Bill Only Form

Greater Central Valley

Sutter Health

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 the Sutter authorizing staff.

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

PATIENT STICKER

Vendor & Procedure Information

Company Name		Procedure Name	
Sales Rep Name		Procedure Start Time	
Sales Rep Telephone		Dept. Product Was Used In	
Sales Rep Email		Physician Name	
Sales Rep Tracking #		Date of Surgery/Service	
PO to be emailed to			

Site (check the appropriate location)

- ☐ 195-Sutter Stockton Surgery Ctr 18143 (SGMF) 18BLL
- ☐ 197-Sutter Turlock ASC T1001 (TASC) T1BLL
- ☐ 200-Modesto Memorial Medical Center OR 26068 (MMC) 26BLL
- ☐ 200-Modesto Medical Ctr Cath Lab/OR17/OR19 26066 (MMC) 26BLL
- ☐ 200-Modesto Spanos SDS 26069 (MMC) 26BLL
- ☐ 200-Modesto Pain Clinic 26070 (MMC) 26BLL
- ☐ 200-Modesto Orthotics CS 26067 (MMC) 26BLL
- ☐ 200-Los Banos Memorial Hospital 72017 (MHLB) 72BLL
- ☐ 200-Sutter Tracy Comm Hospital 58035 (STCH) 58BLL

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.