



2007 ECONOMIC CENSUS

Outpatient Care Facilities and Medical and Diagnostic Laboratories

DUE DATE
FEBRUARY 12, 2008

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

HC-62102

**INFORMATION COPY
DO NOT USE TO REPORT**

(Please correct any errors in this mailing address.)

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

Need help or have questions about filling out this form?

Visit www.census.gov/econhelp

Call 1-800-233-6136, between 8:00 a.m. and 6:00 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.

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 ballpoint pen.
 - Do not use pencil or felt-tip pen.
 - Place an "X" inside the box.
 - Please center numbers in their respective boxes.
 - Do not put slashes through 0 or 7.
- Examples: 0 1 2 3 4 5 6 7 8 9

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 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 2007 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021 Yes - Go to **2** 0022 No - Enter current EIN (9 digits) → 0025 -

2 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 - Go to line B

0032 No - Enter physical location →

0035 Number and street			
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.?
(Mark "X" only ONE box.)

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

C. In what type of municipality is this establishment physically located? (Mark "X" only ONE box.)

0046 City, village, or borough 0047 Town or township 0048 Other 0024 Do not know

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3 OPERATIONAL STATUS

Which ONE of the following best describes this establishment's operational status at the end of 2007?
(Mark "X" only ONE box.)

0011 In operation

0013 Temporarily or seasonally inactive

0014 Ceased operation - Give date at right

Month	Day	Year

0015 Sold or leased to another operator - Give date at right
AND enter name and address of new owner or operator
and Employer Identification Number (EIN) below

0018

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

0016 Other - Specify

0815

4 MONTHS IN OPERATION

Mark "X" if None 2007 Number

Number of months in operation during 2007 (If none, mark "X" and go to 50.) 0002

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

2007			
\$ Bil.	Mil.	Thou.	Dol.
	1 0 2 6		

5 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

2007			
\$ 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

6 Not Applicable.

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

7 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 1.

Exclude:

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

For further clarification, see information sheet(s).

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

Mark "X" if None	2007
	Number

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

Mark "X" if None

	2007			
	\$ Bil.	Mil.	Thou.	Dol.

1. Annual payroll 0300

2. First quarter payroll (January-March, 2007) 0310

8 - 13 Not Applicable.

19 KIND OF BUSINESS OR ACTIVITY

Which ONE of the following best describes this establishment's principal kind of business or activity in 2007? (Mark "X" only ONE box.)

Outpatient care facilities and medical and diagnostic laboratories

- 0700 621 491 00 1 HMO medical clinic (operated by the provider of a prepaid medical plan)
- 621 493 00 1 Ambulatory surgical center
- 621 493 00 2 Emergency or urgent care center
- 621 498 00 1 Community health center or clinic
- 621 511 00 1 Medical laboratory, providing professional analytic or diagnostic services to the medical profession, or to the patient on prescription of a physician
- 621 512 00 1 Diagnostic imaging center, providing a variety of imaging services, such as computer tomography, X-ray, ultrasound, and MRI (magnetic resonance imaging)
- 621 410 00 1 Family planning center, including abortion and birth control clinics, fertility clinics, and pregnancy counseling centers
- 621 420 00 A Mental health clinic
- 621 420 00 2 Alcohol and/or substance abuse treatment clinic
- 621 492 00 1 Kidney dialysis center
- 621 498 00 2 Sleep disorder center or clinic
- 621 498 00 3 Multi-service clinic (services provided by physicians and at least one additional category of health practitioners, including dentists, therapists, optometrists, chiropractors, or podiatrists)
- 777 620 00 A Other outpatient care facility - Specify

0701

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19 KIND OF BUSINESS OR ACTIVITY - Continued

Physician services (Include physicians with the degree of M.D. or D.O.)

- 0700 621 111 00 3 Radiologist(s)
- 621 111 00 1 Emergency room physician(s) or other independent physician service, excluding mental health specialists
- 621 112 00 1 Psychiatrist(s) or other mental health physician(s)

Other health practitioners

- 621 210 00 1 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 1 Physical therapist(s)
- 777 620 00 B All other health practitioner(s) - *Specify type* ↴

0701

Hospital and medical service plans and medical service arrangers and managers

- 524 114 90 9 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 2 Administrative intermediary managing contractual arrangements and payments between physicians and sponsors of medical insurance and prepaid health plans
- 621 999 10 1 Medical case management (Assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet an individual's health care needs to provide quality and cost-effective outcomes.)
- 777 620 00 2 Other arranger or manager of medical services - *Specify* ↴

0701

Other activities and facilities associated with health care, and all other activities

- 339 116 00 1 Dental laboratory
- 621 512 00 2 Mobile X-ray, mammography, MRI (magnetic resonance imaging), CT-scan (computer tomography), and/or ultrasound service
- 621 999 90 1 Mobile lithotripter service
- 561 499 00 3 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 1 Optical goods store
- 773 000 00 2 Other kind of business or activity - *Specify* ↴

0701

20 and 21 Not Applicable.

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

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

(Report receipts or revenue by source (reported in 5) 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 individuals, government programs (e.g., Medicare, Medicaid), and insurance and health plans for providing medical goods and services to patients. Practitioners receiving payments for health services NOT billed separately (i.e., capitation fees and percentages of department billings) should estimate their receipts by service category.

Line 1 - Report receipts from medical services provided in support of medical treatment for patients. Include visits and consultations services, surgical and non-surgical procedures, facilities services, and medical and diagnostic services.

Line 8 - Report revenue from investments, including interest and dividends. Exclude unrealized gains or losses. Report proceeds from the sale of investments and other assets on **line 9**.

