

Bill Only Form

Greater Silicon Valley & Central Coast



Vendor Instructions:

1. Complete this form.
2. Attach device stickers or charge sheet (reference Lawson Numbers) along with this form.
3. Submit this form and charge sheet to Sutter authorizing staff.

⚠️ **This form CANNOT be removed from the site with a patient sticker attached.**

PATIENT STICKER

Vendor & Procedure Information

| | |
|----------------------|--|
| Company Name | |
| Sales Rep Name | |
| Sales Rep Telephone | |
| Sales Rep Email | |
| Sales Rep Tracking # | |
| PO to be emailed to | |

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

Site (check the appropriate location)

- ☐ 360-Mills-Peninsula Health Center 31999 (MPMC) 31BLL
- ☐ 360-Mills-Peninsula Medical Center P3999 (MPMC) P3BLL
- ☐ 360-Peninsula Radiology P3996 (MPMC) P3BLL
- ☐ 360-Peninsula Cath Lab P3997 (MPMC) P3BLL
- ☐ 360-Peninsula Interventional Radiology P3998 (MPMC) P3BLL
- ☐ 360-Peninsula Med/Surg 5 East Orthotics P3PM5 (MPMC) P3BLL
- ☐ 360-Peninsula Med/Surg 4 West Orthotics P3PM4 (MPMC) P3BLL
- ☐ 360-Santa Cruz Surgery 51999 (SMSCSC) 51BLL
- ☐ 378-Los Altos Surgery 36997 (PAMF-SCLA) 36BLL
- ☐ 378-San Carlos Surgery 36998 (PAMF-SCSC) 36BLL
- ☐ 378-Palo Alto Surgery 36999 (PAMF-SCPA) 36BLL
- ☐ 378-Samaritan Surgery D7997 (PAMF-SCSJ) D7BLL
- ☐ 378-San Jose Surgery D7998 (PAMF-SCSJ) D7BLL
- ☐ 378-Mountain View Surgery D7999 (PAMF-SCMV) D7BLL
- ☐ 378-Fremont Surgery E7999 (PAMF-SCF) E7BLL
- ☐ 500-Sansum Surgery S1999 (SCFSC) S1BLL
- ☐ 605-Carlsbad Surgery Center J5BIL (CSC) J5BLL
- ☐ 627-San Luis Obispo Surgery Center M6BIL (SLOSC) M6BLL
- ☐ 628-Santa Barbara Endoscopy Center M7BIL (SBEC) M7BLL

Instructions for Sutter Authorizing Staff:

1. Validate, then sign this form.
2. Add patient sticker.
3. Email this form and charge sheet within 24hr of procedure to S3buyerbillonly@sutterhealth.org.

Authorizing Name _____ Signature _____

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

Note: Attach a separate sheet with device stickers and/or write codes for items without stickers including the product number, description, price, quantity, etc.