# Bill Only Form

## Greater Sacramento

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 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)

☐ 110-Sutter Amador Hospital OR 04BIL (SAH) 04BLL
☐ 110-Sutter Amador Hospital Wound Care 04BWD (SAH) 04BLL

☐ 110-Sutter Auburn Faith Hospital 05BIL (SAFH) 05BLL
☐ 110-Sutter Auburn FH Orthotics CS 05BLC (SAFH) 05BLL
☐ 110-Sutter Auburn FH Wound Care 05BWD (SAFH) 05BLL
☐ 110-Sutter Auburn FH Cath Lab 05CTH (SAFH) 05BLL

☐ 110-Sutter Capital Pavilion Surg Ctr 46BIL (SCAP) 66BLL
☐ 110-Sutter Davis Hospital 12BIL (SDH) 12BLL

☐ 110-Sutter Medical Ctr of Sacramento 66BIL (SMCS) 66BLL
☐ 110-Sutter Medical Ctr Sac Endoscopy 66BEN (SMCS) 66BLL
☐ 110-Sutter Medical Ctr Sac Orthotics CS 66BLC (SMCS) 66BLL
☐ 110-Sutter Medical Ctr Sac Wound Care 66BWD (SMCS) 66BLL
☐ 110-Sutter Medical Ctr Sac Cath Lab 66CTH (SMCS) 66BLL
☐ 110-Sutter Medical Ctr Sac IR 66IRB (SMCS) 66BLL

☐ 110-Sutter Roseville Hospital OR 38BIL (SRMC) 38BLL
☐ 110-Sutter Roseville Hospital Orthotics CS 38BLC (SRMC) 38BLL
☐ 110-Sutter Roseville Hospital Wnd Care 38BWD (SRMC) 38BLL
☐ 110-Sutter Roseville Hospital Cath Lab 38CTH (SRMC) 38BLL
☐ 110-Sutter Roseville Hospital IR 38IRB (SRMC) 38BLL
☐ 110-Sutter Roseville OP Surg Center 38OPB (SRMCOP) 38BLL

☐ 125-Sutter Amador Surgery Center K2BIL (SAASC) K2BLL

☐ 185-Sutter Imaging Sacramento 53EDI (SCAPIMAG) 53SAC
☐ 185-Sutter Elk Grove Surgery Center 53BIL (SEGASC) 53BLL
☐ 185-Sutter Auburn Urology 53AUU (SAUR) 53SAC
☐ 185-Sutter North ENT 54END (SNENT) 54PUR
☐ 185-Sutter North Surgery Center 54BIL (SNASC) 54BLL
☐ 185-Sutter North Urology 54NEU (SNUR) 54PUR
☐ 185-Sutter Roseville Urology 53RVU (SRUR) 53SAX

☐ 410-Sutter Coast Hospital 09BIL (SCSTH) 09BLL
☐ 451-Sutter Surgical Hospital N Valley L6BIL (SNVSH) L6BLL
☐ 486-Sutter Fairfield Surgery Center G2BIL (SFASC) G2BLL

☐ 601-Sutter Fort Sutter Surgery Center J1BIL (FSASC) J1BLL
☐ 603-Sutter Auburn Surgery Center J3BIL (SAUASC) J3BLL
☐ 604-Sutter Alhambra Surgery Ctr J4BIL (SALASC) J4BLL
☐ 611-Capital City Surgery Ctr K5BIL (CCASC) K5BLL
☐ 612-Sutter Sierra Surgery Center K6BIL (SPASC) K6BLL
☐ 625-North Bay Regional Surgery Center G1BIL (NBRSC) G1BLL
☐ 629-Apogee Surgery Center M8BIL (ASC) M8BL

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**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.