# 2007 Annual Services Report Service Annual Survey

# **Diagnostic Imaging Centers**

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



FORM <b>SA-6215</b>	136 SAS_H 621512
REPORT DUE	
Any questions call <b>1–800–772–7851</b> 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.

FORM asr\_a\_07 (8-14-2007)

USCENSUSBUREAU

### **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 producing images of the patient generally on referral from a health practitioner. These locations are known as diagnostic imaging 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			
	Cher than calendar year – Enter the periods this report will cover.				
	(e.g., fiscal years, periods with less than a full calendar	8000			
	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

#### Patient Care Revenue

• Using net patient revenues, report your sources of funding in each of the following categories.

				2007 R	evenue	
			Bil.	Mil.	Thou.	Dol.
		4061A				
1.	Health practitioners.		\$			
		4062A				
2.	Hospitals.		\$			
	•	4063A			,,	
3.	Outpatient care facilities.		\$			
		4064A				
4.	All other health care providers – Include nursing and residential care facilities and other		\$			
	ambulatory health care services (blood banks, etc.).		ψ			
		4001A				
5	Medicare		\$			
5.		4002A				
	Medicaid – Include funding from the State Children's Health Insurance		\$			
	Program (SCHIP).	• • • • •	Ф			
7.	Other government (Veterans, NIH, Indian Affairs, etc.) – Specify 📈					
1501		4003A				
			\$			
		4004A				
_			¢.			
8.	Worker's compensation.	• • • • •	\$	]		
9.	Private insurance					
a.	Private health insurance - Medical service plans (Blue Cross/Blue Shield, group	4005A				]
	hospital plans, etc.). <b>Include</b> third party direct contract insurers, employer self-insured, and		\$			
	Medicare/Medicaid HMO payments. Report worker's compensation sources in line 8		Ψ			
		4006A				
b.	Property/Casualty and auto insurance.		\$			
		4007A			,	
10.	Patient (out-of-pocket).		\$			

### Non-Patient Care Revenue

4.4	All other courses. Include works, subsidired funds, contributions, while there are			2007 Revenue					
	All other sources – Include grants, subsidized funds, contributions, philanthropy, etc. Specify –			Bil.	Mil.	Thou.	Dol.		
1503			4009A						
				\$					
			1800						
				ሱ					
12.	TOTAL NET REVENUE – Sum of lines 1–11.		<b>I</b>	\$					

		4012			
3B	<b>GROSS PATIENT REVENUE – Include</b> the full-established rates (charges) for all services		<b></b>		
	rendered to inpatients and outpatients.		\$		

# 4 Not Applicable

#### **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	ises
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 quarte that correspond to the survey period.	1821 rs 	\$			
<ol> <li>Employer's cost for fringe benefits – Employer's cost for legally required programs and programs not required by law:</li> </ol>					
a. Health insurance – Insurance premiums on hospital plans, medical plans, and single service plans such as dental, vision, prescription drugs plan. Include	1044				
premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs). <b>Exclude</b> employee contributions.	1841 	\$			
b. Pension plans:					
<ol> <li>Defined benefit pension plans – Costs for both qualified and unqualified defined pension plans. Pension plans that specify the benefit to be paid to employees upor retirement, generally either a specific amount or a percentage of compensation. Employer contributions are based on actuarial computations that include the</li> </ol>	1842				
employee's compensation and years of service and are not allocated to specific accounts maintained for employees.		\$			
<ol> <li>Defined contribution plans – Costs under defined contribution plans. Pension plans that define the employer contributions to a separate account provided for</li> </ol>					
each employee. The employee "benefit" at retirement depends on the amount	1843				
contributed and the results of the account's activity. Examples include profits sharin plans, money purchase (e.g., 401k, 403b) and stock bonus plans (e.g., ESOPs).	g 	\$			
	1844				
c. Other – Other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medical	e)	\$			
<ol> <li>Temporary staff and leased employee expense – Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. Include all charges for payroll,</li> </ol>	oyer 1823				
Organizations (PEOs) and staffing agencies for personnel. <b>Include</b> all charges for payroll, benefits and services.		\$			
Expensed Materials, Parts and Supplies (not for resale)					
4. Medical supplies – Materials and supplies used in providing medical services to others.	4011				
Report medical equipment in line 5.		\$			
5. Expensed equipment – Expensed computer hardware and other equipment (e.g., copiers	1824				
fax machines, telephones, shop and lab equipment, CPUs, and monitors). Report package software in line <b>7.</b> Report leased and rented equipment in line <b>15</b> .	d	\$			
6. Expensed purchases of other materials, parts, and supplies – Materials and supplies	1825				
used in providing services to others; materials and parts used in repairs; office and janitori supplies; small tools; containers and other packaging materials; and motor fuels	al 	\$			
Expensed Purchased Services					
<ol> <li>Expensed purchases of software – Purchases of prepackaged, custom-coded, or vendo customized software. Include software developed or customized by others, web-design</li> </ol>	1826				
services and purchases, licensing agreements, upgrades of software; and maintenance fees related to software upgrades and alterations.		\$			

