



# 1997 ECONOMIC CENSUS

## HEALTH PRACTITIONERS AND OUTPATIENT CARE FACILITIES

OMB No. 0607-0827: Approval Expires 10/31/99

**DUE DATE** ▶ **FEBRUARY 12, 1998**

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS  
1201 East 10th Street  
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

**SV-8001**

*Please read the accompanying instructions before answering the questions.*

**Census use**

*(Please correct any errors in name, address, and ZIP Code.)*

**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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

**Item 1. EMPLOYER IDENTIFICATION NUMBER**  
**Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?**

094 1  Yes 2  No - Report current EIN below

(9 digits)

**Item 2. PHYSICAL LOCATION**  
**a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)**

093 1  Yes 2  No - Report physical location below

Number and street

City, town, village, etc.

State

ZIP Code

**b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?**

095 1  Yes 3  No legal boundaries  
2  No 4  Do not know

**c. In what type of municipality is this establishment physically located?**

096 1  City, village, or borough  
2  Town or township  
3  Other - Specify   
4  Do not know

**d. In what county (e.g., Dade County) is this establishment physically located?**

**Item 3. OPERATIONAL STATUS** Number of months  
**a. How many months during 1997 was this establishment actively operated?** 002

**b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.**

001 1  In operation Figures only  
2  Temporarily or seasonally inactive Month Year  
3  Ceased operation - Give date at right  
4  Sold or leased to another operator - Give date at right AND enter name, etc., below

Name of new owner or operator

Number and street

City

State

ZIP Code

**Item 4. LEGAL FORM OF ORGANIZATION AND TAX STATUS**

**a. LEGAL FORM OF ORGANIZATION**

**Which of the following best describes this establishment's legal form of organization during 1997?**

Mark (X) only ONE box.

- 003 1  Sole practitioner (including individual practitioner in a group practice filing a sole proprietorship Federal income tax return)
- 2  Partnership (including association or other form of group practice filing partnership Federal income tax return)
- 5  Government - Specify
- 0  Professional service organization or association (operating under State professional association or corporation statutes, and filing corporation Federal income tax return)
- 0  Corporation - Mark (X) this box if this establishment files a corporate Federal income tax form, including Form 990 series of returns.
- 9  Other - Specify

**b. TAX STATUS**

**(1) Is this establishment operated on a not-for-profit basis?**

005 1  Yes 2  No - Skip to item 5

**(2) Was all or part of the income of this establishment or organization exempt from Federal income taxes under section 501 of the Internal Revenue Code?**

004 1  Yes 2  No

**HOW TO REPORT DOLLAR FIGURES**

Dollar figures should be rounded to thousands of dollars.

**Example:** If a figure is \$1,125,628.79 report **1,126** Preferred

Acceptable

| Mil-lions (000) | Thou-sands (000) | Dol-lars (000) |
|-----------------|------------------|----------------|
| 1               | 126              |                |
| 1               | 125              | 629            |

**Item 5. DOLLAR VOLUME**

If the answer to item 4b(2) was "Yes," skip to part b; otherwise, complete part a and skip to item 6.

**a. OPERATING RECEIPTS** of this (taxable) establishment in 1997

010

**b. REVENUE AND EXPENSES** of this (tax-exempt) establishment in 1997

010

**(1) REVENUE**

040

**(2) EXPENSES** (including payroll)

**Item 6. PAYROLL**

**Payroll in 1997, BEFORE DEDUCTIONS**

**a. Annual**

030

031

**b. First quarter (January-March)**

**Item 7. EMPLOYMENT**

**Number of paid employees for pay period including March 12, 1997** (Include both full- and part-time employees)

Number

032

SV

**Item 8. KIND OF ACTIVITY OR FACILITY**

Mark (X) the ONE box which best describes this practice or facility in 1997.

