



# 1997 ECONOMIC CENSUS

## HOME HEALTH AND MISCELLANEOUS HEALTH SERVICES

OMB No. 0607-0827: Approval Expires 10/31/99

**DUE DATE** ▶ **FEBRUARY 12, 1998**

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS  
1201 East 10th Street  
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

SV-8006

*Please read the accompanying instructions before answering the questions.*

**Census use**

*(Please correct any errors in name, address, and ZIP Code.)*

**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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

**Item 1. EMPLOYER IDENTIFICATION NUMBER**  
**Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?**

094 1  Yes 2  No - Report current EIN below

(9 digits)

**Item 2. PHYSICAL LOCATION**  
**a. Is this establishment's physical location the same as the address shown in the label?** (P.O. box and rural route addresses are not physical locations)

093 1  Yes 2  No - Report physical location below

Number and street

City, town, village, etc.

State

ZIP Code

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

095 1  Yes 3  No legal boundaries  
2  No 4  Do not know

**c. In what type of municipality is this establishment physically located?**

096 1  City, village, or borough  
2  Town or township  
3  Other - Specify   
4  Do not know

**d. In what county (e.g., Dade County) is this establishment physically located?**

**Item 3. OPERATIONAL STATUS** Number of months  
**a. How many months during 1997 was this establishment actively operated?** 002

**b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.**

001 1  In operation  
2  Temporarily or seasonally inactive  
3  Ceased operation - Give date at right  
4  Sold or leased to another operator - Give date at right AND enter name, etc., below

Figures only

Month Year

Name of new owner or operator

Number and street

City

State

ZIP Code

**Item 4. LEGAL FORM OF ORGANIZATION AND TAX STATUS**  
**a. LEGAL FORM OF ORGANIZATION**  
**Which of the following best describes this establishment's legal form of organization during 1997?**  
Mark (X) only ONE box.

003 1  Individual owner (sole proprietorship)  
2  Partnership - Mark (X) this box if you file a partnership Federal income tax form.  
5  Government - Specify   
0  Corporation - Mark (X) this box if you file a corporate Federal income tax form, including Form 990 series of returns.  
9  Other - Specify

**b. TAX STATUS**  
**(1) Is this establishment operated on a not-for-profit basis?**

005 1  Yes  
2  No - Skip to item 5

**(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?**

004 1  Yes  
2  No

<b>HOW TO REPORT DOLLAR FIGURES</b>	Dollar figures should be rounded to thousands of dollars.	Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
	<b>Example:</b> If a figure is \$1,125,628.79 report <b>1 126</b> <i>Preferred</i>	1	126	
	<i>Acceptable</i>	1	125	629

**Item 5. DOLLAR VOLUME** Mil. Thou. Dol.  
*If the answer to item 4b(2) was "Yes," skip to part b; otherwise, complete part a and skip to item 6.*

<b>a. OPERATING RECEIPTS</b> of this (taxable) establishment in 1997	010		
<b>b. REVENUE AND EXPENSES</b> of this (tax-exempt) establishment in 1997	010		
<b>(1) REVENUE</b>	040		
<b>(2) EXPENSES</b> (including payroll)			

<b>Item 6. PAYROLL</b> <span style="float: right;">Mil. Thou. Dol.</span>			
<b>Payroll in 1997, BEFORE DEDUCTIONS</b>	030		
<b>a. Annual</b>	031		
<b>b. First quarter (January-March)</b>			

**Item 7. EMPLOYMENT** Number  
**Number of paid employees for pay period including March 12, 1997** (Include both full- and part-time employees)  
032

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**Item 8. KIND OF ACTIVITY OR FACILITY**

Mark (X) the ONE box which best describes this facility or its primary activity in 1997.

