



2007 ECONOMIC CENSUS

Other Ambulatory Health Care Services

DUE DATE
FEBRUARY 12, 2008

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

HC-62108

**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 0018
AND enter name and address of new owner or operator
and Employer Identification Number (EIN) below

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.	Mark "X" if None	2007			
		If a figure is \$1,025,628.79 :	Report → <input type="checkbox"/>	\$ Bil.	Mil.	Thou.	Dol.
		If a value is "0" (or less than \$500.00):	Report → <input checked="" type="checkbox"/>	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

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

2007			
\$ Bil.	Mil.	Thou.	Dol.

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.)

Ambulatory health care services

- 0700 621 910 00 1 Ambulance or rescue service, including air ambulance
- 621 991 00 1 Blood or blood product bank or donor station
- 621 991 00 3 Plasma collection center
- 621 991 00 2 Eye, organ, tissue, or sperm bank
- 621 999 90 2 Mobile physical examination service, including exams for the purpose of obtaining insurance
- 621 340 10 2 Audiologist(s)
- 621 999 90 3 Hearing testing service
- 621 999 90 4 Health screening service
- 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
- 621 999 90 5 Home infusion therapy
- 621 111 00 4 Physician(s), excluding mental health specialists (Include practitioner(s) with the degree of M.D. or D.O. and engaged in the practice of general or specialized medicine and/or surgery.)
- 777 621 03 1 Other health practitioner(s) or service - Specify ↴

0701

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19 KIND OF BUSINESS OR ACTIVITY - Continued

Case management

- 0700 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.)
- 524 298 00 4 Medical utilization review - advises health care providers how to provide cost-effective treatment that meets third-party reimbursement requirements *(Exclude companies formulating specific treatment plans for individual patients.)*

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
- 777 620 00 2 Other arranger or manager of medical services - *Specify* ↴

0701

Other kind of business or activity

- 773 000 00 2 Other kind of business or activity - *Specify* ↴

0701

20 and 21 Not Applicable.

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.)

Line 1a - Report receipts from human red blood cells extracted from whole blood collection. Include separation, testing, storing, and distribution to the using organizations. Include leukocyte-reduced and non-leukocyte-reduced red blood cells.

Line 1b - Report receipts from the collection, processing, and distribution of all plasma derivatives, excluding cryoprecipitate (cryo).

Line 1c - Report receipts from all other human blood services including the processing, storing, and distribution of human blood platelets, white blood cells (leukocytes), and cryoprecipitate (cryo) anti-hemophilic factors.

Line 3a - Report receipts from assuring disabled workers receive the correct care, and return to work as soon as possible.

Line 3b - Report receipts from assuring and monitoring the level of care provided to individual patients. Include pre-certification, utilization review, and discharge planning.

Line 3c - Report receipts from evaluating the options and services available to meet an individual's health care needs. Include preadmission review and medical bill review.

Line 4 - Report receipts from health insurance examinations, health testing at industrial sites, and physical fitness evaluation services.

Line 8a - Report receipts from the rental or lease of medical equipment, such as hospital beds, wheelchairs, infusion and respiratory equipment, and supplies used by patients in their residences. Services may include delivery, set up, instruction, and maintenance of equipment.

Line 13 - 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 14**.

Line 14 - 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.

CONTINUE WITH **22** ON PAGE 5

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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 - Continued

Description of sales, shipments, receipts, or revenue	Census use	2007			
		Estimates are acceptable			
		\$ Bil.	Mil.	Thou.	Dol.
0723	0720	0721			
1. Human blood services					
a. Human red blood cell (erythrocytes) processing, storing, and distribution services	30381				
b. Human blood plasma collection, processing, and distribution services	30382				
c. All other human blood services - <i>Specify</i> ↴					
	30383				
d. Sum lines 1a through 1c	30380				
2. Human organ, bone, and tissue bank services	30390				
3. Medical case management services					
a. Worker's compensation medical management services	30401				
b. Utilization management services	30402				
c. Medical case review and management services	30403				
d. Sum lines 3a through 3c	30400				
4. Health examinations and testing services	30410				
5. Remote medical patient monitoring services	30420				
6. Mobile lithotripter service rental with medical technical support services	30430				
7. Smoking cessation clinics and classes	30440				
8. Rental or lease of goods and/or equipment					
a. Medical equipment	39512				
b. All other goods and/or equipment	39513				
c. Sum lines 8a and 8b	39500				
9. Resale of merchandise					
a. Prescription drugs	39655				
b. Non-prescription drugs, vitamins, supplements, and herbal remedies	39656				
c. Optical goods	39651				
d. Orthopedic appliances	39652				
e. All other medical equipment and supplies	39653				

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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			
9. Resale of merchandise - Continued					
f. All other merchandise - <i>Specify</i> ↴					
	39654				
g. Sum lines 9a through 9f	39600				
10. All other operating receipts - <i>Specify if more than 10 percent of total receipts or revenue</i> ↴					
	39752				
11. OPERATING RECEIPTS - For taxable establishments, sum of preceding lines should equal 9, line B	39850				
12. Contributions, gifts, and grants					
a. Government	39900				
b. Private, including individuals, community efforts, and commissioned fundraisers	39910				
13. Investment income, including interest and dividends	39920				
14. Gains (losses) from assets sold (<i>Report losses by including a dash prior to the dollar amount.</i>)	39930				
15. All other revenue - <i>Specify if more than 10 percent of total receipts or revenue</i> ↴					
	39968				
16. TOTAL REVENUE - For tax-exempt establishments, sum of lines should equal 9, line C1	39990				

23-25 Not Applicable.

26 SPECIAL INQUIRIES

FRANCHISE

Was this establishment operating under a trademark authorized by a franchisor in 2007?
(Mark "X" only ONE box.)

0237 Yes - franchisee owned establishment

0238 Yes - franchisor owned establishment

0239 No

27-29 Not Applicable.

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

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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