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

Physician(s), except mental health specialists (practitioner(s) engaged in the practice of general or specialized medicine and/or surgery) . . . . .  8011011

Psychiatrist(s) or other mental health physician(s) . . . . .  8011021

**Other health practitioners**

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.) . . . . .  8021001

Chiropractor(s) . . . . .  8041001

Podiatrist(s) . . . . .  8043001

Optometrist(s) . . . . .  8042001

Mental health practitioner(s) (including psychiatric social workers, clinical psychologists, and psychotherapists NOT having M.D. or D.O. degree) . . . . .  8049101

Physical or occupational therapist(s) . . . . .  8049201

Sports therapist(s) (NOT having M.D. or D.O. degree) . . . . .  8049202

Speech therapist(s) and/or audiologist(s) . . . . .  8049301

Other health practitioner(s) (including dental hygienists, denturists, dieticians, hypnotists, midwives, nurses, paramedics, etc.) – Describe . . .  8049401

**Outpatient care facilities**

HMO medical clinic (operated by the provider of a prepaid medical plan) . . . . .  8011031

Ambulatory surgical center . . . . .  8011041

Emergency or urgent care center . . . . .  8011042

Community health clinic . . . . .  8093302

Diagnostic imaging center (providing a variety of imaging services such as x-ray, sonogram, and magnetic resonance imaging) . . . . .  8071201

Medical laboratory (providing professional analytic or diagnostic services to the medical profession, or to the patient on prescription of a physician) . . . . .  8071101

Family planning (including abortion), prenatal, or pregnancy counseling clinic . . . . .  8093101

Mental health clinic (except alcohol and substance abuse treatment) . . . . .  8093201

Alcohol and/or substance abuse treatment clinic . . . . .  8093202

Kidney dialysis center . . . . .  8092001

Outpatient care facility (except office/practice of health practitioners, HMO medical clinic, community health clinic, diagnostic imaging center, medical laboratory, family planning clinic, mental health clinic, alcohol or substance abuse clinic, or kidney dialysis center) – Describe . . . . .  8093301

**Hospital and medical service plans and other arrangers of medical services**

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 . . . . .  6324019

Administrative intermediary managing contractual arrangements and payments between physicians and sponsors of medical insurance and prepaid health plans . . . . .  6411926

Other arranger of physician services – Describe . . .  7777776

**Other activities and facilities associated with health care**

Dental laboratory . . . . .  8072001

Mobile x-ray, mammography, MRI (magnetic resonance imaging), CT-scan (computer tomography), and/or ultrasound service . . . . .  8071202

Mobile lithotripter service . . . . .  8099501

Association or similar group of health practitioners formed solely for the purpose of sharing expenses (Employer Identification Number is assigned to the association) . . . . .  7389982

Optical goods store . . . . .  5995000

Other kind of activity or operation – Describe . . .  7777777

**Item 9. SOURCES OF RECEIPTS OR REVENUE**

Report receipts or revenue by source in dollar figures (see example for item 5). Please do **not** combine data for two or more receipts or revenue lines.

**Note** – Both taxable and tax-exempt establishments should complete **all** applicable lines. Report receipts from government programs (e.g., Medicare, Medicaid) and insurance and health plans for providing medical goods and services to patients on the appropriate lines within sections a through d. Practitioners receiving payments for health services not billed separately (e.g., capitation fees, percentages of departmental billings, etc.) should **estimate** their receipts by service category.

**Line a(1)** – Independent laboratories should report receipts from billing patients (or patients' insurance or health plans) directly. All other providers should report receipts from in-house laboratory services.

**Line a(2)** – Independent laboratories should report receipts from prescribing providers, such as physicians, who bill their own patients. All other providers (e.g., physicians) should report receipts billed to patients (or patients' insurance or health plans) but performed by an independent medical laboratory.

**Line a(3)** – Report receipts from diagnostic imaging, including mobile diagnostic services.

**Line d** – Report receipts for all non-medical services provided, including bonuses for referrals or limiting utilization of health services, fees for copies of medical records, parking fees, etc. Report receipts from medical equipment rental on line c.

**Line g** – Report investment income, including interest and dividends. Do **not** include proceeds from the sale of investments and other assets.

