



2007 ECONOMIC CENSUS

Hospitals

DUE DATE
FEBRUARY 12, 2008

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

HC-62201

**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 115 or 501 of the Internal Revenue Code?

0103 Yes - Complete line C

0104 No - Complete line B

B. Operating receipts of this (taxable) establishment (Include the sum of net patient revenue (gross patient revenue less contractual allowances) and other operating revenue). 0100

Mark "X" if None

2007			
\$ Bil.	Mil.	Thou.	Dol.

C. Revenue and expenses of this (tax-exempt) establishment (Governmental establishments should include revenue from appropriations and intergovernmental transfers, while excluding revenue and expenses of off-station activities such as outpatient or vet centers.)

1. Revenue (Include the sum of net patient revenue, other operating revenue, and nonoperating 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).

Mark "X" if None	2007
	Number
<input type="checkbox"/>	

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

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

	Mark "X" if None	2007			
		\$ Bil.	Mil.	Thou.	Dol.
1. Annual payroll 0300	<input type="checkbox"/>				
2. First quarter payroll (January-March, 2007) 0310	<input type="checkbox"/>				

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.)

Hospitals

- 0700 622 110 20 1 General medical and surgical hospital, including osteopathic hospitals and combination hospital/nursing care facilities
- 622 110 20 2 Children's hospital
- 622 110 20 3 Critical access hospital
- 622 210 20 1 Psychiatric hospital
- 622 210 20 2 Alcohol or substance abuse rehabilitation hospital
- 622 310 20 1 Physical rehabilitation hospital
- 622 310 20 2 Cancer or chronic disease hospital
- 622 310 20 3 Ear, eye, nose, and throat hospital
- 623 210 00 1 Mental retardation hospital
- 622 310 20 4 Other specialty hospital - Specify ↴

0701

Nursing and residential care facilities

- 623 210 00 2 Mental retardation facility, including group homes and intermediate care facilities providing residential care for the mentally retarded
- 623 110 00 1 Nursing care facilities providing nursing and rehabilitative services
- 623 220 00 1 Residential alcohol or substance abuse rehabilitation facility, excluding nursing care facilities

CONTINUE WITH ⑬ ON PAGE 4

CONTINUE ON PAGE 4

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19 KIND OF BUSINESS OR ACTIVITY - Continued

Nursing and residential care facilities - Continued

- 0700 623 220 00 2 Residential facility for the mentally ill, excluding facilities for the mentally retarded
- 623 311 00 1 Continuing care retirement community (*Residential care facility with nursing care on-site.*)
- 777 620 00 1 Other nursing or residential care facility - *Specify* ↴

0701

Other health services

- 621 493 00 1 Ambulatory surgical center
- 621 111 00 1 Emergency room physician(s) or other independent physician service, excluding mental health specialists
- 621 610 00 1 Home health care provider, including visiting nurse associations
- 923 120 00 1 Government hospital district not providing hospital services
- 777 620 00 3 Other health service - *Specify* ↴

0701

Other kind of business or activity

- 773 000 00 3 Other kind of activity or facility - *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 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. Report receipts from governments (e.g., Medicare, Medicaid), insurance carriers, health plans, and patients for medical services to individuals.

Line 3 - Include receipts from intermediate care services for the mentally retarded.

Line 4 - Report receipts from providing a bundled service for terminally ill residents of custodial health care facilities. Bundled services may include palliative care, rental of room space, meals, assisted daily living, and certain medical services. Exclude services billed or sold separately.

Line 5a - Report receipts from traditional home health care services, medically related services specified by a physician in a plan of care and which are delivered to the patient's residence. Exclude receipts from physician services or from medical equipment services billed separately.

Line 5b - Report receipts from the palliative care of the terminally ill, normally in the patient's residence (e.g., supportive medical, social, homemaker, and spiritual services).

Line 6 - Report receipts or revenue from contract research only. Report grants received for research on the appropriate detail lines under **line 13**.

