



# 2002 ECONOMIC CENSUS HOSPITALS

FORM  
**HC-62201**

OMB No. 0607-0887: Approval Expires 09/30/2004

**DUE DATE**  
**FEBRUARY 12, 2003**

**Mail** your completed form to:  
**U.S. CENSUS BUREAU**  
**1201 East 10th Street**  
**Jeffersonville, IN 47134-0001**

HC-62201

**Please read** the accompanying information sheet(s) before answering the questions.

**Need help or have questions about filling out this form?**

**Visit** our Web site at [www.census.gov/econhelp](http://www.census.gov/econhelp)

**Call** 1-800-233-6136, between 8:00 a.m. and 8:00 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.

**INFORMATION COPY  
DO NOT USE TO REPORT**

(Please correct any errors in this mailing address.)

**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 U.S. Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

- Use blue or black ink.
- Do not use pencil.
- Place an "X" inside the box.
- Please center numbers in their respective boxes. Examples:
- Do not put slashes through 0 or 7.

<input checked="" type="checkbox"/>	0	1	2	3	4	5	6	7	8	9
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The reporting unit for this form is an establishment. An **establishment** is generally a single physical location where business is conducted or where services or industrial operations are performed. For further clarification, see information sheet(s).

**1 MONTHS IN OPERATION**

Number of months in operation during 2002 (If none, mark "X" and go to 29.) . . . . . 0002

2002	
Number of months	

Mark "X" if None

**2 EMPLOYER IDENTIFICATION NUMBER**

Is the Employer Identification Number (EIN) shown in the mailing address the same as the one used for this establishment on its latest 2002 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021  Yes      0022  No - Enter current EIN (9 digits) → 0025

**3 PHYSICAL LOCATION**

**A. Is this establishment's physical location the same as shown in the mailing address? (P.O. box and rural route addresses are not physical locations.)**

0031  Yes

0032  No - Enter physical location →

0035 Number and street		
0036 City, town, village, etc.	0037 State	0038 ZIP Code

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

0041  Yes      0042  No      0043  No legal boundaries      0044  Do not know

**C. Type of municipality where this establishment is physically located**

0046  City, village, or borough      0047  Town or township      0048  Other or do not know



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**HOW TO REPORT DOLLAR FIGURES**

Dollar figures should be **rounded to thousands** of dollars.

If a figure is **\$1,025,628.79**:

If a value is "0" (or less than \$500.00):

**Report** →

**Report** →

Mark "X" if None



2002			
\$ Bil.	Mil.	Thou.	Dol.
	1	0 2 6	

**4 SALES, SHIPMENTS, RECEIPTS, OR REVENUE**

**A. Tax Status**

1. Is this establishment operated on a not-for-profit basis?

0106  Yes - Go to line A2      0107  No - Complete line B

2. Was all or part of the income of this establishment or organization exempt from Federal income taxes under section 115 or 501 of the Internal Revenue Code?

0103  Yes - Complete line C      0104  No - Complete line B

**B. Operating receipts of this (taxable) establishment (Include the sum of net patient revenue (gross patient revenue less contractual allowances) and other operating revenue).** . . . . . 0100

Mark "X" if None

2002			
\$ Bil.	Mil.	Thou.	Dol.

**C. Revenue and expenses of this (tax-exempt) establishment (Governmental establishments should include revenue from appropriations and intergovernmental transfers, while excluding revenue and expenses of off-station activities such as outpatient or vet centers.)**

1. Revenue (Include the sum of net patient revenue, other operating revenue, and nonoperating revenue.) . . . . . 0101

2. Expenses (Include payroll) . . . . . 0140

**5 E-COMMERCE SALES, SHIPMENTS, RECEIPTS, OR REVENUE**

**A. Did this establishment have any e-commerce sales, receipts, and/or revenue in 2002? (E-commerce includes sales, receipts, and/or revenue from any transaction completed over an Internet, Extranet, Electronic Data Interchange (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 or services may or may not be made online. Please see the information sheet(s) for further clarification.)**

0181  Yes - Go to line B

0182  No - Go to **6**

2002			
Estimates are acceptable			
\$ Bil.	Mil.	Thou.	Dol.

**B. E-commerce sales, receipts, and/or revenue of this establishment (Include e-commerce sales, receipts, and/or revenue in **4**. Exclude sales taxes.)** . . . . . 0185



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**If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.**

**6 EMPLOYMENT AND PAYROLL**

**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 2.

**Exclude:**

- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.
- Temporary staffing obtained from a staffing service.

For further clarification, see information sheet(s).

Mark "X" if None	2002		
	Number		
<input type="checkbox"/>			

**A.** Number of employees for pay period including March 12 . . . . . 0320

Mark "X" if None	2002		
	\$ Mil.	Thou.	Dol.
<input type="checkbox"/>			
<input type="checkbox"/>			

**B.** Payroll before deductions (Exclude employer's cost for fringe benefits.)

**1.** Annual payroll . . . . . 0300

**2.** First quarter payroll (January-March, 2002) . . . . . 0310

**7 LEASED EMPLOYMENT AND PAYROLL**

**A.** Did this establishment have any full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN?

**Exclude:**

- Temporary staffing obtained from a staffing service.
- Contractors, subcontractors, or independent contractors.
- 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.
- Employees already reported in 6.

