



# 2002 ECONOMIC CENSUS

## OUTPATIENT CARE FACILITIES AND MEDICAL AND DIAGNOSTIC LABORATORIES

OMB No. 0607-0887: Approval Expires 09/30/2004

**DUE DATE**  
**FEBRUARY 12, 2003**

**Mail** your completed form to:  
**U.S. CENSUS BUREAU**  
**1201 East 10th Street**  
**Jeffersonville, IN 47134-0001**

HC-62102

**Please read** the accompanying information sheet(s) before answering the questions.

**Need help or have questions about filling out this form?**

**Visit** our Web site at [www.census.gov/econhelp](http://www.census.gov/econhelp)

**Call** 1-800-233-6136, between 8:00 a.m. and 8:00 p.m., Eastern time, Monday through Friday.

- OR -

**Write** to the address above. Include your 11-digit Census File Number (CFN) printed in the mailing address.

**INFORMATION COPY  
DO NOT USE TO REPORT**

(Please correct any errors in this mailing address.)

**YOUR RESPONSE IS REQUIRED BY LAW.** Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the U.S. Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

- Use blue or black ink.
- Do not use pencil.
- Place an "X" inside the box.
- Please center numbers in their respective boxes. Examples:
- Do not put slashes through 0 or 7.

<input checked="" type="checkbox"/>	0	1	2	3	4	5	6	7	8	9
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The reporting unit for this form is an establishment. An **establishment** is generally a single physical location where business is conducted or where services or industrial operations are performed. For further clarification, see information sheet(s).

**1 MONTHS IN OPERATION**

Number of months in operation during 2002 (If none, mark "X" and go to 29.) . . . . . 0002

Mark "X" if None		2002	
		Number of months	

**2 EMPLOYER IDENTIFICATION NUMBER**

Is the Employer Identification Number (EIN) shown in the mailing address the same as the one used for this establishment on its latest 2002 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021  Yes      0022  No - Enter current EIN (9 digits) → 0025  -

**3 PHYSICAL LOCATION**

**A. Is this establishment's physical location the same as shown in the mailing address? (P.O. box and rural route addresses are not physical locations.)**

0031  Yes

0032  No - Enter physical location →

0035 Number and street		
<input type="text"/>		
0036 City, town, village, etc.	0037 State	0038 ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

**B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?**

0041  Yes      0042  No      0043  No legal boundaries      0044  Do not know

**C. Type of municipality where this establishment is physically located**

0046  City, village, or borough      0047  Town or township      0048  Other or do not know



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HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

If a figure is \$1,025,628.79:

If a value is "0" (or less than \$500.00):

Report →

Report →

Mark "X" if None

2002			
\$ Bil.	Mil.	Thou.	Dol.
	1	0 2 6	

**4 SALES, SHIPMENTS, RECEIPTS, OR REVENUE**

**A. Tax Status**

1. Is this establishment operated on a not-for-profit basis?

0106  Yes - Go to line A2      0107  No - Complete line B

2. Was all or part of the income of this establishment or organization exempt from Federal income taxes under section 501 of the Internal Revenue Code?

0103  Yes - Complete line C      0104  No - Complete line B

Mark "X" if None

2002			
\$ Bil.	Mil.	Thou.	Dol.

B. Operating receipts of this (taxable) establishment . . . . . 0100

C. Revenue and expenses of this (tax-exempt) establishment

1. Revenue . . . . . 0101

2. Expenses (Include payroll) . . . . . 0140

**5 E-COMMERCE SALES, SHIPMENTS, RECEIPTS, OR REVENUE**

A. Did this establishment have any e-commerce sales, receipts, and/or revenue in 2002? (E-commerce includes sales, receipts, and/or revenue from any transaction completed over an Internet, Extranet, Electronic Data Interchange (EDI) network, electronic mail, or other online system. Transactions are agreements between buyers and sellers to transfer ownership of, or rights to use, goods or services. Payment for these goods or services may or may not be made online. Please see the information sheet(s) for further clarification.)

0181  Yes - Go to line B

0182  No - Go to 6

2002			
Estimates are acceptable			
\$ Bil.	Mil.	Thou.	Dol.

B. E-commerce sales, receipts, and/or revenue of this establishment (Include e-commerce sales, receipts, and/or revenue in 4. Exclude sales taxes.) . . . . . 0185

**6 EMPLOYMENT AND PAYROLL**

**Include:**

- Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in 2.

**Exclude:**

- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.
- Temporary staffing obtained from a staffing service.

For further clarification, see information sheet(s).