**Home health services**

- Nursing agency primarily providing nursing and nursing assistant services to patients in their homes . . . . .  8082002
- Nursing agency primarily providing nurses and other employees on a temporary basis to hospitals, doctor's offices, and other health care providers . . . . .  7363105
- Home health care agency (including visiting nurse association) . . . . .  8082001
- Home hospice care . . . . .  8082003
- Inpatient hospice facility . . . . .  8053102
- Other home health service (including home infusion, inhalation, or perfusion therapy) – Describe . . . . .  8082004

**Other health services, except outpatient care facilities**

- Mobile x-ray, mammography, MRI (magnetic resonance imaging), CT-scan (computer tomography), and/or ultrasound service . . . . .  8071202
- Mobile lithotripter service . . . . .  8099501
- Childbirth preparation class . . . . .  8099101
- Blood or blood product bank or donor station . . . . .  8099401
- Eye, organ, tissue, or sperm bank . . . . .  8099402
- Contract equipment sterilization service . . . . .  7389974
- Hearing testing service . . . . .  8099502
- Health screening service . . . . .  8099503

Physician(s), except mental health specialists (practitioner(s) engaged in the practice of general or specialized medicine and/or surgery) . . . . .  8011011

Other health practitioner(s) – Describe type of practitioner . . . . .  7777772

**Outpatient care facilities**

HMO medical clinic (operated by the provider of a prepaid medical plan) . . . . .  8011031

Community health clinic . . . . .  8093302

Diagnostic imaging center (providing a variety of imaging services, such as x-ray, sonogram, and magnetic resonance imaging) . . . . .  8071201

Medical laboratory (providing professional analytic or diagnostic services to the medical profession, or to the patient on prescription of a physician) . . . . .  8071101

Family planning (including abortion), prenatal, or pregnancy counseling clinic . . . . .  8093101

Mental health clinic (except alcohol and substance abuse treatment) . . . . .  8093201

Alcohol and/or substance abuse treatment clinic . . . . .  8093202

Kidney dialysis center . . . . .  8092001

Outpatient care facility (except office/practice of health practitioners, HMO medical clinic, community health clinic, diagnostic imaging center, medical laboratory, family planning clinic, mental health clinic, alcohol or substance abuse clinic, or kidney dialysis center) – Describe . . . . .  8093301

**Hospital and medical service plans and other arrangers of medical services**

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 . . . . .  6324019

Administrative intermediary managing contractual arrangements and payments between physicians and sponsors of medical insurance and prepaid health plans . . . . .  6411926

Other arranger of physician services – Describe . . . . .  7777773

**Other activities associated with health care**

- Dental laboratory . . . . .  8072001
- Air ambulance service . . . . .  4522041
- Ambulance service, except air . . . . .  4119301

**Item 8. KIND OF ACTIVITY OR OPERATION – Continued**

**Other activities associated with health care – Continued**

070

- Case management services . . . . .  6411938
- Third party administrator of health insurance plans . . . . .  6411927

Health care management (providing hospital certification programs, preferred provider organizations, and a range of other services intended to lower or maintain health care costs) . . . . .  6411928

Medical utilization review (including peer review organization) . . . . .  6411939

Third party prescription drug claim processor . . . . .  6411929

Group purchasing alliance (purchasing medical goods and/or services for a number of health care providers) . . . . .  7389975

Medical art services . . . . .  8099201

Medical photography . . . . .  8099301

Sales of medical products primarily to health care providers or businesses – Describe product(s) sold . . . . .  7777774

Sales of medical products primarily to individuals – Describe product(s) sold . . . . .  7777775

**Other health service or facility – Describe . . . . .**  7777776

**Other kind of activity or operation – Describe . . . . .**  7777777

**Item 9. SOURCES OF RECEIPTS OR REVENUE**

Report receipts or revenue by source in dollar figures (see example for item 5).

Please do **not** combine data for two or more receipts or revenue lines.

**NOTE** – Both taxable and tax-exempt establishments should complete **all** applicable lines. Report receipts from government programs (e.g., Medicare, Medicaid) and insurance and health plans for providing medical goods and services to patients on the appropriate lines within sections a through e. 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 a(1)** – Report home health service receipts, except those provided by a physician.

**Line a(2)** – Independent laboratories should report receipts from billing patients (or patients' insurance or health plans) directly. All other providers should report receipts from in-house laboratory services.

**Line a(3)** – Independent laboratories should report receipts from prescribing providers, such as physicians, who bill their own patients. All other providers (e.g., physicians) should report receipts billed to patients (or patients' insurance or health plans) but performed by an independent laboratory.

**Line a(4)** – Report receipts from diagnostic imaging, including mobile diagnostic services.

**Line b(1)** – Eye, organ, tissue, sperm, and blood and blood product banks and other services should report here.

**Line e** – Report receipts from childbirth preparation courses, mobile lithotripter services, and all other non-medical services provided (e.g., fees for copies of medical records, parking fees, etc.), **except as specified in lines b and d.**

**Line h** – Report investment income, including interest and dividends. Do **not** include proceeds from the sale of investments and other assets.

