly payments of \$20.00. I have already paid the surgeon \$500.00. I have been sending whatever I can. The hospital has accepted my payment plan. I think I was overcharged by the hospital. I was only in the hospital two days. I think I will die and I will still be paying them. I am from Cuba. I have been in this country for three years.”<sup>25</sup>

***“I Think this is like Fraud”***

Dulce R., an unemployed 63-year old from Cuba who has lived in the United States for over forty year, states, “I went to Kendall Regional. I went to the hospital because I fractured three toes on my left foot. I was in the hospital for only two hours. I was not given X-Rays at the hospital, because I provided my own X-Rays. They are charging me \$1451.00 for the hospital and \$589.99 for the physician. While I was in the hospital no social worker ever came to speak to me. This is very abusive. I believe that this is too much money for a person that is unemployed and uninsured. I think this is like fraud. I called the hospital the other day and asked for a settlement and they did not want to work with me. They only offered me a 25% discount but I would have to pay within ten days. I called another number and they said I would have to pay \$120.00 per month. They also suggested that I charge it on my credit card.”<sup>26</sup>

***Exaggerated Price: \$1,636 for One Stitch***

“I took my daughter to Baptist Hospital because she hurt her foot. She was in the hospital for about 30 minutes. She was given X-Rays; one stitch,” says Rosie A., mother of three. “I have been charged \$1636.00. While my daughter was in the hospital no one ever came to speak to us about any financial assistance programs. I called the hospital and requested an itemized statement. I received the statement and I do not think I am being charged a just and reasonable price. I want to pay but I want to pay the just amount. We earn about \$20,000- 25,000 per year. I know we need to pay for these services but we should not be overcharged.”<sup>27</sup>

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<sup>24</sup> Case 5130, January 2004.

<sup>25</sup> Case 5131, January 2004.

<sup>26</sup> Case 5134, January 2004.

<sup>27</sup> Case 5135, January 2004.

***Handyman Sees Hospital Charges Mount to \$18,000***

Arnardo H., who is insured, went to Baptist Hospital for three days. Yet, his insurance was declined and now he faces an enormous bill of a little over \$18,000.00. An insurance company would have paid a little over \$4,000 for the same exact care. “I went to the hospital for a stomach virus. I was never given a diagnosis. They gave me the same analysis about five different times. When I went into the hospital my wife showed them [admittance department] my insurance card. She said that I was able to use it at their hospital. She never called to verify with my insurance. On Tuesday morning, I was told that my insurance would not cover my emergency hospital stay at Baptist. And now I am stuck with paying the bill. I cannot pay this bill. I think that I am not being charged fairly. The hospital never offered me a discount and or any type of charity or assistance. The hospital has not contacted me by phone. I have only received bills. [The hospital needs] to be more considerate of their patients. I earn about \$1800.00 per month. But there are times that I do not earn the same. I am a handyman. I do not think it is fair that hospital waited until Tuesday to notify me that my insurance was not accepted at their hospital. My insurance carrier can be contacted twenty-four hours a day.”<sup>28</sup>

***\$1,600 for Fifteen Minutes***

Chu F. went to Jackson Memorial because he had a cyst staph infection on his back. “I had a cyst with staff infection on my back. I was in the hospital approximately ...well I waited a long time but I was with the nurse for about 15 minutes. I was charged \$1,616.73. While I was in the hospital no social worker came to speak to me regarding any financial services and charity care—Medicaid. I went to the hospital and spoke to Gloria Gutierrez and she told me to write a letter to Jackson Memorial and express how I thought I was being overcharged. I think I am being overcharged. I was also not properly educated on the staph infection. I never saw a physician I only saw a nurse. I want to pay my bill but I think I am being charged too much.”<sup>29</sup>