A. Number of employees for pay period including March 12 . . . . . 0320

Mark "X" if None

2002			
Number			

B. Payroll before deductions (Exclude employer's cost for fringe benefits.)

Mark "X" if None

2002		
\$ Mil.	Thou.	Dol.

1. Annual payroll . . . . . 0300

2. First quarter payroll (January-March, 2002) . . . . . 0310

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

**7** LEASED EMPLOYMENT AND PAYROLL

**A.** Did this establishment have any full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN?

**Exclude:**

- Temporary staffing obtained from a staffing service.
- Contractors, subcontractors, or independent contractors.
- Purchased or managed services, such as janitorial, guard, or landscape services.
- Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services.
- Employees already reported in **6**.

For further clarification, see information sheet(s).

0241  Yes - Go to line B

0242  No - Go to **13**

Mark "X" if None	2002		
	Number		

**B.** Number of leased employees for pay period including March 12. . . . . 0370

**C.** Payroll for leased employees before deductions (Exclude employer's cost for fringe benefits.)

**1.** Annual payroll for leased employees . . . . . 0350

2002		
\$ Mil.	Thou.	Dol.

**2.** First quarter payroll for leased employees (January-March, 2002) . . . . . 0360

Mark "X" if None	2002		
	\$ Mil.	Thou.	Dol.

**8-17** Not Applicable.

**18** KIND OF BUSINESS OR ACTIVITY

Principal kind of business or activity in 2002  
(Mark "X" only ONE box.)

**Outpatient care facilities and medical and diagnostic laboratories**

- 0700
- 621 491 00 17  HMO medical clinic (operated by the provider of a prepaid medical plan)
  - 621 493 00 15  Ambulatory surgical center
  - 621 493 00 23  Emergency or urgent care center
  - 621 498 00 10  Community health center or clinic
  - 621 511 00 13  Medical laboratory, providing professional analytic or diagnostic services to the medical profession, or to the patient on prescription of a physician
  - 621 512 00 12  Diagnostic imaging center, providing a variety of imaging services such as computer tomography, x-ray, ultrasound, and MRI (magnetic resonance imaging)
  - 621 410 00 15  Family planning center, including abortion and birth control clinics, fertility clinics, and pregnancy counseling centers
  - 621 420 00 13  Mental health clinic, excluding alcohol and substance abuse treatment
  - 621 420 00 21  Alcohol and/or substance abuse treatment clinic
  - 621 492 00 16  Kidney dialysis center

CONTINUE WITH **18** ON PAGE 4

CONTINUE ON PAGE 4

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**18** KIND OF BUSINESS OR ACTIVITY - Continued

**Outpatient care facilities and medical and diagnostic laboratories - Continued**

- 0700 621 498 00 28  Outpatient sleep disorder center or clinic
- 621 498 00 36  Multi-service clinic (services provided by physicians and at least one additional category of health practitioners, including dentists, mental health practitioners, therapists, optometrists, chiropractors, or podiatrists)
- 777 620 00 A1  Other outpatient care facility - *Specify* ↴

0701

**Physicians and other medical practitioners**

- 621 111 00 17  Emergency room physician(s) or other independent physician service, excluding mental health specialists
- 621 112 00 16  Psychiatrist(s) or other mental health physician(s)
- 621 210 00 17  Dentist(s) or other specialty dental practitioner(s) having D.M.D., D.D.S., or D.D.Sc. degree, including orthodontists, endodontists, oral and maxillofacial surgeons, etc.
- 621 340 20 16  Physical therapist(s)
- 777 620 00 B9  All other health practitioner(s) - *Specify type* ↴

0701

**Hospital and medical service plans and medical service arrangers and managers**

- 524 114 90 94  Management office of a health insurer or health maintenance organization engaged in arranging for hospital, medical, and other health services in return for a fixed periodic premium from subscribers
- 561 110 00 24  Administrative intermediary managing contractual arrangements and payments between physicians and sponsors of medical insurance and prepaid health plans
- 621 999 10 12  Medical case management (assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet an individuals' health care needs to provide quality and cost-effective outcomes)
- 777 620 00 29  Other arranger or manager of medical services - *Specify* ↴

0701

**Other activities and facilities associated with health care**

- 339 116 00 11  Dental laboratory
- 621 512 00 20  Mobile x-ray, mammography, MRI (magnetic resonance imaging), CT-scan (computer tomography), and/or ultrasound service
- 621 999 90 15  Mobile lithotripter service
- 561 499 00 33  Association or similar group of health practitioners formed solely for the purpose of sharing expenses (*Employer Identification Number is assigned to the association.*)
- 446 130 00 16  Optical goods store

