



2002 ECONOMIC CENSUS HEALTH PRACTITIONERS

FORM
HC-62101

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-62101

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

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

Mark "X" if None		2002	
		Number of months	

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



62101019

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

Mark "X" if None

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

4 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Operating receipts. 0100

2002		
\$ Mil.	Thou.	Dol.

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

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

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

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).

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

Mark "X" if None

2002	
Number	

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

1. Annual payroll 0300

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

Mark "X" if None

2002		
\$ Mil.	Thou.	Dol.



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

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		

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

2002		
\$ Mil.	Thou.	Dol.

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

Mark "X" if None

2002		
\$ Mil.	Thou.	Dol.

8-17 Not Applicable.

18 KIND OF BUSINESS OR ACTIVITY

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

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

- 0700 621 111 00 25 Physician(s), excluding mental health specialists (Include practitioner(s) engaged in the practice of general or specialized medicine and/or surgery.)
- 621 112 00 16 Psychiatrist(s) or other mental health physician(s)

Other health practitioners

- 621 210 00 17 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.
- 621 310 00 16 Chiropractor(s)
- 621 391 00 18 Podiatrist(s)
- 621 320 00 14 Optometrist(s)
- 621 330 00 12 Mental health practitioner(s), including psychologists, psychiatric social workers, clinical psychologists, and psychotherapists NOT having M.D. or D.O. degree
- 621 340 20 16 Physical therapist(s)
- 621 340 20 57 Occupational therapist(s)

CONTINUE WITH **13** ON PAGE 4

CONTINUE ON PAGE 4

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18 KIND OF BUSINESS OR ACTIVITY - Continued

Other health practitioners - Continued

- 0700 621 399 00 69 Massage therapist(s)
- 621 340 10 18 Speech therapist(s) and/or audiologist(s)
- 621 399 00 10 Orthotist(s) and/or prosthetist(s)
- 621 399 00 28 Perfusionist(s)
- 621 399 00 36 Certified registered nurse anesthetist(s)
- 621 399 00 44 Dietician(s)
- 621 399 00 51 Other health practitioner(s), including acupuncturists, dental hygienists, denturists, homeopaths, hypnotherapists, midwives, nurses, etc. - *Specify* ↴

0701

Outpatient care facilities and medical and diagnostic laboratories

- 621 493 00 15 Ambulatory surgical center
- 621 493 00 23 Emergency or urgent care center
- 621 512 00 12 Diagnostic imaging center, providing a variety of imaging services such as computer tomography, x-ray, ultrasound, and MRI (magnetic resonance imaging)
- 621 511 00 13 Medical laboratory, providing professional analytic or diagnostic services to the medical profession, or to the patient on prescription of a physician
- 621 410 00 15 Family planning center, including abortion and birth control clinics, fertility clinics, and pregnancy counseling centers
- 777 620 00 A1 Other outpatient care facility - *Specify* ↴

0701

Hospital and medical service plans and medical service arrangers and managers

- 524 114 90 94 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 24 Administrative intermediary managing contractual arrangements and payments between physicians and sponsors of medical insurance and prepaid health plans
- 621 999 10 12 Medical case management (assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet an individuals' health care needs to provide quality and cost-effective outcomes)
- 777 620 00 29 Other arranger or manager of medical services - *Specify* ↴

0701

Other kind of business or activity

- 773 000 00 28 Other kind of business or activity - *Specify* ↴

0701

19-21 Not Applicable.



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

HOW TO REPORT PERCENTS

If figure is **38.76%** of total sales:

Report whole percents

2002

Estimates are acceptable. Report dollars OR percents.

\$ Mil.	Thou.	Dol.	Percent
			3 9

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

(Report receipts by source either as a dollar figure or as a whole percent of total receipts (reported in 4). See HOW TO REPORT DOLLAR FIGURES on page 2 and HOW TO REPORT PERCENTS above. Do not combine data for two or more receipts lines.)

Note - Report receipts from government programs (e.g., Medicare, Medicaid) and insurance and health plans for providing medical goods and services to patients on lines 1, 2, 3 and 4. 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 1a - Report receipts from other health care providers for diagnostic imaging and/or medical laboratory services provided to patients.

Line 1b - Report receipts from individuals, insurance companies, health plans, government programs, and other sources except other health care providers for diagnostic imaging and/or medical laboratory services provided to patients.

Line 4 - 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 3.