***“Right now, I feel Hopeless.”***

Rafael A., who earns about \$24,000 a year, tells us, “I went to Baptist Hospital because I had chest pain from a previous accident that I had. I was in the hospital for one night. They did not do any surgery. The hospital is charging me \$16,570.33.” A typical insurance company would have paid less than \$3,000 for the exact same care. Rafael says, “A social worker never came to speak to me about any financial services. After I left the hospital I started receiving letters from the hospital. The letters were bills. I tried calling on two different occasions. I asked them why I was being charged so much money and one of the occasions I asked them if they could send me an itemized statement of the charges. I told them that I believed that I was being charged too much. I did receive the itemized statement. I think I was overcharged. When I received the bill I felt crazy. I cannot even afford to pay this bill; I have a lot of problems. It’s even hard to make my mortgage sometimes.” Rafael opines, “[J]ust to be fair, [the hospitals should] charge everyone normal rates. They should charge everyone the same if they are receiving the same

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<sup>28</sup> Case 5136, January 2004.

<sup>29</sup> Case 5140, January 2004.

procedure. Right now I feel hopeless. This is the reason I contacted you guys [Consejo de Latinos Unidos].”<sup>30</sup>

### ***Fixed-Income Senior Citizen Charged \$10,000 for Urinary Tract Infection***

Edith M., 65 years old who lives on a \$302.00- a-month Social Security check, said, “I went to Kendall Regional Medical. I had urinary tract infection. I was in the hospital less than six hours. There was no surgery involved. I was charged \$10,500.08. A social never came to see me while I was in the hospital. I was released from the hospital and I was still not feeling well. I felt as if I was asleep and drowsy. I am diabetic and I cannot get insurance.”<sup>31</sup>

### ***No Reasonable Payment Plan on a Small Bill***

This testimonial shows the aggressiveness of some hospitals over small bills. Gregorio B. went to a hospital and was charged \$803.25. He was there for five hours and was seen for flu symptoms. “I went to the hospital because I had high fever and swollen glands. I was in the hospital for about five hours. I was charged \$803.25. While I was in the hospital no social worker ever came to speak to me. The hospital has never contacted me to collect their money. I want to pay; I went to the hospital to try to make payment arrangements. The hospital did not accept my \$40.00 monthly payment. They wanted me to pay \$80.00 monthly for ten months. I am not able to pay \$80.00. I would have to go live under a bridge. I do not make enough money to pay this. [The hospital should] give me the opportunity to pay this in small monthly payments. I feel as if they are threatening that I must pay what they are telling me to pay. I earn about \$1200.00 monthly.”<sup>32</sup>

### ***Common Cold Costs Almost \$2,000***

Jose O., a 30-year-old from Venezuela, tells us “I went to Baptist Hospital. I went to the hospital because I had a common cold. I was in the hospital for about three to four hours. I received two bills one for \$1,600.00 and another for \$300.00. They thought that I probably had pneumonia. I have been sent to collections. I want to reach an agreement and pull this debt out of collection. At no time did a social worker come to see and or talk to me.”<sup>33</sup>

### ***Price Gouged Five Times More***

Myra B., a divorced mother who works as a nursing assistant, earning about \$250 a week, went to Pan American Hospital. She was in the hospital for five days and was charged \$30,000.00 for a gallbladder removal. A typical insurance company would have paid \$6,500.00 for the same procedure. “I had been vomiting for about one day before going to the hospital. I was in the hospital five days. I was in the hospital for five days. A social worker came to see me. She asked me if I had insurance or Medicaid. The day she went to see me, she said that my bill was up to \$20,000.00. I told her that I would not be able to pay this in full and she said I would have

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<sup>30</sup> Case 5138, January 2004.

<sup>31</sup> Case 5162, January 2004.

<sup>32</sup> Case 5142, January 2004.