CONTINUE WITH **19** ON PAGE 5

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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

**18** KIND OF BUSINESS OR ACTIVITY - Continued

**Other kind of business or activity**

0700 773 000 00 28  Other kind of business or activity - Specify **7**

0701

**19-21** Not Applicable.

**22** DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

(Report receipts or revenue by source (reported in **4**) in dollar figures. See HOW TO REPORT DOLLAR FIGURES on page 2. Do not combine data for two or more receipts or revenue lines. Both taxable and tax-exempt establishments should complete all applicable lines.)

Note - Report receipts from government programs (e.g., Medicare, Medicaid) and insurance and health plans for providing medical goods and services to patients on lines 1, 2, 3 and 4. Practitioners receiving payments for health services not billed separately (e.g., capitation fees, percentages of departmental billings, etc.) should estimate their receipts by service category.

**Line 1a** - Report receipts from other health care providers for diagnostic imaging and/or medical laboratory services provided to patients.

**Line 1b** - Report receipts from individuals, insurance companies, health plans, government programs, and other sources except other health care providers for diagnostic imaging and/or medical laboratory services provided to patients.

**Line 4** - Include receipts for all non-medical services provided, including bonuses for referrals or limiting utilization of health services, fees for copies of medical records, parking fees, etc. Report receipts from medical equipment rental on line 3.

**Line 7** - Report investment income, including interest and dividends. Report proceeds from the sale of investments and other assets on line 8.

**Line 8** - Report the net gain (or loss) from the sale or trade of real property and financial assets such as stocks and bonds.

**Line 9** - Report revenues from sources not separately identified in lines 6, 7, and 8. Operating receipts (payments for services) should be reported on lines 1 through 4.

Description of sales, shipments, receipts, or revenue	Cen- sus use	2002			
		Estimates are acceptable			
		\$ Bil.	Mil.	Thou.	Dol.
0723	0720	0721			
<b>1. Patient care receipts</b>					
<b>a. Laboratory services and tests paid by other health care providers (Include receipts from practitioners, hospitals, outpatient care facilities, etc.)</b> . . . . .	30251				
<b>b. Laboratory services and tests paid directly by individuals, insurers, or government payers such as Medicare and Medicaid</b> . . . . .	30252				
<b>c. All other patient care receipts, including professional fees</b> . . . . .	30253				
<b>d. Sum lines 1a through 1c</b> . . . . .	30250				
<b>2. Merchandise sales</b>					
<b>a. Prescription drugs</b> . . . . .	39002				
<b>b. Nonprescription drugs, vitamins, supplements, and herbal remedies</b> . . . . .	39003				
<b>c. Optical goods</b> . . . . .	39004				
<b>d. Orthopedic appliances</b> . . . . .	39005				

CONTINUE WITH **22** ON PAGE 6

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**22** DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

Description of sales, shipments, receipts, or revenue	Cen- sus use	2002			
		Estimates are acceptable			
		\$ Bil.	Mil.	Thou.	Dol.
0723	0720	0721			
<b>2. Merchandise sales - Continued</b>					
<b>e. All other sales of medical equipment and supplies to patients</b> . . . . .	39006				
<b>f. Other merchandise sales - Specify</b> ↴ _____	39007				
<b>g. Sum lines 2a through 2f</b> . . . . .	39000				
<b>3. Rental or lease of goods and/or equipment</b>					
<b>a. Rental or lease of medical equipment</b> . . . . .	39251				
<b>b. Rental or lease of all other goods and/or equipment</b> . . . . .	39252				
<b>c. Sum lines 3a and 3b</b> . . . . .	39250				
<b>4. All other amounts received from providing services to patients and others - Specify if more than 10 percent of total receipts</b> ↴ _____	39502				
<b>5. OPERATING RECEIPTS - For taxable establishments, sum of preceding lines should equal 4, line B</b> . . . . .	39690				
<b>6. Contributions, gifts, and grants</b>					
<b>a. Government</b> . . . . .	39700				
<b>b. Private, including individuals, community efforts, and commissioned fundraisers</b> . . . . .	39710				
<b>7. Investment income, including interest and dividends</b> . . . . .	39720				
<b>8. Gains (losses) from assets sold (Report losses by including a dash prior to the dollar amount.)</b> . . . . .	39730				
<b>9. All other revenue - Specify if more than 10 percent of total receipts or revenue</b> ↴ _____	39902				
<b>10. TOTAL REVENUE - For tax-exempt establishments, sum of lines should equal 4, line C1</b> . . . . .	39990				

**23-25** Not Applicable.



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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

**26** SPECIAL INQUIRIES

**A. PERSONNEL BY OCCUPATION**

Enter employment reported on IRS Form 941, Employer's Quarterly Federal Tax Return, by occupational category in column 1. The total of column 1 should equal the amount reported in **6**, line A.