For further clarification, see information sheet(s).

0241  Yes - Go to line B

0242  No - Go to 13

Mark "X" if None	2002		
	Number		
<input type="checkbox"/>			

**B.** Number of leased employees for pay period including March 12. . . . . 0370

**C.** Payroll for leased employees before deductions (Exclude employer's cost for fringe benefits.)

**1.** Annual payroll for leased employees . . . . . 0350

Mark "X" if None	2002		
	\$ Mil.	Thou.	Dol.
<input type="checkbox"/>			

**2.** First quarter payroll for leased employees (January-March, 2002) . . . . . 0360

**8-17** Not Applicable.

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**18** KIND OF BUSINESS OR ACTIVITY

Principal kind of business or activity in 2002  
(Mark "X" only ONE box.)

**Hospitals**

- 0700 622 110 20 12  General medical and surgical hospital, including osteopathic hospitals and combination hospital/nursing care facilities
- 622 110 20 20  Children's hospital
- 622 210 20 11  Psychiatric hospital
- 622 210 20 29  Alcohol or substance abuse rehabilitation hospital
- 622 310 20 10  Physical rehabilitation hospital
- 622 310 20 28  Cancer or chronic disease hospital
- 622 310 20 36  Ear, eye, nose, and throat hospital
- 623 210 00 13  Mental retardation hospital
- 622 310 20 44  Other specialty hospital - *Specify* ↴

0701

**Nursing and residential care facilities**

- 623 210 00 21  Mental retardation facility, including group homes and intermediate care facilities providing residential care for the mentally retarded
- 623 110 00 14  Nursing care facility, providing nursing and rehabilitative services
- 623 220 00 11  Residential alcohol or substance abuse rehabilitation facility, excluding nursing care facilities
- 623 220 00 29  Residential facility for the mentally ill, excluding facilities for the mentally retarded
- 623 311 00 11  Continuing care retirement community (*Residential care with nursing care facility on-site.*)
- 777 620 00 11  Other nursing or residential care facility - *Specify* ↴

0701

**Other health services**

- 621 493 00 15  Ambulatory surgical center
- 621 111 00 17  Emergency room physician(s) or other independent physician service, excluding mental health specialists
- 621 610 00 13  Home health care provider, including visiting nurse associations
- 923 120 00 16  Government hospital district not providing hospital services
- 777 620 00 37  Other health service - *Specify* ↴

0701

CONTINUE WITH 18 ON PAGE 5

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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

**18** KIND OF BUSINESS OR ACTIVITY - Continued

**Other kind of activity or facility**

0700 773 000 00 36  Other kind of activity or facility - Specify ↴

0701

**19-21** Not Applicable.

**22** DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

(Report receipts or revenue by source (reported in 4) in dollar figures. See HOW TO REPORT DOLLAR FIGURES on page 2. Do not combine data for two or more receipts or revenue lines. Both taxable and tax-exempt establishments should complete all applicable lines.)

**Line 1 and 2** - Report receipts from governments (e.g., Medicare, Medicaid), insurance carriers, health plans, and patients for medical services to individuals.

**Line 1b** - Report payments for care to the mentally retarded provided in a facility (or portion of a facility) certified to receive Medicaid reimbursement as an Intermediate Care Facility for the Mentally Retarded (ICF/MR).

**Line 3** - Report receipts or revenue from contract research only. Grants received for research should be reported on line 9.

**Lines 4, 5, and 6** - Report sales that are charged separately from medical services provided.

**Line 7** - Report parking fees and receipts from the provision of miscellaneous services, if such operations are owned and operated by this institution. Also include receipts from educational programs, medical transcript fees, and other services not reported on previous lines.

**Line 9** - Include grants received for research. Receipts from contract research should be reported on line 3.

**Line 10** - Report investment income, including interest and dividends. Report proceeds from the sale of investments and other assets on line 11.

**Line 11** - Report the net gain (or loss) from the sale or trade of real property and financial assets such as stocks and bonds.

**Line 12** - Report only rents and commissions from the departments and concessions **not** owned and operated by this institution. Do **not** include their gross sales or billings.

**Line 13** - Do **not** include receipts from government programs (e.g., Medicare, Medicaid) on this line.

**Line 14** - Amounts received from providing goods or services, except medical, to patients and others should be reported on previous lines.

