

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

HC-62108 (02/07/2007)

2007 ECONOMIC CENSUS

Other Ambulatory Health Care Services

OMB No. 0607-0934: Approval Expires 12/31/2008

DUE DATE FEBRUARY 12, 2008 Mail your completed form to: U.S. CENSUS BUREAU 1201 East 10th Street Jeffersonville, IN 47134-0001	HC-62108
Please read the accompanying information sheet(s) before answering the questions.	INFORMATION COPY DO NOT USE TO REPORT
about filling out this form? Visit www.census.gov/econhelp	DO NOT COM
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.	
	(Please correct any errors in this mailing address.)
that receive this question law, YOUR CENSUS RE	COUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations naire to answer the questions and return the report to the U.S. Census Bureau. By the same PORT IS CONFIDENTIAL. It may be seen only by persons sworn to uphold the confidentiality tion and may be used only for statistical purposes. Further, copies retained in respondents' al process.
	en. • Please center numbers in their respective boxes. Examples:
 Do not use pencil or felt-tip p Place an "X" inside the box. 	en. • Do not put slashes through 0 or 7. \square 0 1 2 3 4 5 6 7 8 9
The reporting unit for this where business is conduct information sheet(s).	form is an establishment. An establishment is generally a single physical location ted or where services or industrial operations are performed. For further clarification, see
EMPLOYER IDENTIFICAT Is the Employer Identificat establishment on its lates	ON NUMBER tion Number (EIN) shown in the mailing address the same as the one used for this t 2007 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?
0021 🗌 Yes - Go to 2	0022 No - Enter current EIN (9 digits)
(P.O. Box and rural ro	physical location the same as shown in the mailing address? ute addresses are not physical locations.)
0031 🗌 Yes - Go to line	B 0035 Number and street
0032 🔲 No - Enter —— physical	→
location	0036 City, town, village, etc. 0037 State 0038 ZIP Code
B. Is this establishment ((Mark "X" only ONE b	hysically located inside the legal boundaries of the city, town, village, etc.? bx.)
0041 Yes 0042	No 0043 No legal boundaries 0044 Do not know
C. In what type of munic	pality is this establishment physically located? (Mark "X" only ONE box.)
0046 🗌 City, village, or	Dorough 0047 Town or township 0048 Other 0024 Do not know

62108014

OPERATIONAL STATUS Which ONE of the following best describes this establishment's operational status at the end of 2007? (Mark 'X' only ONE box) State Importantly or seasonally inactive state Ceased operation - Give date at right state Ceased operation Number (EIN) below; State Name of new owner or operator ieot EIN (8 digits) state Name of new owner or operator ieot EIN (8 digits) cease Statu cease (100, 100, 100, 100, 100, 100, 100, 100	rm HC-62	108 (02/07/20	007)									F	Page 2
0011 In operation 0010 Temporarily or seasonally inactive 0016 Ceased operation - Give date at right 0010 0010 0010 0017 Sold or leased to another operator - Give date at right 0010 0010 0010 0018 AND enter name and address of new owner or operator 0010 0010 0010 0010 0019 Employer itentification Number (EiN) below 7 0011	Which C	ONE of the f	ollowing best des	cribes this estab	olishment's	operational s	tatus	s at the	end of	2007?			
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Image: Second State Image: Second State<	0015	AND enter	name and addres	ss of new ownei	r or operate	or			0018				
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1. Revenue 0101 2. Expenses (Include payroll) 0101	B. Ope	rating receip	ots of this (taxable) establishment			0100						
2. Expenses (Include payroll)	C. Reve	enue and ex	penses of this (ta>	(-exempt) establ	lishment								
	1. R	levenue					0101						
	2 . F	xpenses (In	clude pavroll)				0140						
	<u> </u>						0140						

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Throt shown, please enter your 11-digit Census File Service Form 941, 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 O . 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. • A. Number of employees for pay period including March 12. • Payroll before deductions (Exclude employer's cost for fringe benefits.) 1. Annual payroll • First quarter payroll (January-March, 2007)
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). A. Number of employees for pay period including March 12 • Payroll before deductions (Exclude employer's cost for fringe benefits.) • I. Annual payroll
 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). A. Number of employees for pay period including March 12
Mark X For further clarification, see information sheet(s). A. Number of employees for pay period including March 12 0320 B. Payroll before deductions (Exclude employer's cost for fringe benefits.) Mark "X" 1. Annual payroll 0300
B. Payroll before deductions (Exclude employer's cost for fringe benefits.) 1. Annual payroll
 B. Payroll before deductions (Exclude employer's cost for fringe benefits.) 1. Annual payroll
2. First quarter payroll (January-March, 2007)
8–18 Not Applicable.
9 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.)
Ambulatory health care services
621 910 00 1 Ambulance or rescue service, including air ambulance
621 991 00 1 Blood or blood product bank or donor station
621 991 00 3 Plasma collection center
621 991 00 2 🔲 Eye, organ, tissue, or sperm bank
621 999 90 2 🔲 Mobile physical examination service, including exams for the purpose of obtaining insurance
621 340 10 2 🔲 Audiologist(s)
621 999 90 3 🔲 Hearing testing service
621 999 90 4 🔲 Health screening service
621 512 00 2 Dobile X-ray, mammography, MRI (magnetic resonance imaging), CT-scan (computer tomography), and/or ultrasound service
621 999 90 1 Dile lithotripter service
621 999 90 5 🔲 Home infusion therapy
621 111 00 4 Physician(s), excluding mental health specialists (Include practitioner(s) with the degree of M.D. or D.O. and engaged in the practice of general or specialized medicine and/or surgery.)
777 621 03 1 Other health practitioner(s) or service - <i>Specify</i>
0701
CONTINUE WITH [®] ON PAGE 4

