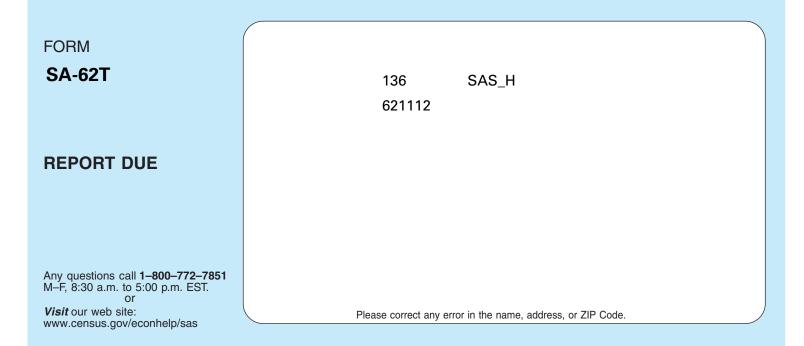
2007 Annual Services Report Service Annual Survey

U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU



Offices of Physicians, Mental Health Specialists



YOUR RESPONSE IS REQUIRED BY LAW

Title 13, U.S. Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau.

YOUR RESPONSE IS CONFIDENTIAL BY LAW

Title 13, U.S. Code, requires that your response may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. The law also provides that copies retained in your files are **immune from legal process**.

YOUR RESPONSE IS IMPORTANT

The services industries account for nearly 70 percent of all economic activity. We conduct this survey to obtain timely, comprehensive and consistent measures needed by policy-makers, businesses, and the public to accurately assess domestic economic performance.

FORM asr_a_07 (8-14-2007)

Annual Services Report

- This report should be completed and returned on or before the due date in the preaddressed envelope provided.
- If filing within the required time frame will cause an undue burden and you would like an extension, or if you have any questions, please write to:

U.S. CENSUS BUREAU 1201 East 10th Street Jeffersonville, IN 47132-0001

or call a Census Bureau Representative at 1-800-772-7851, weekdays from 8:30 a.m. to 5:00 p.m., Eastern Standard Time.

Report Coverage

1

This report covers all domestic locations operated by your company and its subsidiaries primarily engaged in the independent practice of psychiatry or psychoanalysis. This industry comprises locations of health practitioners who have earned the degree of M.D. (Doctor of Medicine) or D.O. (Doctor of Osteopathy). These practitioners operate private or group practices in their own offices (e.g., centers, clinics) or in the facilities of others, such as hospitals or HMO medical centers.

Does the above coverage describe this firm's business activity?

1 Yes – Go to 2

2 No – Specify the firm's business activity and complete the report where applicable beginning with 12.

0002

2 Report Periods

What periods of time will this data represent?

- Report data for the 2007 calendar year if possible.
- For locations that were sold or acquired during the year, only report for the periods that this firm operated the locations.

				2007	
			Month	Day	Year
		0007			
0006	2007 calendar year – Go to 3	From			
	Other than calendar year – Enter the periods this report will cover.				
	(e.g., fiscal years, periods with less than a full calendar	0008			
	year).	То			

3 Revenue

Report the total revenue for this firm's locations defined in 1 for the following categories.

- Enter "0" where applicable.
- Estimates are acceptable.

Exclude:

- Transfers made within the company.
- 3A Net Revenue

	ient Care Revenue			2007 Re	evenue	
•	Using net patient revenues, report your sources of funding in each of the following categor	ies.	Bil.	Mil.	Thou.	Dol.
		4001A				
1.	Medicare		\$			
		4002A				
2.	Medicaid - Include funding from the State Children's Health Insurance Program (SCHIP).		\$			
		4003A	<u>^</u>			
	Other government (Veterans, NIH, Indian Affairs, etc.) – Specify 📈		\$			
150		4004A	[]			
л	Worker's compensation		\$			
۰.			Ţ			
5.	Private insurance					
а	. Private health insurance – Medical service plans (Blue Cross/Blue Shield, group	4005A	[]			
	hospital plans, etc.). Include third party direct contract insurers, employer self-insured, and Medicare/Medicaid HMO payments. Report worker's compensation sources in line 4 .		\$			
	and medicale/medicald himo payments. hepoir worker's compensation sources in time 4.		Ψ.			
		4006A				
b	Property/Casualty and auto insurance		\$			
		4007A				
6.	Patient (out-of-pocket)		\$			
		4008A				
		IUUUA				

Non-Patient Care Revenue

8	All other sources – Include grants, subsidized funds, contributions, philanthropy, gift shop, cafeteria sales, parking lot receipts, florist receipts, etc. – Specify <i>x</i>	4009A	\$	
15	03			
9	TOTAL NET REVENUE – Sum of lines 1–8	1800 	\$	
3B	GROSS PATIENT REVENUE – Include the full-established rates (charges) for all services rendered to inpatients and outpatients.	4012	\$	
4	Not Applicable			

7. All other patient care sources not elsewhere classified – Specify \mathbf{k} \$

1502

Operating Expenses 5

Report operating expenses for this firm's locations as defined in 1 for the following categories.