Description of sales, shipments, receipts, or revenue	Census use	2002			
		Estimates are acceptable			
		\$ Bil.	Mil.	Thou.	Dol.
0723	0720	0721			
<b>1.</b> Inpatient services					
<b>a.</b> Nursing home service . . . . .	30310				
<b>b.</b> Intermediate care for the mentally retarded . . . . .	30320				
<b>c.</b> Inpatient hospice care . . . . .	30280				
<b>d.</b> All other hospital inpatient services . . . . .	30330				
<b>2.</b> Outpatient services					
<b>a.</b> Ambulatory surgical center receipts . . . . .	30340				
<b>b.</b> Home health care services, excluding services performed by physicians . . . . .	30260				
<b>c.</b> Home hospice care . . . . .	30270				
<b>d.</b> All other hospital outpatient services . . . . .	30350				

CONTINUE WITH 22 ON PAGE 6

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**22** DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

Description of sales, shipments, receipts, or revenue	Cen- sus use	2002			
		Estimates are acceptable			
		\$ Bil.	Mil.	Thou.	Dol.
0723	0720	0721			
<b>3.</b> Contract research . . . . .	30360				
<b>4.</b> Rental or lease of goods and/or equipment					
<b>a.</b> Rental or lease of medical equipment . . . . .	39251				
<b>b.</b> Rental or lease of all other goods and/or equipment . . . . .	39252				
<b>c. Sum lines 4a and 4b</b> . . . . .	39250				
<b>5.</b> Sales of food and beverages <i>(Include cafeteria sales.)</i> . . . . .	39200				
<b>6.</b> Merchandise sales					
<b>a.</b> Durable medical equipment . . . . .	39008				
<b>b.</b> Prescription drugs . . . . .	39002				
<b>c.</b> Nonprescription drugs, vitamins, supplements, and herbal remedies . . . . .	39003				
<b>d.</b> All other merchandise sales <i>(Include sales from gift shop, floral, and other departments operated by this facility.)</i> . . . . .	39009				
<b>e. Sum lines 6a through 6d</b> . . . . .	39000				
<b>7.</b> All other amounts received from providing services to patients and others - <i>Specify if more than 10 percent of total receipts or revenue</i> ↴					
	39504				
<b>8. OPERATING RECEIPTS - For taxable establishments, sum of preceding lines should equal 4, line B</b> . . . . .	39690				
<b>9.</b> Contributions, gifts, and grants					
<b>a.</b> Government . . . . .	39700				
<b>b.</b> Private, including individuals, community efforts, and commissioned fundraisers . . . . .	39710				
<b>10.</b> Investment income, including interest and dividends . . . . .	39720				
<b>11.</b> Gains (losses) from assets sold <i>(Report losses by including a dash prior to the dollar amount.)</i> . . . . .	39730				
<b>12.</b> Rents and commissions from departments and concessions not owned and operated at this institution . . . . .	39740				

CONTINUE WITH 22 ON PAGE 7

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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

**22** DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

Description of sales, shipments, receipts, or revenue	Census use	2002			
		Estimates are acceptable			
		\$ Bil.	Mil.	Thou.	Dol.
0723	0720	0721			
<b>13.</b> Appropriations from general government revenues and intergovernmental transfers (Only governmental or military institutions should report here.) . . . . .	39750				
<b>14.</b> All other revenue - Specify if more than 10 percent of total receipts or revenue ↴					
	39904				
<b>15. TOTAL REVENUE - For tax-exempt establishments, sum of lines should equal 4, line C1</b> . . . . .	39990				

**23-25** Not Applicable.

**26** SPECIAL INQUIRIES

GOVERNMENT OWNERSHIP AND CONTROL

**1.** Was this establishment operated by or under the control of a government entity or a board of directors either appointed by such an entity or publicly elected?

3501  Yes

3502  No - Go to **29**

**2.** Level of government operating or controlling this establishment (Mark "X" only ONE box)

3506  Federal (Include all armed services, Veterans Administration, Indian Health Service, etc.)

3507  State

3508  Local (Include county, city, hospital district or authority, etc.)

**27-28** Not Applicable.

**29** OPERATIONAL STATUS

Activity that best describes this establishment's status at the end of 2002 (Mark "X" only ONE box.)

0011  In operation

0014  Ceased operation - Give date at right →

0018	Month	Day	Year

0013  Temporarily or seasonally inactive

0015  Sold or leased to another operator - Give date at right AND enter new name and mailing address below ↴

0060 Name of new owner or operator	0061 Employer Identification Number
	Enter EIN of new owner (9 digits) →
0062 Mailing address (number and street, P.O. Box, etc.)	
0063 City, town, village, etc.	0064 State 0065 ZIP Code



62201074

Remarks (Please use this space for any explanations that may be essential in understanding your reported data.)

**30** CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.

Is the time period covered by this report a calendar year?

0078  Yes      0079  No - Enter time period covered →

FROM 0070	Month	Year	TO 0071	Month	Year

0072 Name of person to contact regarding this report	0073 Title

Telephone 0074	Area code	Number		Extension	Fax 0075	Area code	Number	
		-					-	

0076 Internet e-mail address	Date completed 0069	Month	Day	Year

**Thank you for completing your 2002 Economic Census form.**  
**PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.**



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