Description of sales, shipments, receipts, or revenue	Census use	2002			
		Estimates are acceptable. Report dollars OR percents.			
		\$ Mil.	Thou.	Dol.	Percent
0723	0720	0721			0722
1. Patient care receipts					
a. Laboratory services and tests paid by other health care providers (Include receipts from practitioners, hospitals, outpatient care facilities, etc.)	30251				
b. Laboratory services and tests paid directly by individuals, insurers, or government payers such as Medicare and Medicaid	30252				
c. All other patient care receipts, including professional fees	30253				
d. Sum lines 1a through 1c	30250				
2. Merchandise sales					
a. Prescription drugs	39002				
b. Nonprescription drugs, vitamins, supplements, and herbal remedies	39003				
c. Optical goods	39004				
d. Orthopedic appliances	39005				
e. All other sales of medical equipment and supplies to patients	39006				
f. Other merchandise sales - Specify ↴					
	39007				
g. Sum lines 2a through 2f	39000				

CONTINUE WITH 2 ON PAGE 6

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

Description of sales, shipments, receipts, or revenue	Cen- sus use	2002			
		Estimates are acceptable. Report dollars OR percents.			
		\$ Mil.	Thou.	Dol.	Percent
0723	0720	0721			0722
3. Rental or lease of goods and/or equipment					
a. Rental or lease of medical equipment	39251				
b. Rental or lease of all other goods and/or equipment	39252				
c. Sum lines 3a and 3b	39250				
4. All other amounts received from providing services to patients and others - Specify if more than 10 percent of total receipts ↴					
	39502				
5. TOTAL OPERATING RECEIPTS - Sum of lines should equal 4 if reporting in dollars	39690				1 0 0

23-25 Not Applicable.



62101068

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

26 SPECIAL INQUIRIES

PERSONNEL BY OCCUPATION

Enter employment reported on IRS Form 941, Employer's Quarterly Federal Tax Return, by occupational category in column 1. The total of column 1 should equal the amount reported in **6**, line A.

Enter leased employees whose payroll is filed under an employee leasing company's EIN by occupational category in column 2. The total of column 2 should equal the amount reported in **7**, line B.

Enter each active proprietor or partner by occupational category in column 3. Only the proprietor or partners **not** considered employees of the firm for federal tax purposes should be included. Unincorporated practices operating at more than one location should report the proprietor or partners at the one location at which they spend most of their working time.

	Cen- sus use	Number of employees for pay period including March 12, 2002	Cen- sus use	Number of leased employees for pay period including March 12, 2002	Cen- sus use	Number of active proprietors or partners for pay period including March 12, 2002
1. Physicians - licensed practitioners having M.D. degree	3211		3621		3271	
2. Osteopathic physicians - licensed practitioners having D.O. degree	3212		3622		3272	
3. Dentists - licensed practitioners having D.M.D., D.D.S., or D.D.Sc. degree	3213		3623		3273	
4. Other dental practitioners (Include hygienists, assistants, and others performing or assisting with dental procedures.)	3223		3633		3283	
5. Chiropractors - licensed practitioners having D.C. degree	3214		3624		3274	
6. Podiatrists - licensed practitioners having D.P. degree	3215		3625		3275	
7. Optometrists - licensed practitioners having O.D. degree	3216		3626		3276	
8. Mental health practitioners, excluding practitioners with M.D. or D.O. degree (Include psychologists, licensed clinical social workers, etc.)	3217		3627		3277	
9. Physical, occupational, and speech therapists and audiologists	3218		3628		3278	
10. Registered nurses	3219		3629		3279	
11. Licensed practical nurses	3220		3630		3280	
12. All other health practitioners.	3221		3631		3281	
13. All other employees (Include management and administrative staff.)	3222		3632		3282	
14. TOTAL (Sum of lines 1 through 13 should equal 6 , line A for column 1 and 7 , line B for column 2)	3200		3450		3260	

27-28 Not Applicable.

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29 OPERATIONAL STATUS

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

0011 <input type="checkbox"/> In operation	0014 <input type="checkbox"/> Ceased operation - Give date at right →	0018	Month	Day	Year
0013 <input type="checkbox"/> Temporarily or seasonally inactive	0015 <input type="checkbox"/> 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	
				-	

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 <input type="checkbox"/> Yes	0079 <input type="checkbox"/> No - Enter time period covered →	FROM	Month	Year	TO	Month	Year
		0070			0071		

0072 Name of person to contact regarding this report			0073 Title		

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

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

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

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