- Enter "0" where applicable.
 Estimates are acceptable.
 Do not combine data of two or more detail lines.

Exclude:

- Transfers made within the company
- Capitalized expenses •
- ImpairmentInterest

FORM asr_62_gv1_07 (8-30-2007)

- Bad debt
- Income tax

Personnel Costs		200	7 Operati	ng Exper	nses
1. Gross annual payroll – Total annual Medicare salaries and wages for all employees, (including worksite employees of professional employer organizations) as reported on your firm's IRS Form 941, Employer's Quarterly Federal Tax Return, line 5(c) for the four quarters that correspond to the survey period.	1821	Bil.	Mil.	Thou.	Dol.
 2. Employer's cost for fringe benefits – Employer's cost for legally required programs and programs not required by law: a. Health insurance – Insurance premiums on hospital plans, medical plans, and single service plans such as dental, vision, prescription drugs plan. Include premium equivalents for self-insured plans and fees paid to third-party 	1841	\$]
administrators (TPAs). Exclude employee contributions		[Ψ	1	<u>, </u>	
 Defined benefit pension plans – Costs for both qualified and unqualified defined pension plans. Pension plans that specify the benefit to be paid to employees upon retirement, generally either a specific amount or a percentage of compensation. Employer contributions are based on actuarial computations that include the employee's compensation and years of service and are not allocated to specific accounts maintained for employees. 	1842	\$			
2. Defined contribution plans – Costs under defined contribution plans. Pension plans that define the employer contributions to a separate account provided for each employee. The employee "benefit" at retirement depends on the amount contributed and the results of the account's activity. Examples include profits sharing plans, money purchase (e.g., 401k, 403b) and stock bonus plans (e.g., ESOPs)	1843	\$			
 C. Other – Other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). 	1844	\$			
 Temporary staff and leased employee expense – Total costs paid to Professional Employee Organizations (PEOs) and staffing agencies for personnel. Include all charges for payroll, benefits and services. 	97 1823	\$			
 Expensed Materials, Parts and Supplies (not for resale) 4. Medical supplies – Materials and supplies used in providing medical services to others. Report medical equipment in line 5. 	4011 	\$			
5. Expensed equipment – Expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, and monitors). Report packaged software in line 7. Report leased and rented equipment in line 15.	1824 	\$			
6. Expensed purchases of other materials, parts, and supplies – Materials and supplies used in providing services to others; materials and parts used in repairs; office and janitorial supplies; small tools; containers and other packaging materials; and motor fuels.	1825 	\$			
Expensed Purchased Services					
7. Expensed purchases of software – Purchases of prepackaged, custom-coded, or vendor customized software. Include software developed or customized by others, web-design services and purchases, licensing agreements, upgrades of software; and maintenance fees related to software upgrades and alterations.	1826 	\$			

Operating Expenses - (Continued) 5

Report operating expenses for this firm's locations as defined in 1 for the following categories.

- Enter "0" where applicable.
 Estimates are acceptable.
 Do not combine data of two or more detail lines.

Exclude:

- Transfers made within the company
 Capitalized expenses
- Impairment •
- Interest ٠
- Bad debt
- Income tax

Expensed Purchased Services (Continued)

8.	Data processing and other purchased computer services – Include web hosting, computer facilities management services, computer input preparation, data storage,		2007	2007 Operating Expenses				
	computer time rental, optical scanning services, and other computer-related advice and services, including training. Exclude expensed integrated systems, repair and	1845	Bil.	Mil.	Thou.	Dol.		
	maintenance of computer equipment, payroll processing and credit card transaction fees,		\$					
	and expenses for telecommunication services (e.g., Internet, connectivity, telephone)		Ψ					
9.	Purchased communication services - Telephone, cellular, and fax services; computer-	1846						
	related communications (e.g., Internet, connectivity, online), and other wired and wireless communication services		\$					
10	Purchased repairs and maintenance to machinery and equipment – Expensed							
10.	repair and maintenance services to machinery, vehicles, equipment, and computer hardware.							
	Exclude materials, parts, and supplies used for repairs and maintenance performed by this firm's employees.		\$					
11.	Purchased repairs and maintenance to buildings, structures, and offices – Include repair and maintenance to integral parts of buildings (e.g., elevators, heating systems).	1849						
	Exclude materials, parts, and supplies used for repairs and maintenance performed by this firm's employees. Report janitorial and grounds maintenance services in line 22		\$					
	by this firm's employees. Report januonal and glounds maintenance services in line 22		Ψ		<u> </u>			
		1850						
12.	Purchased electricity – If the cost of electricity is included in lease or rental payments, report in line 16 .		\$					
13.	Purchased fuels (except motor fuels) – Fuel for heating, power or generating electricity (e.g., natural gas, propane, oil, coal). If the costs are included in lease or rental payments,	1851						
	report in line 16 .		\$					
14.	Water, sewer, refuse removal, and other utility payments – Include the cost of hazardous waste removal. If the costs of these utilities are included in a lease or rental payment, report	1852						
	in line 16		\$					
15.	Lease and rental payments for machinery, equipment, and other tangible items –							
	Include lease and rental of transportation equipment without operators; and penalties incurred for broken leases. Exclude capital and financing lease agreements and	1853						
	licensing/leasing of software.		\$					
		1854						
16.	Lease and rental payments for land, buildings, structures, store spaces, and offices – Include penalties incurred for broken leases		\$					
			-					
17.	Purchased advertising and promotional services – Include marketing and public relations	1830						
	services.		\$					
18	Purchased professional and technical services – Include management consulting, accounting,	1855						
10.	auditing, bookkeeping, legal, actuarial, payroll processing, architectural, engineering, and other	1000	\$					
	professional services. Exclude salaries paid to your own employees for these services	• • •	Ψ					
10	Professional lightlity insurance - The cost of professional lightlity insurance. Include professional	4010						
19.	Professional liability insurance – The cost of professional liability insurance. Include professional liability insurance premiums and amounts set aside for self-insurance.		\$					