Enter leased employees whose payroll is filed under an employee leasing company's EIN by occupational category in column 2. The total of column 2 should equal the amount reported in **7**, line B.

Enter each active proprietor or partner by occupational category in column 3. Only the proprietor or partners **not** considered employees of the firm for federal tax purposes should be included. Unincorporated practices operating at more than one location should report the proprietor or partners at the one location at which they spend most of their working time.

	Cen- sus use	Number of employees for pay period including March 12, 2002	Cen- sus use	Number of leased employees for pay period including March 12, 2002	Cen- sus use	Number of active proprietors or partners for pay period including March 12, 2002
1. Physicians - licensed practitioners having <b>M.D.</b> degree . . . . .	3211		3621		3271	
2. Osteopathic physicians - licensed practitioners having <b>D.O.</b> degree . . . . .	3212		3622		3272	
3. Dentists - licensed practitioners having <b>D.M.D., D.D.S.,</b> or <b>D.D.Sc.</b> degree . . . . .	3213		3623		3273	
4. Other dental practitioners (Include hygienists, assistants, and others performing or assisting with dental procedures.) . . . . .	3223		3633		3283	
5. Chiropractors - licensed practitioners having <b>D.C.</b> degree . . . . .	3214		3624		3274	
6. Podiatrists - licensed practitioners having <b>D.P.</b> degree . . . . .	3215		3625		3275	
7. Optometrists - licensed practitioners having <b>O.D.</b> degree . . . . .	3216		3626		3276	
8. Mental health practitioners, excluding practitioners with <b>M.D.</b> or <b>D.O.</b> degree (Include psychologists, licensed clinical social workers, etc.) . . . . .	3217		3627		3277	
9. Physical, occupational, and speech therapists and audiologists . . . . .	3218		3628		3278	
10. Registered nurses . . . . .	3219		3629		3279	
11. Licensed practical nurses . . . . .	3220		3630		3280	
12. All other health practitioners. . . . .	3221		3631		3281	
13. All other employees (Include management and administrative staff.) . . . . .	3222		3632		3282	
14. <b>TOTAL</b> (Sum of lines 1 through 13 should equal <b>6</b> , line A for column 1 and <b>7</b> , line B for column 2) . . . . .	3200		3450		3260	

CONTINUE WITH **26** ON PAGE 8

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**26** SPECIAL INQUIRIES - Continued

**B. EXPENSES OF TAXABLE HMO MEDICAL CLINICS**

(To be completed by HMO medical clinics indicating "No" in **4**, line A1. Tax-exempt HMO medical clinics (those indicating "Yes" to **4**, line A1) should report expenses in **4**, line C2.)

Report total operating expenses, including payroll, interest, rent, depreciation, taxes, and other overhead. Exclude capital expenditures and funds invested. . . 3540

Mark "X" if None

2002		
\$ Mil.	Thou.	Dol.

**27-28** Not Applicable.

**29** OPERATIONAL STATUS

Activity that best describes this establishment's status at the end of 2002 (Mark "X" only ONE box.)

0011  In operation

0014  Ceased operation - Give date at right →

0013  Temporarily or seasonally inactive

0015  Sold or leased to another operator - Give date at right AND enter new name and mailing address below ↴

0018	Month	Day	Year

0060 Name of new owner or operator		0061 Employer Identification Number	
		Enter EIN of new owner (9 digits) →	
0062 Mailing address (number and street, P.O. Box, etc.)			
0063 City, town, village, etc.		0064 State	0065 ZIP Code

Remarks (Please use this space for any explanations that may be essential in understanding your reported data.)

**30** CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.

Is the time period covered by this report a calendar year?

0078  Yes

0079  No - Enter time period covered →

FROM	Month	Year	TO	Month	Year
0070			0071		

0072 Name of person to contact regarding this report

0073 Title

Telephone	Area code	Number	Extension	Fax	Area code	Number
0074				0075		

0076 Internet e-mail address

Date completed	Month	Day	Year
0069			

**Thank you for completing your 2002 Economic Census form.**

**PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.**

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