**Line h** – Amounts received from providing medical services to patients should be reported in line section a (Patient care receipts). Amounts received from the sale of goods should be reported in line section b (Merchandise sales). Amounts received from medical and other equipment rental and leasing should be reported on line c. Amounts received from providing services other than patient care or rental of medical equipment to patients and others should be reported on line d.

| Sources of receipts or revenue  | Census use  | ESTIMATES are acceptable |       |      |
|---|-------------|--------------------------|-------|------|
|   |             | Mil.                     | Thou. | Dol. |
| <b>a. Patient care receipts</b>   | 400         | 401                      |       |      |
| (1) Laboratory services provided by THIS establishment (e.g., in physician's office or independent lab) <b>and</b> billed directly to the patient or the patient's insurance or health plan | <b>5001</b> |                          |       |      |
| (2) All other laboratory receipts – See instructions  | <b>5002</b> |                          |       |      |
| (3) Diagnostic radiology, imaging, and ultrasound   | <b>5003</b> |                          |       |      |
| (4) All other patient care  | <b>5004</b> |                          |       |      |
| <b>b. Merchandise sales</b>   |             |                          |       |      |
| (1) Prescription and nonprescription drugs  | <b>8619</b> |                          |       |      |
| (2) Optical goods   | <b>8621</b> |                          |       |      |
| (3) Orthopedic appliances   | <b>8622</b> |                          |       |      |
| (4) All other sales of medical equipment and supplies to patients   | <b>8623</b> |                          |       |      |
| (5) Other merchandise sales – Describe 076  | <b>8624</b> |                          |       |      |
| <b>c. Rental and leasing of goods and equipment</b>   |             |                          |       |      |
| (1) Rental and leasing of medical equipment   | <b>8551</b> |                          |       |      |
| (2) All other goods and equipment rental and leasing  | <b>8552</b> |                          |       |      |
| <b>d. All other amounts received from providing services to patients and others – Describe if more than 10 percent of total receipts or revenue</b> 077                                     | <b>8968</b> |                          |       |      |
| <b>e. OPERATING RECEIPTS – For taxable establishments, sum of lines a through d should equal item 5a</b>  | <b>8990</b> |                          |       |      |
| <b>f. Contributions, gifts, grants</b>  |             |                          |       |      |
| (1) Government  | <b>9000</b> |                          |       |      |
| (2) Private (including individuals, community efforts, and commissioned fundraisers)  | <b>9050</b> |                          |       |      |
| <b>g. Investment income, including interest and dividends</b>   | <b>9100</b> |                          |       |      |
| <b>h. All other revenue – Describe if more than 10 percent of total receipts or revenue</b> 078   | <b>9503</b> |                          |       |      |
| <b>i. TOTAL REVENUE – For tax-exempt establishments, sum of lines a through d and f through h should equal item 5b(1)</b>   | <b>9990</b> |                          |       |      |

If not shown, please enter your 11-digit Census File Number from the address label on page 1

Census File Number

**Item 10. PERSONNEL, BY OCCUPATION**

**NOTE** - Report employees, proprietors, and partners for pay period including March 12, 1997.

**Lines a-l** - Include **only** paid employees and active proprietors and partners of this establishment. Include each employee, proprietor, and partner on **one** line only. Practitioners who are salaried members of a professional corporation (PC) or professional association (PA) should be included in column (1). Only proprietors and partners **not** considered salaried employees for Federal payroll tax purposes should be included in column (2). For partnerships operating more than one location, report partners at the one location at which they spend most of their working time.