Line 9 - Report sales that are charged separately from medical services provided.

Line 13 - Include grants received for research. Report receipts from contract research on **line 6**.

Line 14 - 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 15**.

Line 15 - 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.

Line 16 - Exclude receipts from government programs (e.g., Medicare, Medicaid).

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. Hospital patient care services, including inpatient and outpatient					
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				
r. All other patient care - <i>Specify</i> ↴					
_____	30219				
s. Sum lines 1a through 1r	30200				
2. Inpatient nursing and residential care					
a. Skilled nursing services without rehabilitation services	30510				
b. Skilled nursing services with rehabilitation services	30520				
3. Assisted daily living (ADL) services, with mental rehabilitation services	30700				
4. Residential hospice care services	30540				

CONTINUE WITH **23** ON PAGE 6

CONTINUE 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	2007			
		Estimates are acceptable			
		\$ Bil.	Mil.	Thou.	Dol.
0723	0720	0721			
5. Home health care services					
a. Traditional home health care services	30270				
b. Home hospice care services	30280				
6. Research and development - <i>Specify</i> ↴					
_____	37190				
7. Rental or lease of goods and/or equipment					
a. Rental or lease of medical equipment	39512				
b. Rental or lease of all other goods and/or equipment	39513				
c. Sum lines 7a and 7b	39500				
8. Rents and commissions from departments and concessions not owned and operated by this institution (<i>Exclude gross sales or billings</i>)	39940				
9. Meals and beverages, prepared and served or dispensed, for immediate consumption (<i>Include cafeteria sales</i>)	39460				
10. Resale of merchandise					
a. Pharmaceuticals	39649				
b. Medical equipment	39657				
c. All other merchandise - <i>Specify</i> ↴					
_____	39654				
d. Sum lines 10a through 10c	39600				
11. All other operating receipts - <i>Specify if more than 10 percent of total receipts or revenue</i> ↴					
_____	39753				
12. OPERATING RECEIPTS - For taxable establishments, sum of preceding lines should equal 5, line B	39850				
13. Contributions, gifts, and grants					
a. Government	39900				
b. Private, including individuals, community efforts, and commissioned fundraisers	39910				
14. Investment income, including interest and dividends	39920				

CONTINUE WITH 22 ON PAGE 7

CONTINUE ON PAGE 7

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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			
15. Gains (losses) from assets sold (Report losses by including a dash prior to the dollar amount.)	39930				
16. Appropriations from general government revenues and intergovernmental transfers (Only governmental or military institutions should report here.)	39950				
17. All other revenue - Specify if more than 10 percent of total receipts or revenue	39969				
18. TOTAL REVENUE - For tax-exempt establishments, sum of lines should equal 6, line C1	39990				

23-25 Not Applicable.

26 SPECIAL INQUIRIES

A. GOVERNMENT OWNERSHIP AND CONTROL

1. Was this establishment operated by or under the control of a government entity or a board of directors either appointed by such an entity or publicly elected?

3501 Yes - Go to line 2

3502 No - Go to **B**

2. Level of government operating or controlling this establishment (Mark "X" only ONE box.)

3506 Federal (Include all armed services, Veterans Administration, Indian Health Service, etc.)

3507 State

3508 Local (Include county, city, hospital district or authority, etc.)

B. PATIENT CARE

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

		2007	
		Percent	
1. Inpatient hospital facility services - evaluation and management services, treatment of disease, injury, or deformity by surgical procedures and non-surgical procedures, etc.	3711		%
2. Outpatient visits and consultations - evaluation and management services	3712		%
3. Outpatient surgical interventions - treatment of disease, injury, or deformity by surgeons	3713		%
4. Outpatient non-surgical interventions - treatment of disease, injury, or deformity except by surgery	3714		%
5. Outpatient anesthesia services	3715		%
6. Outpatient medical and diagnostic testing services	3716		%
7. Other, including outpatient health facility services	3717		%
8. TOTAL		1 0 0	%

27-29 Not Applicable.

62201074

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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