**Line i** – Amounts received from providing medical services to patients should be reported in line section a (Patient care receipts). Amounts received from other health-related services should be reported in line section b (Other health-related services). Amounts received from the sale of goods should be reported in line section c (Merchandise sales). Amounts received from medical and other equipment rental and leasing should be reported on line d. Amounts received from providing services other than patient care or other health-related to patients and others should be reported on line e.

Sources of receipts or revenue	Census use	ESTIMATES are acceptable		
		Mil.	Thou.	Dol.
<b>a. Patient care receipts</b>	400	401		
(1) Home health care services (except by physician)	<b>5150</b>			
(2) Laboratory services provided by THIS establishment (e.g., in physician's office or independent lab) and billed directly to the patient or the patient's insurance or health plan	<b>5001</b>			
(3) All other laboratory receipts – see instructions	<b>5002</b>			
(4) Diagnostic radiology, imaging, and ultrasound	<b>5003</b>			
(5) All other patient care	<b>5004</b>			

ITEM 9 CONTINUED ON PAGE 3

If not shown, please enter your 11-digit Census File Number from the address label on page 1

Census File Number

**Item 9. SOURCES OF RECEIPTS OR REVENUE - Continued**

Sources of receipts or revenue	Census use	ESTIMATES are acceptable		
		Mil.	Thou.	Dol.
<b>b. Other health-related services</b>	400	401		
(1) Receipts from sales of blood and blood products, organs, and tissues	<b>5350</b>			
(2) Receipts from ambulance services	<b>5400</b>			
<b>c. Merchandise sales</b>				
(1) Prescription and nonprescription drugs	<b>8619</b>			
(2) Optical goods	<b>8621</b>			
(3) Orthopedic appliances	<b>8622</b>			
(4) All other sales of medical equipment and supplies to patients	<b>8623</b>			
(5) Other merchandise sales - Describe 076	<b>8624</b>			
<b>d. Rental and leasing of goods and equipment</b>				
(1) Rental and leasing of medical equipment	<b>8551</b>			
(2) All other goods and equipment rental and leasing	<b>8552</b>			
<b>e. All other amounts received from providing services to patients and others - Describe if more than 10 percent of total receipts or revenue</b> 077	<b>8972</b>			
<b>f. OPERATING RECEIPTS - For taxable establishments, sum of lines a through e should equal item 5a</b>	<b>8990</b>			
<b>g. Contributions, gifts, grants</b>				
(1) Government	<b>9000</b>			
(2) Private (including individuals, community efforts, and commissioned fundraisers)	<b>9050</b>			
<b>h. Investment income, including interest and dividends</b>	<b>9100</b>			
<b>i. All other revenue - Describe if more than 10 percent of total receipts or revenue</b> 078	<b>9505</b>			
<b>j. TOTAL REVENUE - For tax-exempt establishments, sum of lines a through e and g through i should equal item 5b(1)</b>	<b>9990</b>			

**Item 10. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION**

**a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?**

1  Yes - Complete this item  
2  No - Skip to item 11

**b. Is this company owned or controlled by another company?**

097 1  Yes →  
2  No

Enter name, address, and EIN of the owning or controlling company

EIN (9 digits) \_\_\_\_\_

**c. Does this company own or control any other company or companies?**

098 1  Yes →  
2  No

Enter name, address, and EIN of the owned or controlled company

EIN (9 digits) \_\_\_\_\_

**d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1997?**

Number **079**

If more than one, provide the **physical location** address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

**Estimates are acceptable** if book figures are not available.

Name	1997 Receipts or revenue	Mil.	Thou.	Dol.				
					Annual payroll	Paid employees for pay period including March 12	Census use	
1	081				082			
Kind-of-business description					083			
					088			
2	081				082			
Kind-of-business description					083			
					088			

**REMARKS - Please use this space for any explanations that may be essential in understanding your reported data.**

**Item 11. CERTIFICATION - This report is substantially accurate and has been prepared in accordance with instructions.**

<b>Period covered by this report</b>	FROM: Mo. Year	TO: Mo. Year	Name of person to contact regarding this report - Print or type	
Telephone	Area code	Number	Extension	Title
Signature of authorized person				Date

SV