Line 9 - Report the net gain (or loss) from the sale or trade of real property and financial assets, such as stocks and bonds. Exclude unrealized gains or losses.

Description of sales, shipments, receipts, or revenue	Census use	2007			
		Estimates are acceptable			
		\$ Bil.	Mil.	Thou.	Dol.
0723	0720	0721			
1. Patient care					
a. Infectious and parasitic diseases	30201				
b. Neoplasms	30202				
c. Endocrine, nutritional, and metabolic disorders	30203				
d. Blood diseases	30204				
e. Mental diseases	30205				
f. Nervous system and sense organ disorders	30206				
g. Circulatory system	30207				
h. Respiratory system	30208				
i. Digestive system	30209				
j. Genitourinary system	30211				
k. Pregnancy/childbirth	30212				
l. Skin and subcutaneous tissue	30213				
m. Musculoskeletal and connective tissue	30214				
n. Congenital anomalies	30215				
o. Perinatal (infant)	30216				
p. Signs and symptoms	30217				
q. Injuries and adverse affects	30218				

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

Description of sales, shipments, receipts, or revenue	Cen- sus use	2007			
		Estimates are acceptable			
		\$ Bil.	Mil.	Thou.	Dol.
0723	0720	0721			
1. Patient care - Continued					
r. All other patient care - Specify ↴					

_____	30219				
s. Sum lines 1a through 1r	30200				
2. Rental or lease of goods and/or equipment					
a. Medical equipment	39512				
b. All other goods and/or equipment	39513				
c. Sum lines 2a and 2b	39500				
3. Meals and beverages, prepared and served or dispensed, for immediate consumption	39460				
4. Resale of merchandise					
a. Pharmaceuticals	39649				
b. Optical goods	39651				
c. Orthopedic appliances	39652				
d. All other resale of medical equipment and supplies	39653				
e. All other merchandise - Specify ↴					

_____	39654				
f. Sum lines 4a through 4e	39600				
5. All other operating receipts - Specify if more than 10 percent of total receipts or revenue ↴					

_____	39747				
6. OPERATING RECEIPTS - For taxable establishments, sum of preceding lines should equal 6, line B	39850				
7. Contributions, gifts, and grants					
a. Government	39900				
b. Private, including individuals, community efforts, and commissioned fundraisers	39910				
8. Investment income, including interest and dividends	39920				
9. Gains (losses) from assets sold (Report losses by including a dash prior to the dollar amount.)	39930				

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CONTINUE WITH 22 ON PAGE 7

CONTINUE ON PAGE 7

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

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

Description of sales, shipments, receipts, or revenue	Census use	2007			
		Estimates are acceptable			
		\$ Bil.	Mil.	Thou.	Dol.
0723	0720	0721			
10. All other revenue - <i>Specify if more than 10 percent of total receipts or revenue</i> ↘					
	39965				
11. TOTAL REVENUE - For tax-exempt establishments, sum of lines should equal 6, line C1	39990				

23-25 Not Applicable.

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 number reported in 7, line A.

Enter each active proprietor or partner by occupational category in column 2. 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.

	Census use	Number of employees for pay period including March 12, 2007	Census use	Number of active proprietors or partners for pay period including March 12, 2007
1. Allopathic physicians - licensed practitioners having M.D. degree	3211		3271	
2. Osteopathic physicians - licensed practitioners having D.O. degree	3212		3272	
3. Chiropractic physicians - licensed practitioners having D.C. degree	3214		3274	
4. Podiatric physicians - licensed practitioners having D.P.M. degree	3215		3275	
5. Optometrists - licensed practitioners having O.D. degree	3216		3276	
6. Dentists - licensed practitioners having D.M.D., D.D.S., or D.D.Sc. degree	3213		3273	
7. Other dental practitioners (<i>Include hygienists, assistants, and others performing or assisting with dental procedures.</i>)	3223		3283	
8. Mental health practitioners, excluding practitioners with M.D. or D.O. degree (<i>Include psychologists, licensed clinical social workers, etc.</i>)	3217		3277	
9. Physical and occupational therapists, speech-language pathologists, and audiologists	3218		3278	
10. Registered nurses	3219		3279	
11. Licensed practical nurses	3220		3280	
12. All other health practitioners	3221		3281	
13. All other employees (<i>Include management and administrative staff.</i>)	3222		3282	
14. TOTAL (<i>Add lines 1 through 13. Total should equal 7, line A for column 1.</i>)	3200		3260	

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26 SPECIAL INQUIRIES - Continued

B. PATIENT CARE

Estimate the percent of patient care reported in **22**, line 1, from:

		2007	
		Percent	
1.	Visits and consultations - evaluation and management services 3701		%
2.	Surgical interventions - treatment of disease, injury, or deformity by surgeons 3702		%
3.	Non-surgical interventions - treatment of disease, injury, or deformity except by surgery 3703		%
4.	Anesthesia services 3704		%
5.	Laboratory services and tests paid directly by individuals, insurers, or government payers, such as Medicare and Medicaid 3706		%
6.	Laboratory services and tests paid by other health care providers 3705		%
7.	Other, including health facility services, such as provisions of space and equipment, meals, nursing care, etc. 3707		%
8. TOTAL		1 0 0	%

27-29 Not Applicable.

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?

Yes No - Enter time period covered →

FROM	Month	Year	TO	Month	Year

Name of person to contact regarding this report	Title

Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-

Internet e-mail address	Date completed	Month	Day	Year

Thank you for completing your 2007 ECONOMIC CENSUS form.
PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.

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