2007 Annual Services Report Service Annual Survey



Offices of Physical, Occupational and Speech Therapists, and Audiologists

FORM

SA-62T

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REPORT DUE

Any questions call **1–800–772–7851** M–F, 8:30 a.m. to 5:00 p.m. EST. or

Visit our web site: www.census.gov/econhelp/sas

Please correct any error in the name, address, or ZIP Code.

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.

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.

1 Report Coverage

This report covers all domestic locations that report payroll for the Federal Employer Identification Number (EIN) shown in the address label primarily engaged in administering medically prescribed physical therapy treatment for patients suffering from injuries or muscle, nerve, joint, and bone disease; planning and administering educational, recreational, and social activities designed to help patients or individuals with disabilities, regain physical or mental functions, or to adapt to their disabilities; and diagnosing and treating speech, language, or hearing problems. This industry comprises locations of independent health practitioners. 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 covera	ige describe this firm's business activity?	
0001	1 Yes - Go to 2 2 No - Specify the firm'	s business activity and complete the report where applicable beginning with $lacksquare$. —	
	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.

			Month	Day	Year
		0007			
0006	1 2007 calendar year – Go to 3	From			
0000	2 Other than calendar year – Enter the periods this report will cover				
	(e.g., fiscal years, periods with less than a full calendar	8000			
	year).	To			

2	Revenue
O	nevenue

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.

	ient Care Revenue Using net patient revenues, report your sources of funding in each of the following categor	ioc		2007 R	evenue	
·	osing her patient revenues, report your sources or funding in each of the following categor	4001A	Bil.	Mil.	Thou.	Dol.
1	Medicare	4001A	\$			
•	modified	4002A		1	1	
2	Medicaid – Include funding from the State Children's Health Insurance Program (SCHIP).		\$			
۷.	medicald - include funding from the State Officient's Fleath insurance Flogram (SOFIII).					
		4003A				
3. 150	Other government (Veterans, NIH, Indian Affairs, etc.) – Specify 🖟		\$			
150		4004A				
4.	Worker's compensation		\$			
5.	Private insurance					
а	. Private health insurance - Medical service plans (Blue Cross/Blue Shield, group hospital plans, etc.). Include third party direct contract insurers, employer self-insured,	4005A				
	and Medicare/Medicaid HMO payments. Report worker's compensation sources in line 4.		\$			
		4006A				
b	. Property/Casualty and auto insurance		\$			
	.,,	4007A		1		
6	Patient (out-of-pocket)		\$			
0.	Tulicili (out of pooket)	4008A	T		· · · · · · · · · · · · · · · · · · ·	
7	All other patient care sources not elsewhere classified – $Specify_{\not k}$		\$			
150				,		
NI.						
	n-Patient Care Revenue	4009A				
8.	All other sources – Include grants, subsidized funds, contributions, philanthropy, gift shop cafeteria sales, parking lot receipts, florist receipts, etc. – Specify ✓	, 	\$			
150	3					
		1800				\Box
9.	TOTAL NET REVENUE – Sum of lines 1–8		\$			
ВВ	GROSS PATIENT REVENUE – Include the full-established rates (charges) for all services	4012				
	rendered to inpatients and outpatients		\$			
4	Not Applicable					

Operating Expenses

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 companyCapitalized expenses
- ImpairmentInterest

•	Bad debt Income tax					
Pers	sonnel Costs		2007	' Operati	ng Exper	nses
1	Gross annual payroll – Total annual Medicare salaries and wages for all employees,		Bil.	Mil.	Thou.	Dol.
	(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	\$	IVIII.	mou.	Doi.
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 administrators (TPAs). Exclude employee contributions.	1841	\$			
	b. Pension plans:					
	1. 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	1842	<u>.</u>			
	accounts maintained for employees		\$			
	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	\$			
	[· · · · · · · · · · · · · · · · · · ·	1844			1	
	c. Other – Other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare).		\$			
3.	Temporary staff and leased employee expense – Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. Include all charges for payroll, benefits and services.		\$			
Ехр	ensed Materials, Parts and Supplies (not for resale)	4011				
4.	Medical supplies – Materials and supplies used in providing medical services to others. Report medical equipment in line 5		\$			
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	\$			
Ехр	ensed 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)

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.

