

# **Surgical Associates of Austin, P.A.**

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## **NOTICE:**

**Please, be advised that a staff member of Surgical Associates of Austin, P.A., will contact your insurance company to verify your eligibility and benefits and will also obtain an authorization for your scheduled surgical procedure, if it is required.**

**You will be notified of the surgeon's fees or charges for your scheduled surgical procedure. We reserve the right, and do intend, to collect the full amount of these charges prior to the date of your scheduled surgical procedure. Please, be aware, that the fees quoted to you are only for your surgeon and DO NOT include hospital, anesthesiology, pathology, or any other charges.**

**We will accept credit card payments over the phone or you may come by our office to make your payment.**

**We greatly appreciate your business and your cooperation.**

**Thank you,  
Surgical Associates of Austin, P.A.**

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