



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

FORM

HC-62108 (11-16-2011)

2012 ECONOMIC CENSUS

Other Ambulatory Health Care Services

OMB No. 0607-0934: Approval Expires 12/31/2013

DUE DATE
FEBRUARY 12, 2013

(Please correct any errors in this mailing address.)

Need help or have questions?

- **Read** the accompanying information sheet(s) before answering the questions.
- **Visit** econhelp.census.gov
- **Call** 1-800-233-6136, between 8:00 a.m. and 6:00 p.m., Eastern time, Monday through Friday.

HC-62108

INFORMATION COPY
DO NOT USE TO REPORT

Report Online - It's fast and secure!
Go to: econhelp.census.gov

- **OR** -

Mail your
completed
form to:

U.S. CENSUS BUREAU
1201 East 10th Street
Jeffersonville, IN 47134-0001

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 ballpoint pen.
- Do not use pencil or felt-tip pen.
- Do not put slashes through 0 or 7.
- Please center numbers in their respective boxes.
- Place an "X" inside the box.

Examples:

☒ 0 1 2 3 4 5 6 7 8 9

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 EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) shown to the left of the mailing address the same as the one used for this establishment on its latest 2012 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021 ☐ Yes - Go to **2**

0022 ☐ No - Enter current EIN (9 digits) →

0025

-

2 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 - Go to line B

0032 ☐ No - Enter →
physical
location

0035 Number and street

0036 City, town, village, etc.

0037 State

0038 ZIP Code

-

CONTINUE WITH **2** ON PAGE 2

2 PHYSICAL LOCATION - Continued

B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?
(Mark "X" only ONE box.)

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

C. In what type of municipality is this establishment physically located?
(Mark "X" only ONE box.)

0046 ☐ City, village, or borough 0047 ☐ Town or township 0048 ☐ Other 0024 ☐ Do not know

3 OPERATIONAL STATUS

Which ONE of the following best describes this establishment's operational status at the end of 2012?
(Mark "X" only ONE box.)

0011 ☐ In operation

0013 ☐ Temporarily or seasonally inactive

0014 ☐ Ceased operation - Give date at right →

0015 ☐ Sold or leased to another operation - Give date at right
AND enter name and address of new owner or operator
and Employer Identification Number (EIN) below ↴

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

0060 Name of new owner or operator

0061 EIN (9 digits)

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

0062 Mailing address (Number and street, P.O. Box, etc.)

0063 City, town, village, etc.

0064 State

0065 ZIP Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	---	----------------------	----------------------	----------------------

0016 ☐ Other - Specify →

0815

4 MONTHS IN OPERATION

Mark "X"
if None

2012
Number

Number of months in operation during 2012 (If none, mark "X" and go to 30.) 0002

☐

<input type="text"/>	<input type="text"/>
----------------------	----------------------

62108022

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

**HOW TO
REPORT
DOLLAR
FIGURES**

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

If a figure is **\$2,035,628.79**:

Report →

Mark "X"
if None

☐

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

Report →

☒

2012		
\$ Bil.	Mil.	Thou.
	2	036
EXAMPLE		

5 REVENUE OR RECEIPTS

A. Tax Status

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

B. Operating receipts of this (taxable) establishment

0100

☐

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

1. Revenue 0101

☐

2. Expenses (Include payroll, exclude bad debt and other expenses identified on the information sheet.) 0140

☐

2012		
\$ Bil.	Mil.	Thou.

6 Not Applicable.

7 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 to the left of 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).

Mark "X"
if None

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

☐

2012		
Number		

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

Mark "X"
if None

1. Annual payroll 0300

☐

2. First quarter payroll (January-March 2012) 0310

☐

2012		
\$ Bil.	Mil.	Thou.

8-18 Not Applicable.

19 KIND OF BUSINESS OR ACTIVITYWhich **ONE** of the following best describes this establishment's principal kind of business or activity in 2012?

If none of the provided selections seem appropriate, provide a specific description of the primary business activity.

Mark "X" only ONE box.**Ambulatory health care services**

- 0700
- 621 991 00 4 ☐ Blood or blood product bank or collection center
- 621 991 00 3 ☐ Plasma collection center
- 621 991 00 2 ☐ Eye, organ, tissue, or sperm bank
- 621 999 90 2 ☐ Mobile physical examination services, including exams for the purpose of obtaining insurance
- 621 999 90 4 ☐ Health screening services
- 621 999 90 3 ☐ Hearing testing services
- 621 340 10 2 ☐ Audiologist(s)
- 621 999 90 1 ☐ Mobile lithotripter services
- 621 512 00 2 ☐ Mobile X-ray, mammography, MRI (magnetic resonance imaging), CT-scan (computer tomography), and/or ultrasound services
- 621 610 00 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 services - *Describe* ↴

0701

Case management

- 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 *(Exclude companies formulating specific treatment plans for individual patients.)*

Hospital and medical service plans and medical service arrangers and managers

- 561 110 00 2 ☐ Administrative intermediary managing contractual arrangements and payments between health care providers and sponsors of medical insurance and prepaid health plans
- 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
- 777 620 00 2 ☐ Other arranger or manager of medical services - *Describe* ↴

0701

Other kind of business or activity

- 773 000 00 2 ☐ Other kind of business or activity - *Describe type of business or activity* ↴

0701

20 and 21 Not Applicable.

