

Watsonville Optometry

217 E. Lake Ave, Watsonville CA  
95076

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F: 831-724-2605

**Assignment of Benefits; Responsibility for Payment.**

I hereby authorize and request that my insurance or vision plan pay directly to Watsonville Optometry the amount due arising from my vision or medical treatment or services by reason of such treatment or services, and unconditionally assign to Watsonville Optometry all benefits I am entitled to under the plan, and all rights I have to enforce my rights under the plan. I understand, however, that insurance is a private arrangement between myself and the insurance company and that I am fully responsible for all monies due as a result of the services, products, or treatments provided to me by this office.

By signing below, I request that the payment of insurance benefits be paid to Watsonville Optometry on my behalf for the services provided. My signature also authorizes, the release of any health and medical information necessary to ensure payment.

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Name

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Date

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Signature