- Transfers made within the companyCapitalized expenses
- Impairment
- InterestBad debt
- Income tax

=xpe	ensed Purchased Services (Continued)					
8.	Data processing and other purchased computer services – Include web hosting,				_	
	computer facilities management services, computer input preparation, data storage, computer time rental, optical scanning services, and other computer-related advice		200 Bil.	7 Operati Mil.	ng Expei Thou.	nses Dol.
	and services, including training. Exclude expensed integrated systems, repair and	1845	DII.	IVIII.	TTIOU.	Doi.
	maintenance of computer equipment, payroll processing and credit card transaction fees, and expenses for telecommunication services (e.g., Internet, connectivity, telephone)		\$			
	and expenses for telecommunication services (e.g., internet, connectivity, telephone)		Ψ	1		
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		Ψ			
10.	Purchased repairs and maintenance to machinery and equipment – Expensed					
	repair and maintenance services to machinery, vehicles, equipment, and computer hardware. Exclude materials, parts, and supplies used for repairs and maintenance performed	1848				
	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		1		
	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		\$			
12	Purchased electricity – If the cost of electricity is included in lease or rental payments,	1850				
	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		1		
	waste removal. If the costs of these utilities are included in a lease or rental payment, report in line 16.		\$			
	III IIII 6 10.			<u> </u>		
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		1		
16.	Lease and rental payments for land, buildings, structures, store spaces, and offices –		\$			
	Include penalties incurred for broken leases		Ψ	<u> </u>		
		1830				
17.	Purchased advertising and promotional services – Include marketing and public relations		\$			
	services.		Ψ	<u> </u>		
18.	Purchased professional and technical services – Include management consulting, accounting,	1855				
	auditing, bookkeeping, legal, actuarial, payroll processing, architectural, engineering, and other		\$			
	professional services. Exclude salaries paid to your own employees for these services		Ψ			
		4010				
19.	Professional liability insurance – The cost of professional liability insurance. Include professional liability insurance premiums and amounts set aside for self-insurance		\$			
				•		

5	Operating	Expenses -	(Continued)
O .	Operating	Expenses -	(Continued)

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.

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

Other Operating Expenses

		2007	Operati	ng Expen	ses
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	1831				
your firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). Exclude impairment.		\$			
amortization charges against intangible assets (e.g., paterits, copyrights). Exclude impairment.		Ţ			
21 Covernmental taxes and license fees. Payments to accomment agencies for taxes and	1832				
21. Governmental taxes and license fees – Payments to government agencies for taxes and licenses. Include business and property taxes. Exclude income taxes, and sales and excise	1002				
taxes collected from customers.		\$			
22. All other operating expenses – All other operating expenses not reported above,	1050				
unless specifically excluded in the general instructions at the top of the page. Include office postage and package delivery. Exclude purchases of merchandise for resale	1859				
and non-operating expenses.		\$			
——————————————————————————————————————	1900				
	1900				
23. TOTAL OPERATING EXPENSES – Sum of lines 1–22		\$			

Not Applicable

			Р	age 7
7 Not Applicable				
O E Commerce Devenue				
8 E-Commerce Revenue				
E-commerce includes sales, receipts, and contributions from any transaction completed over an Inter network, electronic mail or other online system. Transactions are agreements between buyers and se ownership of, or rights to use, goods or services. Payment for these goods and services may or may online.	llers to	transfer	:DI	
Did the revenue reported in 3 include any e-commerce			erce Rev	
revenue?	Bil.	Mil.	Thou.	Dol.
	\$			
0011 2 ☐ No – Go to 11				
9 Not Applicable				
10 Not Applicable				

Did you have an En											
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1 Yes – Enter the r	ew EIN		EIN L								
2 No – Continue											
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Jeffersonville, IN 47132-0001

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 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.

or fax to: 1-800-447-4613

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