|  | Paid employees<br>(number)<br>(1) | Active proprietors or<br>partners (number)<br>(2) |
|--|-----------------------------------|---|
| a. Physicians (licensed practitioners having <b>M.D.</b> degree)   | 527                               | 540   |
| b. Osteopathic physicians (licensed practitioners having <b>D.O.</b> degree)   | 528                               | 541   |
| c. Dentists (licensed practitioners having <b>D.M.D.</b> , <b>D.D.S.</b> , or <b>D.D.Sc.</b> degree)   | 529                               | 542   |
| d. Chiropractors (licensed practitioners having <b>D.C.</b> degree)  | 530                               | 543   |
| e. Podiatrists (licensed practitioners having <b>D.P.</b> degree)  | 531                               | 544   |
| f. Optometrists (licensed practitioners having <b>O.D.</b> degree)   | 532                               | 545   |
| g. Mental health practitioners, including professionals such as psychologists and licensed clinical social workers (except practitioners with <b>M.D.</b> or <b>D.O.</b> degree) | 533                               | 546   |
| h. Physical, occupational, sports and speech therapists, and audiologists  | 534                               | 547   |
| i. Registered nurses   | 535                               | 548   |
| j. Licensed practical nurses   | 536                               | 549   |
| k. All other health practitioners  | 537                               | 550   |
| l. All other employees (including management and administrative staff)   | 538                               | 551   |
| <b>m. TOTAL</b> (Sum of lines a through l in column (1) should equal item 7)   | 539                               | 460   |

**Item 11. EXPENSES OF TAXABLE HMO MEDICAL CLINICS**

If this establishment is an HMO medical clinic and the answer to item 4b(1) was "No," complete this item. Tax-exempt HMO medical clinics (those answering "Yes" to item 4b(1)) should report expenses in item 5b(2).

Report total operating expenses, including payroll, interest, rent, depreciation, taxes, and other overhead. Exclude capital expenditures and funds invested.

|  | Mil. | Thou. | Dol. |
|--|------|-------|------|
|  | 040  |       |      |

**REMARKS** - Please use this space for any explanations that may be essential in understanding your reported data.

**Item 13. CERTIFICATION** - This report is substantially accurate and has been prepared in accordance with instructions.

|                                      |                |              |  |       |
|--------------------------------------|----------------|--------------|--|-------|
| <b>Period covered by this report</b> | FROM: Mo. Year | TO: Mo. Year | Name of person to contact regarding this report - <i>Print or type</i> |       |
| Telephone                            | Area code      | Number       | Extension  | Title |
| Signature of authorized person       |                |              |  | Date  |

**Item 12. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION**

**a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?**

- 1  Yes - Complete this item
- 2  No - Skip to item 13

**b. Is this company owned or controlled by another company?**

Enter name, address, and EIN of the owning or controlling company

- 097 1  Yes →
- 2  No

EIN (9 digits)

**c. Does this company own or control any other company or companies?**

Enter name, address, and EIN of the owned or controlled company

- 098 1  Yes →
- 2  No

EIN (9 digits)

**d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1997?**

Number  
079

If more than one, provide the **physical location** address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

**NOTE** - Offices which are not staffed on a full-time basis by at least one employee covered by this EIN should **not** be considered separate establishments. Include data for these offices with data reported for the main location. Practitioners whose main practice is outside the hospital (clinic), but whose practice necessitates using hospital facilities, should **not** consider the hospital (clinic) as a separate location (e.g., a surgeon with a private practice who utilizes hospital facilities). Practitioners who practice solely from hospitals or other medical facilities (e.g., anesthesiologists, physical therapists) should **not** consider these facilities as separate office locations.

**Estimates are acceptable** if book figures are not available.

| 1 | Name              | 1997           | Mil.     | Thou. | Dol. |
|---|-------------------|----------------|----------|-------|------|
|   |                   |                |          |       |      |
| 2 | Number and street | Annual payroll | 082      |       |      |
|   |                   |                |          |       |      |
| 1 | City              | State          | ZIP Code | 083   |      |
|   |                   |                |          |       |      |
| 2 | Name              | 1997           | Mil.     | Thou. | Dol. |
|   |                   |                |          |       |      |
| 2 | Number and street | Annual payroll | 082      |       |      |
|   |                   |                |          |       |      |
| 1 | City              | State          | ZIP Code | 083   |      |
|   |                   |                |          |       |      |

SV