

Bill Only Form



Instructions

1. Complete the form.
 2. Attach device stickers or charge sheet to this form.
 3. Obtain signature.
 4. Take a picture/scan WITHOUT the patient sticker.
 5. Email this form WITHOUT the patient sticker to S3buyerbillonly@sutterhealth.org within 24 hours of the procedure.
 6. Attach patient sticker then leave with the Biller.
- ⚠ This form CANNOT be removed from the site with a patient sticker attached.

Number of Pages (including coversheet) _____

PATIENT STICKER
Place patient sticker here **AFTER** emailing to
S3buyerbillonly@sutterhealth.org.

Vendor & Procedure Information

Company Name _____
Sales Rep Name _____
Sales Rep Telephone _____
Sales Rep Email _____
Sales Rep Tracking # _____

Procedure Name _____
Procedure Start Time _____
Dept. Product Was Used In _____
Physician Name _____
Date of Surgery/Service _____

Location Information

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> ABSMC-Ashby Surgery | <input type="checkbox"/> Mills Health Center | <input type="checkbox"/> Sutter Auburn Faith Hospital | <input type="checkbox"/> Sutter North Surg & Endo Ctr-Surg |
| <input type="checkbox"/> ABSMC-Summit Cath Lab | <input type="checkbox"/> Mills-Peninsula Med Ctr-Cath Lab | <input type="checkbox"/> Sutter Auburn Surgical Ctr-Surgery | <input type="checkbox"/> Sutter North Surg & Endo Ctr-Urology |
| <input type="checkbox"/> ABSMC-Summit Surgery | <input type="checkbox"/> Mills-Peninsula Med Ctr-Radiology | <input type="checkbox"/> Sutter Auburn Surgical Ctr-Urology | <input type="checkbox"/> Sutter Roseville Med Ctr-Outpatient Surgery Center |
| <input type="checkbox"/> Apogee Surgery Center | <input type="checkbox"/> Mills-Peninsula Med Ctr-Surgery | <input type="checkbox"/> Sutter Coast Hospital | <input type="checkbox"/> Sutter Roseville Med Ctr-Surgery |
| <input type="checkbox"/> Capitol City Surgery Center | <input type="checkbox"/> North Bay Regional Surgery Ctr | <input type="checkbox"/> Sutter Davis Hospital | <input type="checkbox"/> Sutter Roseville Urology |
| <input type="checkbox"/> Carlsbad Surgery Center | <input type="checkbox"/> Novato Community Hospital | <input type="checkbox"/> Sutter Delta Medical Ctr-Cath Lab | <input type="checkbox"/> Sutter Santa Rosa Reg Hosp-Cath |
| <input type="checkbox"/> CPMC Davies-Angio | <input type="checkbox"/> San Leandro Surgery Center | <input type="checkbox"/> Sutter Delta Medical Ctr-Surgery | <input type="checkbox"/> Sutter Santa Rosa Reg Hosp-Endo |
| <input type="checkbox"/> CPMC Davies-Surgery | <input type="checkbox"/> San Luis Obispo Surgery Center | <input type="checkbox"/> Sutter Elk Grove Surgery Center | <input type="checkbox"/> Sutter Santa Rosa Reg Hosp-EP Lab |
| <input type="checkbox"/> CPMC Mission Bernal | <input type="checkbox"/> Santa Barbara Endoscopy Center | <input type="checkbox"/> Sutter Fairfield Surgery Center | <input type="checkbox"/> Sutter Santa Rosa Reg Hosp-Heart Rm |
| <input type="checkbox"/> CPMC Van Ness-Angio | <input type="checkbox"/> Stockton Surgery Center | <input type="checkbox"/> Sutter Imaging Sacramento | <input type="checkbox"/> Sutter Santa Rosa Reg Hosp-Surg |
| <input type="checkbox"/> CPMC Van Ness-Cath Lab | <input type="checkbox"/> Surgery Center Fremont | <input type="checkbox"/> Sutter Imaging Vascular & Varicose Vein Center | <input type="checkbox"/> Sutter Sierra Surgery Center |
| <input type="checkbox"/> CPMC Van Ness-EP | <input type="checkbox"/> Surgery Center Los Altos | <input type="checkbox"/> Sutter Lakeside Hospital | <input type="checkbox"/> Sutter Solano Medical Center |
| <input type="checkbox"/> CPMC Van Ness-Surgery | <input type="checkbox"/> Surgery Center Mountain View | <input type="checkbox"/> Sutter Maternity & Surgery Center of Santa Cruz | <input type="checkbox"/> Sutter Surgical Hospital North Valley |
| <input type="checkbox"/> Eden Medical Center-Angio | <input type="checkbox"/> Surgery Center Palo Alto | <input type="checkbox"/> Sutter Medical Center, Sacramento | <input type="checkbox"/> Sutter Tracy Community Hospital |
| <input type="checkbox"/> Eden Medical Center-Surgery | <input type="checkbox"/> Surgery Center San Carlos | <input type="checkbox"/> Sutter Capital Pavilion Outpatient Surgery Center | |
| <input type="checkbox"/> Fort Sutter Surgery Center | <input type="checkbox"/> Surgery Center San Jose | <input type="checkbox"/> Sutter North Surg & Endo Ctr-ENT | |
| <input type="checkbox"/> Memorial Hospital Los Banos | <input type="checkbox"/> Sutter Alhambra Surgery Center | | |
| <input type="checkbox"/> Memorial Medical Ctr-Surgery | <input type="checkbox"/> Sutter Amador Hospital | | |
| <input type="checkbox"/> Memorial Medical Ctr-Cath Lab | <input type="checkbox"/> Sutter Amador Surgery Center | | |

Sutter Authorizing Staff Member

Authorizing Name _____ Signature _____

By signing above, I confirm receipt of the item(s). Please sign any additional pages as well.

Notes

Attach device stickers here and/or write in the codes for items that do not have stickers including the product number, description, price, quantity, etc. You may include additional pages if more space is needed.