<sup>33</sup> Case 5163, January 2004.

to make arrangements with the hospital. The social worker said that I did not qualify for Medicaid. She never told me why I didn't qualify. A week after I got out of the hospital I started receiving these bills. I think I am being overcharged. I want to pay but I want to pay something I can afford. I do not have this kind of money. I do not have a stable job. I am a nursing assistant."<sup>34</sup>

### ***Charged Surgery Price for No Surgery***

Diomaris P., a widow who works as a housekeeper, has gallstones. Although she had no surgery, she was charged almost \$7000.00 for her one-day visit. Hospitals typically accept \$6,500.00 as payment in full from insurance companies for gallbladder surgery. "I went to Kendall Regional Hospital. I went to the hospital because I had abdominal pain. They diagnosed me with gallstones. I did not have surgery. I was in the hospital one day and I am being charged more than \$7,000.00. While I was in the hospital no social worker ever spoke to me regarding any financial services. I did not have the surgery because I did not think they really knew what was wrong with me."<sup>35</sup>

### ***Suicide Patient Gets More Depressed Over Hospital Bill***

[Maria]<sup>36</sup> attempted to kill herself. She was admitted to Baptist Hospital for five days. She had a antibiotic drug overdose. She was charged \$28,000.00. "I went to the hospital because I was very depressed and I had overdosed. I was in the hospital for five days. I was in intensive care for two days. The other three days I was under regular care ...observation. While I was in the hospital a representative came to ask me for the amount of my insurance deductible. I had insurance at the time but my insurance carrier did not cover me because this was self-inflicted. I started receiving these bills. I tried to work with my insurance company and they said I would have to pay \$20,000.00 cash and that they would lower my balance. . They are charging me as if I had stayed at a five- star hotel. My husband is a land-surveyor. He earns about \$40,000.00."<sup>37</sup>

### ***Financial Office Gives Patient the Run Around***

Raul C. went to Jackson Memorial and had a heart catheterization. He was charged \$27,500 for a procedure an insurance company would have paid about \$8,000 as payment in full. "I was in the hospital for 6 days. While I was in the hospital a social worker came to see me but on that day that she came to see me the doctors were doing a procedure on me and she never came back. When I was released I went to the hospital and tried speaking to the financial office. I was given the run around and they told me to wait for the collection department to call me. I went to speak to someone else and I insisted that they help me. This woman filed an application for Medicaid. But I have not heard from them. This process started in November. I believe I was overcharged. I am not sure what is just. I was only there six days. My total is about \$27,500.00. That is a lot of money for someone that is unemployed. At the time I went to the

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<sup>34</sup> Case 5164, January 2004.

<sup>35</sup> Case 5141, January 2004.

<sup>36</sup> Not her actual name.

<sup>37</sup> Case 5165, January 2004.

hospital I was unemployed. I got laid off in 2002. I have learned that Jackson Memorial is able to offer assistance to patients that are under the poverty line. I was told that a single person like me would have to earn \$8,000.00 or less. In 2003, I earned about \$2000.00. I feel terrible having these bills. I want to pay something that I can afford. I do not have any means right now. The hospital has only sent me letters.”<sup>38</sup>

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<sup>38</sup> Case 5167, January 2004.

### ***Florida Hospitals Scramble***

Providing a voice for the voiceless in Florida, the Consejo began attending and presenting victims of hospital price gouging before both the Governor's Task Force on Access to Affordable Health Insurance and the House Select Committee on Affordable Health Care in September of 2003. The committee members, trade representatives and lobbyists were taken by surprise.

From Pensacola to Miami, from Jacksonville to Tampa, Consejo made sure the uninsured had a voice at these hearings and we demanded something be done to end the price gouging.

At first, the Florida Hospital Association did not know what to do. Then they went on the defensive, blaming and pointing fingers at others. Next, FHA members graciously met with us, thinking, in some cases, it would silence us.

Finally, they offered up a half-cooked "discount plan" hoping the uninsured would jump for joy.

