



2002 ECONOMIC CENSUS

HOME HEALTH AND MISCELLANEOUS HEALTH SERVICES

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-62103

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 Mark "X" if None

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

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



62103015

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):

Mark "X" if None

2002

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

Report

Report

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 501 of the Internal Revenue Code?

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

Mark "X" if None

2002

\$ Mil.	Thou.	Dol.

B. Operating receipts of this (taxable) establishment 0100

C. Revenue and expenses of this (tax-exempt) establishment

1. 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

\$ 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

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

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

Mark "X" if None

2002

\$ Mil.	Thou.	Dol.

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

1. Annual payroll 0300

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

62103023

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

Table with 2 columns: 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

Table with 3 columns: 2002 \$ Mil., Thou., Dol.

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

Mark "X" if None

Table with 3 columns: 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.)

Home health services

- 0700 621 610 00 39 Nursing agency primarily providing nursing and nursing assistant services to patients in their homes
561 320 00 12 Nursing agency primarily providing nurses and other employees on a temporary basis to hospitals, doctors' offices, and other health care providers
621 610 00 13 Home health care provider, including visiting nurse associations
624 120 00 44 Homemaker or companion service (providing services such as cooking and cleaning - no health care services provided)
621 610 00 21 Home hospice care
623 110 00 22 Inpatient hospice facility
621 610 00 47 Other home health service, including home infusion, inhalation, or perfusion therapy - Specify

0701

CONTINUE WITH 13 ON PAGE 4

62103031

18 KIND OF BUSINESS OR ACTIVITY - Continued

Case management and other health services, excluding outpatient care facilities

- 0700 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)
- 524 298 00 42 Medical utilization review - advises health care providers how to provide cost effective treatment that meets third party reimbursement requirements (Exclude companies formulating specific treatment plans for individual patients.)
- 621 910 00 10 Ambulance or rescue service, including air ambulance
- 621 991 00 12 Blood or blood product bank or donor station
- 621 991 00 20 Eye, organ, tissue, or sperm bank
- 621 999 90 23 Mobile physical examination service, including exams for the purpose of obtaining insurance
- 621 340 10 26 Audiologist(s)
- 621 999 90 31 Hearing testing service
- 621 999 90 49 Health screening service
- 621 512 00 20 Mobile x-ray, mammography, MRI (magnetic resonance imaging), CT-scan (computer tomography), and/or ultrasound service
- 621 999 90 15 Mobile lithotripter service
- 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.)
- 777 621 03 17 Other health practitioner(s) or service - Specify ↴

0701

Outpatient care facilities and medical and diagnostic laboratories

- 621 498 00 10 Community health center or clinic
- 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
- 621 512 00 12 Diagnostic imaging center, providing a variety of imaging services such as computer tomography, x-ray, ultrasound, and MRI (magnetic resonance imaging)
- 621 410 00 15 Family planning center, including abortion and birth control clinics, fertility clinics, and pregnancy counseling centers
- 621 420 00 13 Mental health clinic, excluding alcohol and substance abuse treatment
- 621 420 00 21 Alcohol and/or substance abuse treatment clinic
- 621 498 00 28 Outpatient sleep disorder center or clinic
- 777 620 00 A1 Other outpatient care facility - Specify ↴

0701

CONTINUE WITH 18 ON PAGE 5

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

18 KIND OF BUSINESS OR ACTIVITY - Continued

Hospital and medical service plans and medical service arrangers and managers

- 0700 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
- 777 620 00 29 Other arranger or manager of medical services - Specify ↴

0701 [Empty text box]

Other activities associated with health care

- 561 990 90 20 Contract equipment sterilization service
- 339 116 00 11 Dental laboratory
- 524 292 90 49 Third party administration - health insurance
- 777 621 03 25 Sales of medical products primarily to health care providers or businesses - Specify product(s) sold ↴

0701 [Empty text box]

- 777 621 03 33 Sales of medical products primarily to individuals - Specify product(s) sold ↴

0701 [Empty text box]

Other kind of business or activity

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

0701 [Empty text box]

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 - Report home health service receipts, except those provided by a physician. Report receipts from home hospice care on line 2.

Line 4a - Report receipts from other health care providers for diagnostic imaging and/or medical laboratory services provided to patients.

Line 4b - 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 5 - Eye, organ, tissue, sperm, ova, blood and blood product, and all other human tissue banks and services should report here.

Line 9 - Report receipts from childbirth preparation courses, mobile lithotripter services, and all other non-medical services provided (e.g., fees for copies of medical records, parking fees, etc.).

Line 12 - Report investment income, including interest and dividends. Report proceeds from the sale of investments and other assets on line 13.

CONTINUE WITH 22 ON PAGE 6



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

Line 13 - Report the net gain (or loss) from the sale or trade of real property and financial assets such as stocks and bonds.

Line 14 - Report revenues from sources not separately identified in 11, 12 and 13. Operating receipts (payments for services) should be reported on lines 1 through 9.

Description of sales, shipments, receipts, or revenue	Cen- sus use	2002		
		Estimates are acceptable		
		\$ Mil.	Thou.	Dol.
0723	0720	0721		
1. Home health care services, excluding services performed by physicians	30260			
2. Home hospice care	30270			
3. Inpatient hospice care	30280			
4. Patient care receipts				
a. Laboratory services and tests paid by other health care providers <i>(Include receipts from practitioners, hospitals, outpatient care facilities, etc.)</i>	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 4a through 4c	30250			
5. Receipts from sales of blood and blood products, organs, and tissues	30290			
6. Receipts from ambulance services	30300			
7. 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 - <i>Specify</i> ↴				
	39007			
g. Sum lines 7a through 7f	39000			
8. 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 8a and 8b	39250			

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		
		\$ Mil.	Thou.	Dol.
0723	0720	0721		
9. All other amounts received from providing services to patients and others - <i>Specify if more than 10 percent of total receipts or revenue</i> ↴				
	39503			
10. OPERATING RECEIPTS - <i>For taxable establishments, sum of preceding lines should equal ④, line B</i>				
	39690			
11. Contributions, gifts, and grants				
a. Government	39700			
b. Private, including individuals, community efforts, and commissioned fundraisers . . .	39710			
12. Investment income, including interest and dividends	39720			
13. Gains (losses) from assets sold (<i>Report losses by including a dash prior to the dollar amount.</i>)	39730			
14. All other revenue - <i>Specify if more than 10 percent of total receipts or revenue</i> ↴				
	39903			
15. TOTAL REVENUE - <i>For tax-exempt establishments, sum of lines should equal ④, line C1</i>	39990			

23-28 Not Applicable.

29 OPERATIONAL STATUS

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

0011 <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

62103072

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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