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Form	HC-62108 (02/07	(7/2007)	Page
19	KIND OF BUSINE	SS OF	R ACTIVITY - Continued
	Case manager	ment	
0700	621 999 10 1		Medical case management (Assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet an individual's health care needs to provide quality and cost-effective outcomes.)
	524 298 00 4		Medical utilization review - advises health care providers how to provide cost-effective treatment that meets third-party reimbursement requirements (<i>Exclude companies formulating specific treatment plans for individual patients.</i>)
	Hospital and r	medic	al service plans and medical service arrangers and managers
	524 114 90 9		Management office of a health insurer or health maintenance organization engaged in arranging for hospital, medical, and other health services in return for a fixed periodic premium from subscribers
	561 110 00 2		Administrative intermediary managing contractual arrangements and payments between physicians and sponsors of medical insurance and prepaid health plans
	777 620 00 2		Other arranger or manager of medical services - <i>Specify</i>
0701			
	Other kind of	busin	ness or activity
	773 000 00 2		Other kind of business or activity - <i>Specify</i>
0701			
20 8	and 🗿 Not App	plicabl	e.
22	DETAIL OF SALE	S, SHI	IPMENTS, RECEIPTS, OR REVENUE
		combir	enue by source (reported in G) in dollar figures. See HOW TO REPORT DOLLAR FIGURES on ne data for two or more receipts or revenue lines. Both taxable and tax-exempt establishments plicable lines.)
	Line 1a - Report testing, storing, a blood cells.	receip and dis	ots from human red blood cells extracted from whole blood collection. Include separation, stribution to the using organizations. Include leukocyte-reduced and non-leukocyte-reduced red
	Line 1b - Report cryoprecipitate (c		pts from the collection, processing, and distribution of all plasma derivatives, excluding
	Line 1c - Report human blood pla	receip atelets,	ots from all other human blood services including the processing, storing, and distribution of , white blood cells (leukocytes), and cryoprecipitate (cryo) anti-hemophilic factors.
	Line 3a - Report possible.	receip	ots from assuring disabled workers receive the correct care, and return to work as soon as
			pts from assuring and monitoring the level of care provided to individual patients. Include pre- review, and discharge planning.
	Line 3c - Report Include preadmis	receip ssion r	ots from evaluating the options and services available to meet an individual's health care needs. review and medical bill review.
	Line 4 - Report re evaluation service		s from health insurance examinations, health testing at industrial sites, and physical fitness
	and respiratory e	equipm	ots from the rental or lease of medical equipment, such as hospital beds, wheelchairs, infusion nent, and supplies used by patients in their residences. Services may include delivery, set up, enance of equipment.
	Line 13 - Report Report proceeds	reven from t	ue from investments, including interest and dividends. Exclude unrealized gains or losses. the sale of investments and other assets on line 14 .
			et gain (or loss) from the sale or trade of real property and financial assets, such as stocks and zed gains or losses.