Report operating expenses for this firm's locations as defined in 1 for the following categories.

- Enter "0" where applicable.
 Estimates are acceptable.
 Do not combine data of two or more detail lines.

Exclude:

- Transfers made within the company
- Capitalized expenses
- Impairment ٠
- Interest ٠
- Bad debt •
- Income tax •

Other Operating Expenses

20. Depreciation and amortization charges - Include depreciation charges taken against		Bil.	Mil.	Thou.	Dol.
tangible assets owned and used by your firm, tangible assets and improvements owned by your firm within leaseholds, tangible assets obtained through capital lease agreements, and	1831				
amortization charges against intangible assets (e.g., patents, copyrights). Exclude impairment	[\$			
21. Governmental taxes and license fees – Payments to government agencies for taxes and	1832 🗆				
licenses. Include business and property taxes. Exclude income taxes, and sales and excise taxes collected from customers.		\$			
		·			
22. All other operating expenses – All other operating expenses not reported above, unless specifically excluded in the general instructions at the top of the page. Include	1859 🗆				
office postage and package delivery. Exclude purchases of merchandise for resale and non-operating expenses.		\$			
	1900				
23. TOTAL OPERATING EXPENSES – Sum of lines 1–22		\$			

Not Applicable 6

2007 Operating Expenses

8 E-Commerce Revenue

E-commerce includes sales, receipts, and contributions from any transaction completed over an Internet, extranet, EDI network, electronic mail or other online system. Transactions are agreements between buyers and sellers to transfer ownership of, or rights to use, goods or services. Payment for these goods and services may or may not be made online.

	Did the very several to a include only a commerce		2007	E-Comm	erce Rev	evenue		
	Did the revenue reported in 3 include any e-commerce revenue?		Bil.	Mil.	Thou.	Dol.		
		2000						
	1 Yes - What was this firm's e-commerce revenue?		\$					
001	2 🗌 No – Go to 1							



10 Not Applicable

Page 8
11 Change in Structure
Did you have an Employer Identification Number (EIN) change in 2007?
0015
1 Yes – Enter the new EIN EIN EIN
Was there a change in ownership or control? Month Year 0018 0018
1 Yes – Provide the date of the change and the firm's information
0017 Name of company acquired or merged with
2 No – Go to 12
Street address
City, State, ZIP Code
Specify the nature of this change here —————————————————————————————————
0035
12 Remarks – Please provide an explanation for any inconsistent or incomplete data that would aid in understanding this report.
For any separate correspondence pertaining to this report, please include the identification number shown in the address label area at the top of the first page.
0027
13 Certification – This report is substantially accurate and has been prepared in accordance with the instructions. 0020 Name of person completing this report – Please print 0024 Title
0020 Name of person completing this report – Please print 0024 Title 0025 Date
0021 Address (Street address, City, State, ZIP Code)
0022 Telephone number 0023 Fax number 0026 E-mail address
Area code Number Extension Area code Number
Return Completed form to: Public reporting burden for this collection of information is estimated to average 4.0 hours per response, including the time for
U.S. CENSUS BUREAU 1201 East 10th Streat
Jeffersonville, IN 47132-0001 information, including suggestions for reducing this burden, to: Paperwork Project 0607-0422, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-0422" as the subject. Please include form name and number in all correspondence. Respondents
or fax to: 1–800–447–4613 are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the top right corner on the front of this form.

To see aggregate industry results of previous Service Annual Surveys, go to the following website: www.census.gov/econ/www/servmenu.html