#### ***Hospitals Blaming Others: Federal Regulations***

The FHA, possibly worried by federal investigations and bad publicity, at first attempted to justify the hospital price gouging by blaming federal regulations—an unoriginal and pathetic attempt to deflect attention away from their members' shameful behavior.

As we pointed out, in the 1950's, racial segregationists hid behind Jim Crow laws to justify their egregious, immoral and unjust behavior against African-Americans. Today, some hospitals hide behind archaic and ambiguous federal regulations to justify their egregious, immoral, and unjust behavior against uninsured minorities.

Even if hospitals are given the green light to offer the uninsured the same discounted rates as the insured by federal authorities, some hospitals will continue to price gouge the uninsured.

In December, Centura Health, one of the largest faith-based hospital operators in Colorado, told us that the non-profit hospital chain would never commit to offering the uninsured discounted rates "within the range of discounted local managed care rates" even "pending regulatory approval or legislative change"—calling such a move "a business risk."

The *Associated Press* reported on December 17, 2003:

"Centura Health, Colorado's largest hospital system, this week dropped a plan to offer discount services to the uninsured, saying it might violate federal law. Consumer groups said the plan could have helped 700,000 uninsured Coloradoans, some of whom make too much money to qualify for Medicaid. The company last spring said it would consider offering uninsured patients the same discounts offered by health plans, which could save individual patients thousands of dollars."

Centura Health appears to exemplify what is the reality today: a hospital may save or improve an uninsured patient's health, but then they will commit to financially ruin them by hiding behind federal regulations.

### ***Hospitals Blaming Others: Insurance Companies***

Caught with their hand in the cookie jar, some hospital lobbyists and consultants are trying to turn this into an insurance company versus hospital fight, when the uninsured have *nothing* to do with insurance companies.

The uninsured are, well, uninsured.

It is a classic example of “psychological projection”—projecting your unflattering attributes on others you despise.

A hospital consultant in Florida wrote us, claiming “the health insurance companies [are] jacking prices up through the roof so average working people are stuck with ... high personal medical bills. It is obscene and must be stopped.”

Excuse us? The “high personal medical bills” come from hospitals.

Our response was simple:

“We showed you empirical evidence of hospital price gouging. Your client [a major Florida hospital]...has not denied its behavior and actually established a task force to study their own egregious behavior. Yet, nothing has changed. Now you suggest the demons are insurance companies. We do not have evidence that shows insurance companies have placed liens, destroyed credit histories, garnished wages and sucked up the hard earned assets of uninsured minorities and others. We will look into any evidence or data you may have access to that shows that Hispanics and others are being financially ruined by the aggressive billing and collection activities of insurance companies or being charged four, five or six times more than what a typical insurance policyholder would pay in premium.”

### ***Lee Memorial Tries to Suppress Our Voice***

The most amazing action came in December when the President of Lee Memorial Health System, Jim Nathan, who sits on the FHA board, called us asking us in the spirit of cooperation to “withdraw” an opinion piece we had written for the *Fort Myers News-Press* about hospital price gouging. Of course we declined, but we were in a state of disbelief.

### ***American Hospital Association Acknowledges Price Gouging***

Finally, in December, the American Hospital Association courageously conceded that price gouging of the uninsured was unfair. “Under pressure from lawmakers and consumer advocates, the hospital industry said it would consider making broad price cuts for the uninsured—provided the federal government approves. The announcement by the American Hospital Association

included a stark admission that some hospital billing and collection practices are unfair to needy patients.”<sup>39</sup>

### ***FHA Offers “Discount Plan”***

Yesterday, the FHA released a discount plan for the uninsured. We labeled it a “disgraceful Hospital Price Gouging Protection Act.” The FHA proposal means nothing, does nothing, and changes nothing.

The fundamental problem is outrageously high hospital prices and the FHA is avoiding that topic.

Some uninsured patients are being charged five, six, or even ten times more than what a hospital would accept as payment in full from an insurance company. Even with FHA’s mandatory 30 percent discount, price gouged victims will still face financial ruin.