CONTINUE WITH 😨 ON PAGE 5

DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued					
			200)7	
Description of sales, shipments, receipts, or revenue	Cen- sus	Es	timates are	e acceptabl	e
		\$ Bil.	Mil.	Thou.	Dol.
Human blood convisoo	0720	0721			
a. Human red blood cell (erythrocytes) processing, storing, and distribution services	30381				
b. Human blood plasma collection, processing, and distribution services	30382				
c. All other human blood services - Specify ₹					
		l.			
	30383				
d. Sum lines 1a through 1c	30380				
Human organ, bone, and tissue bank services	30390				
Medical case management services		I			
a. Worker's compensation medical management services	30401				
b. Utilization management services	30402				
c. Medical case review and management services	30403				
d. Sum lines 3a through 3c	30400				
Health examinations and testing services	30410				
Remote medical patient monitoring services	30420				
Mobile lithotripter service rental with medical technical support services	30430				
Smoking cessation clinics and classes	30440				
Rental or lease of goods and/or equipment					
a. Medical equipment	39512				
b. All other goods and/or equipment	39513				
c. Sum lines 8a and 8b	39500				
Resale of merchandise					
a. Prescription drugs	39655				
	 b. Human blood plasma collection, processing, and distribution services c. All other human blood services - Specify z d. Sum lines 1a through 1c Human organ, bone, and tissue bank services Medical case management services a. Worker's compensation medical management services b. Utilization management services c. Medical case review and management services d. Sum lines 3a through 3c Health examinations and testing services Remote medical patient monitoring services Smoking cessation clinics and classes Rental or lease of goods and/or equipment a. Medical equipment b. All other goods and/or equipment c. Sum lines 8a and 8b 	Description of sales, shipments, receipts, or revenue sus average Human blood services 3081 a. Human red blood cell (erythrocytes) processing, storing, and distribution services 3081 b. Human blood plasma collection, processing, and distribution services 3082 c. All other human blood services - Specify 7 3088 d. Sum lines 1a through 1c 3086 Human organ, bone, and tissue bank services 30407 b. Utilization management services 30407 b. Utilization management services 30407 c. Medical case review and management services 30407 Health examinations and testing services 30407 Remote medical patient monitoring services 30407 Mobile lithotripter service rental with medical technical support services 30408 Smoking cessation clinics and classes 30400 Rental or lease of goods and/or equipment 30402 a. Medical equipment 30402 b. All other goods and/or equipment 30402 c. Sum lines 8a end 8b 30408 a. Prescription drugs 30405 b. Non-prescription drugs, vitamins, supplements, and herbal remedies 30405<	Description of sales, shipments, receipts, or revenue use sub sub services is sub services a. Human blood services 3230 721 b. Human blood cell (erythrocytes) processing, storing, and distribution services 3230 721 c. All other human blood services - Specify 3230 3230 c. All other human blood services - Specify 3230 3230 d. Sum lines 1a through 1c 3230 3230 Human organ, bone, and tissue bank services 3240 3240 b. Utilization management services 3240 3240 c. Medical case review and management services 3240 3240 d. Sum lines 3a through 3c 3240 3240 c. Medical patient monitoring services 3240 3240 d. Sum lines 3a through 3c 3240 3240 c. Sum lines 3a through 3c 3240 3240 smoking cessation clinics and classes 3240 3240 Smoking cessation clinics and classes 3240 3240 smoking cessation clinics and classes 3240 3240 b. All other goods and/or equipment 3951 3240 <td>Description of sales, shipments, receipts, or revenue Centre is an isometry in the same same same same same same same sam</td> <td>Description of sales, shipments, receipts, or revenue Car is Bit (is Bit) (is Bi</td>	Description of sales, shipments, receipts, or revenue Centre is an isometry in the same same same same same same same sam	Description of sales, shipments, receipts, or revenue Car is Bit (is Bit) (is Bi

Form HC-62108 (02/07/2007)

				20	07	
	Description of sales, shipments, receipts, or revenue	Cen- sus use	E	stimates are		e
723		0720	\$ Bil. 0721	Mil.	Thou.	Dol.
9.	Resale of merchandise - Continued					
	f. All other merchandise - <i>Specify</i>					
				1 1		
		39654				
	g. Sum lines 9a through 9f	39600				
10.	All other operating receipts - <i>Specify if more than 10 percent of total receipts or revenue</i>					
		39752				
11.	OPERATING RECEIPTS - For taxable establishments, sum of preceding lines should equal () , line B	39850				
12.	Contributions, gifts, and grants					
	a. Government	39900				
	b. Private, including individuals, community efforts, and commissioned fundraisers	39910				
13.	Investment income, including interest and dividends	39920				
14.	Gains (losses) from assets sold (<i>Report losses by including a dash prior to the dollar amount.</i>)	39930				
15.	All other revenue - Specify if more than 10 percent of total receipts or revenue γ					
		39968				
16.	TOTAL REVENUE - For tax-exempt establishments, sum of lines should equal 9 , line C1	39990				
23	-25 Not Applicable.					
26	SPECIAL INQUIRIES					
	FRANCHISE Was this establishment operating under a trademark authorized by a franchisor i	n 200	75			
	(Mark "X" only ONE box.)	1 200	1 [
	0237 🔲 Yes - franchisee owned establishment					
	0238 🗌 Yes - franchisor owned establishment					
	0239 🔲 No					

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.							
REMARKS (Please use this space for any explanations that may	/ be essen ⁻	tial in un	derstanding	vour r	eporte	ed data.	.)
			0	,	,		,
30 CERTIFICATION - This report is substantially accurate and v	was prepa	red in ac	cordance wit	th the	instru	ctions.	
s the time period covered by this report a calendar year?		Month	Year			Month	Voor
	FROM	wonth	rear	Т	0	Month	Year
Yes No - Enter time period covered							
Name of person to contact regarding this report	Title						
Area code Number Exte	nsion		Area	code		Num	nber
Telephone		Fax		1			
					Manut		
Internet e-mail address			Date		Month	Day	Year
			completed			1	