



2002 ECONOMIC CENSUS CLASSIFICATION FORM

DUE DATE
FEBRUARY 12, 2003

Mail your completed form to:

U.S. CENSUS BUREAU
1201 East 10th Street
Jeffersonville, IN 47134-0001

Need help or have questions about filling out this form?

Visit our Web site at
www.census.gov/econhelp

- OR -

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

HC-62190

**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.
- Do not put slashes through 0 or 7.

Examples:

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.

1-2 Not Applicable.

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	<input type="checkbox"/> Yes	0035 Number and street							
0032	<input type="checkbox"/> No - Enter physical location →	0036 City, town, village, etc.				0037 State	0038 ZIP Code		

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

4-17 Not Applicable.

18 KIND OF BUSINESS OR ACTIVITY

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

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

- 0700 621 111 00 25 Physician(s), excluding mental health specialists (Include practitioner(s) engaged in the practice of general or specialized medicine and/or surgery.)
- 621 112 00 16 Psychiatrist(s) or other mental health physician(s)

Other health practitioners

- 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.
- 621 310 00 16 Chiropractor(s)
- 621 320 00 14 Optometrist(s)
- 621 391 00 18 Podiatrist(s)
- 621 330 00 12 Mental health practitioner(s), including psychologists, psychiatric social workers, clinical psychologists, and psychotherapists NOT having M.D. or D.O. degree
- 621 340 20 16 Physical therapist(s)
- 621 340 20 57 Occupational therapist(s)
- 621 399 00 69 Massage therapist(s)
- 621 340 10 18 Speech therapist(s) and/or audiologist(s)
- 621 399 00 10 Orthotist(s) and/or prosthetist(s)
- 621 399 00 28 Perfusionist(s)
- 621 399 00 36 Certified registered nurse anesthetist(s)
- 621 399 00 44 Dietician(s)
- 621 399 00 51 Other health practitioner(s), including acupuncturists, dental hygienists, denturists, homeopaths, hypnotherapists, midwives, nurses, etc. - Specify ↴

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Outpatient care facilities and medical and diagnostic laboratories

- 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
- 621 512 00 12 Diagnostic imaging center, providing a variety of imaging services such as computer tomography, x-ray, ultrasound, and MRI (magnetic resonance imaging)
- 621 511 00 13 Medical laboratory, providing professional analytic or diagnostic services to the medical profession, or to the patient on prescription of a physician
- 621 410 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

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

18 KIND OF BUSINESS OR ACTIVITY - Continued

Outpatient care facilities and medical and diagnostic laboratories - Continued

- 0700 621 492 00 16 Kidney dialysis center
- 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* ↴

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Home health services

- 621 610 00 39 Nursing agency primarily providing nursing and nursing assistant services to patients in their homes
- 561 320 00 12 Nursing agency primarily providing nurses and other employees on a temporary basis to hospitals, doctors' offices, and other health care providers
- 621 610 00 13 Home health care provider, including visiting nurse associations
- 624 120 00 44 Homemaker or companion service (providing services such as cooking and cleaning - **no** health care services provided)
- 621 610 00 21 Home hospice care

Other activities and facilities associated with health care

- 621 910 00 10 Ambulance or rescue service, including air ambulance
- 621 991 00 12 Blood or blood product bank or donor station
- 339 116 00 11 Dental laboratory
- 621 991 00 20 Eye, organ, tissue, or sperm bank
- 621 999 90 49 Health screening service
- 621 999 90 31 Hearing testing service
- 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)
- 524 298 00 42 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.*)
- 621 999 90 23 Mobile physical examination service, including exams for the purpose of obtaining insurance
- 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
- 777 620 00 37 Other health service - *Specify* ↴

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CONTINUE WITH **19** ON PAGE 4

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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* ↴

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19-28 Not Applicable.

29 OPERATIONAL STATUS

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

0011 <input type="checkbox"/> In operation	0014 <input type="checkbox"/> Ceased operation - <i>Give date at right</i> →	0018	Month	Day	Year
0013 <input type="checkbox"/> Temporarily or seasonally inactive	0015 <input type="checkbox"/> Sold or leased to another operator - <i>Give date at right AND enter new name and mailing address below</i> ↴				

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 <input type="checkbox"/> Yes	0079 <input type="checkbox"/> No - Enter time period covered →	FROM 0070	Month	Year	TO 0071	Month	Year	
0072 Name of person to contact regarding this report				0073 Title				
Telephone 0074	Area code	Number	Extension	Fax 0075	Area code	Number		
0076 Internet e-mail address					Date completed 0069	Month	Day	Year

Thank you for completing your 2002 Economic Census form.
PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.

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