#### 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.	<b>Data processing and other purchased computer services – Include</b> web hosting, computer facilities management services, computer input preparation, data storage,		200	7 Operat	ing Expe	nses
	computer time rental, optical scanning services, and other computer-related advice and services, including training. <b>Exclude</b> expensed integrated systems, repair and maintenance of computer equipment, payroll processing and credit card transaction fees, and expenses for telecommunication services (e.g., Internet, connectivity, telephone)	1845 	Bil.	Mil.	Thou.	Dol.
9.	<b>Purchased communication services</b> – Telephone, cellular, and fax services; computer- related communications (e.g., Internet, connectivity, online), and other wired and wireless communication services	1846 	\$			
10.	Purchased repairs and maintenance to machinery and equipment – Expensed repair and maintenance services to machinery, vehicles, equipment, and computer hardware. <b>Exclude</b> materials, parts, and supplies used for repairs and maintenance performed by this firm's employees.	1848 	\$			
11.	Purchased repairs and maintenance to buildings, structures, and offices – Include repair and maintenance to integral parts of buildings (e.g., elevators, heating systems). <b>Exclude</b> materials, parts, and supplies used for repairs and maintenance performed by this firm's employees. Report janitorial and grounds maintenance services in line <b>22</b>	1849 	\$			
12.	Purchased electricity – If the cost of electricity is included in lease or rental payments, report in line 16.	1850 	\$			
13.	<b>Purchased fuels (except motor fuels)</b> – Fuel for heating, power or generating electricity (e.g., natural gas, propane, oil, coal). If the costs are included in lease or rental payments, report in line <b>16</b> .	1851 	\$			
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 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 licensing/leasing of software.	1853	\$			
16.	Lease and rental payments for land, buildings, structures, store spaces, and offices – Include penalties incurred for broken leases	1854 	\$			
17.	Purchased advertising and promotional services – Include marketing and public relations services.	1830 	\$			
18.	<b>Purchased professional and technical services – Include</b> management consulting, accounting, auditing, bookkeeping, legal, actuarial, payroll processing, architectural, engineering, and other professional services. <b>Exclude</b> salaries paid to your own employees for these services		\$			
19.	<b>Professional liability insurance</b> – The cost of professional liability insurance. <b>Include</b> professional liability insurance premiums and amounts set aside for self-insurance.	4010	\$			

#### 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. <b>Include</b> business and property taxes. <b>Exclude</b> income taxes, and sales and excise taxes collected from customers.		\$			
		·			
<b>22.</b> All other operating expenses – All other operating expenses not reported above, unless specifically excluded in the general instructions at the top of the page. <b>Include</b>	1859 🗆				
office postage and package delivery. <b>Exclude</b> purchases of merchandise for resale and non-operating expenses.		\$			
	1900				
23. TOTAL OPERATING EXPENSES – Sum of lines 1–22		\$			

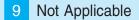
#### Not Applicable 6

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	enue
	Did the revenue reported in <b>3</b> 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 9
11 Change in Structure
Did you have an Employer Identification Number (EIN) change in 2007?
0015
1 Yes – Enter the new EIN EIN
Was there a change in ownership or control?   Month   Year     0018   0018
1 Yes – <b>Provide the date of the change and the firm's information</b>
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
<b>13</b> Certification – This report is substantially accurate and has been prepared in accordance with the instructions.
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
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 Street reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0422, U.S. Census Bureau, 4600
Jeffersonville, IN 47132-0001 Silver Hill Road, AMSD-3X138, 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