The FHA proposal does nothing to end the garnishment of wages, the placement of property liens, or the seizure of savings accounts of hard-working uninsured patients by greedy hospitals.

### ***“Cautious” when it Comes to Reasonable Pricing***

The FHA appears to be more concerned about protecting high prices than offering a reasonable pricing structure.

Interesting to note that the Florida Hospital Association has advised its membership to “be cautious” of a Florida hospital bill dispute resolution process overseen by the Florida Health Agency. MAXIMUS, the dispute resolution contractor with the Florida Health Agency, held in June of 2003 that a hospital price reimbursement rate of 120 percent of Medicare reimbursement was “reasonable.”<sup>40</sup>

That rate is close to what insurance companies typically pay.

### ***Ending the Myth***

Some hospitals in Florida justify their immoral and aggressive collection behavior by continually peddling the myth that uninsured patients do not want to pay. The Consejo has been contacted by over 3,500 families in three years. Not a single person has ever said they did not want to pay their hospital bill; on the contrary, they always tell us that they want to pay “what we can afford” or “what is just.” The same is true of the families we met with in Miami-Dade County.

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<sup>39</sup> Ibid.

<sup>40</sup> Jordon Sexton, Christine, “BayCare loses BCBS payment dispute,” *Tampa Business Journal*, June 23, 2003.

### ***Conclusion***

Charging the same discounted prices for services rendered to the uninsured as a hospital charges the insured is a positive solution.

Hospitals can adopt Tenet Healthcare's Compact with the Uninsured (see Appendix B) or incorporate the new Florida hospital bill dispute resolution process overseen by the Florida Health Agency. A hospital reimbursement rate of 120 percent of Medicare reimbursement was deemed "reasonable."

We hope that hospitals will be willing to adopt policies that incorporate four fundamental changes:

- Uninsured patients, regardless of race, ethnicity or income, will be charged reasonable discounted rates like the insured.
- Uninsured patients will be offered reasonable payment plans over a reasonable period of time.
- No litigation will be engaged until all charity and government programs have been exhausted and the uninsured has been offered a reasonable rate and payment plan.
- No litigation will ever be engaged whatsoever against uninsured patients whose only sole asset is the family home.

***About the Author***

K.B. Forbes is the Executive Director of the Consejo de Latinos Unidos, a national nonprofit organization which educates and assists Latinos and others in the areas of health care, immigration, education, and police protection. Forbes is the author of four other Consejo reports: *Cinco*, an investigative report on hospital price gouging in Southern California (2001); *Ahora*, an investigative report on allegations of police brutality in Southern California (2002); *Infierno*, an investigative report on hospital price gouging in Chicago, Denver, Oklahoma City, and Orlando (2003); and *Unconscionable*, an investigative report on hospital price gouging and unfair trade practices in Fort Myers, Florida (2003). A former journalist and English as a Second Language teacher near Watts, Los Angeles, he is the son of a Latino immigrant.

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A sincere thanks to the many nameless people who helped along the way.

**APPENDIX A**

The Consejo collected over \$1.4 million in medical bills in Miami. Of the \$328,000 in medical bills we were able to analyze, an insurance company would have paid \$74,000 on those same procedures and services.

On average, these uninsured victims were charged over four times more.

Case Number	Hospital	Days	Billed Amount	Medicare	Typical HMO	DRG	DRG Description	Medicare Average Stay
Case 5121	Mercy Hospital	1 day	\$8,500.00	\$2,626.45	\$3,235.79	134	Hypertension	3.2 days
Case 5122	Mount Sinai	1 day	\$8,661.00	\$3,319.46	\$4,089.58	243	Medical Back Problems	4.7 days
Case 5129	Jackson Memorial	5 days	\$23,064.00	\$4,683.85	\$5,770.51	331	Other Kidney & Urinary Tract Diagnoses Age >17 With Complications	5.6 days
Case 5131	Pan American Hospital	2 days	\$21,023.25	\$3,921.15	\$4,830.86	167	Appendectomy Without Complicated Principal Diagnosis Without Complication	2.4 days
Case 5133	Mount Sinai	4 days	\$19,000.00	\$2,552.78	\$3,145.03	145	Other Circulatory System Diagnoses Without Complication	2.6 days
Case 5136	Baptist Hospital	3 days	\$18,180.94	\$3,292.55	\$4,056.43	421	Viral Illness Age >17	4.1 days
Case 5138	Baptist Hospital	1 night	\$16,570.33	\$2,417.36	\$2,978.19	143	Chest Pain	2.1 days
Case 5141	Kendall Regional	1 day	\$6,761.91	\$2,794.46	\$3,129.80	183	Esophagitis, Gastroenteritis & Misc. Digestive Disorders Age > 17 Without Complication	2.9 days
Case 5150	Jackson Memorial	1 day	\$42,163.87	\$6,069.43	\$7,477.53	63	Other Ear, Nose, Mouth & Throat O.R. Procedures	4.4 days
Case 5151	Baptist Hospital	1 day	\$10,203.74	\$2,794.46	\$3,129.80	183	Esophagitis, Gastroenteritis & Misc. Digestive Disorders Age > 17 Without Complication	2.9 days

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Case 5164	Pan American Hospital	5 days	\$30,000.00	\$5,218.94	\$6,429.73	198	Cholecystectomy Except By Laparoscope Without C.D.E. Without Complication	4.4 days
Case 5165	Baptist Hospital	5 days	\$28,000.00	\$3,684.27	\$4,539.02	449	Poisoning & Toxic Effects of Drugs Age >17 With Complication	3.7 days
Case 5166	Jackson Memorial	3 days	\$60,000.00	\$6,337.63	\$7,807.96	124	Circulatory Disorder Except AMI With Cardiac Cath Without Complex Diagnosis	4.4 days
Case 5167	Jackson Memorial	6 days	\$27,500.00	\$6,337.63	\$7,807.96	124	Circulatory Disorder Except AMI With Cardiac Cath Without Complex Diagnosis	4.4 days
Case 5065	Jackson Memorial	1 day	\$6,000.00	\$2,794.46	\$3,129.80	183	Esophagitis, Gastroenteritis & Misc. Digestive Disorders Age > 17 Without Complication	2.9 days
Case 5064	Jackson Memorial	4 hours	\$3,000.00	\$2,794.46	\$3,129.80	183	Esophagitis, Gastroenteritis & Misc. Digestive Disorders Age > 17 Without Complication	2.9 days
		Totals	\$328,629.04	\$61,639.34	\$74,687.79			

**APPENDIX B**

<b>Tenet's Compact with the Uninsured</b>
(a) Patients without insurance at Tenet hospitals will be treated fairly and with respect during and after their treatment, and regardless of their ability to pay for the services they receive.
(b) Tenet hospitals will provide financial counseling to all uninsured patients. This will include help in understanding and applying for local, state and federal health care programs such as Medicaid.
(c) After uninsured patients receive treatment at Tenet hospitals and are provided with financial counseling, they will be offered discounted pricing for the services provided at rates that are within the range of discounts provided to managed care patients.
(d) All patients without insurance at Tenet hospitals will be offered reasonable payments and payment schedules and, subject to their acceptance, self-pay patients will be billed at discounted rates. Whenever possible, this will occur before the patients leave the hospital, as part of the financial counseling process.
(e) Tenet hospitals will not pursue legal action for non-payment of bills against any patient who is not gainfully employed at the time services are rendered. Before taking legal action, hospitals will assure that the patient is not eligible for any assistance program and does not qualify under the hospitals' charity care policy. Nor will they pursue legal action if the only recovery available would be to place a lien on the patient's home.