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

22 DETAIL OF REVENUE OR RECEIPTS

(Report receipts or revenue by source (reported in **5**) in dollar figures. See **HOW TO REPORT DOLLAR FIGURES** on page 3. Do not combine data for two or more receipts or revenue lines. Both taxable and tax-exempt establishments should complete all applicable lines.)

Line 1a - Report receipts from collecting, testing, processing, storing, and distributing red blood cells, either collected directly or extracted from whole blood collection. Include leukocyte-reduced and non-leukocyte-reduced red blood cells.

Line 1b - Report receipts from collecting, testing, processing, storing, and distributing plasma derivatives. Report cryoprecipitate (cryo) on **line 1c**.

Line 1c - Report receipts from collecting, testing, processing, storing, and distributing all other human blood services including blood sold by type, platelets, white blood cells (leukocytes), and cryoprecipitate (cryo) anti-hemophilic factors.

Line 2a - Report receipts from collecting, testing, processing, storing, and delivering organs to the using organization for human health services. May include animal organs for xenotransplantation.

Line 2b - Report receipts from collecting, testing, processing, storing, and delivering human tissue such as bone, bone marrow, cornea, and heart tissue to the using organization for human health services. May include animal tissue for xenotransplantation.

Line 2c - Report receipts from collecting, testing, processing, storing, and delivering human reproductive cells (sperm and embryo) and stem cells to the using organization for human health services.

Line 5 - Report receipts for assisting patients, medical providers, and third party payers, such as employers and insurance providers, in recommending resolutions that are cost effective and medically optimal. Include services provided through workers' compensation utilization management services, and managing prescription drug programs for third party payers.

Line 6 - Report receipts for health examinations and screening services, except by offices of health practitioners. Includes health screening services conducted for insurance companies to help determine a person's insurance risk; mini, basic, and full paramedical insurance examination services; and health examination services provided at industrial sites. Excludes health examination and screening services conducted by offices of health practitioners.

Line 7 - Report receipts from monitoring and responding to personal health emergencies using an electronic system whereby a person can access police, fire, and medical assistance. Include pacemaker monitoring services.

Line 9a - Report receipts from the rental or lease of medical equipment, such as hospital beds, wheelchairs, infusion and respiratory equipment, and supplies used by patients in their residences. Services may include delivery, set up, instruction, and maintenance of equipment.

Line 14 - Report revenue from investments, including interest and dividends. Exclude unrealized gains or losses. Report proceeds from the sale of investments and other assets on **line 15**.

Line 15 - Report the net gain (or loss) from the sale or trade of real property and financial assets, such as stocks and bonds. Exclude unrealized gains or losses.

Description of revenue or receipts

2012


Report thousands of dollars.
Estimates are acceptable.

\$ Bil. Mil. Thou.

1. Human blood services

a. Human red blood cell (erythrocytes) collection, processing, and distribution services 30381

b. Human blood plasma collection, processing, and distribution services . . . 30382

c. All other human blood services - Describe 

30383

d. Add lines 1a through 1c 30380

CONTINUE WITH **22** ON PAGE 6

CONTINUE ON PAGE 6

62108055

22 DETAIL OF REVENUE OR RECEIPTS - Continued

Description of revenue or receipts		2012		
		Report thousands of dollars. Estimates are acceptable.		
		\$ Bil.	Mil.	Thou.
2.	Human organ, tissue, and cell bank services			
a.	Organ bank services 30391			
b.	Tissue bank services 30392			
c.	Reproductive and stem cell bank services 30393			
d.	Add lines 2a through 2c 30399			
3.	Home infusion therapy services 30290			
4.	Home respiratory therapy services 30300			
5.	Medical case management services 30400			
6.	Health screening services, except by health practitioners 30410			
7.	Personal emergency health monitoring and response service 30420			
8.	Rental of medical equipment with operator 30810			
9.	Rental or lease of goods and/or equipment			
a.	Medical equipment 39512			
b.	All other goods and/or equipment 39513			
c.	Add lines 9a and 9b 39500			
10.	Resale of merchandise			
a.	Prescription drugs 39655			
b.	Non-prescription drugs, vitamins, supplements, and herbal remedies . . . 39656			
c.	Optical goods 39651			
d.	Orthopedic appliances 39652			

INFORMATION COPY
 DO NOT USE TO REPORT

CONTINUE WITH **22** ON PAGE 7




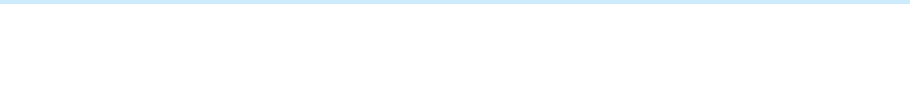


CONTINUE ON PAGE 7

62108063



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

22 DETAIL OF REVENUE OR RECEIPTS - Continued

Description of revenue or receipts	2012		
	Report thousands of dollars. Estimates are acceptable.		
	\$ Bil.	Mil.	Thou.
10. Resale of merchandise - Continued			
e. Hearing aids 39621			
f. All other resale of medical equipment and supplies 39658			
g. All other merchandise - Describe 			
 39664			
h. Add lines 10a through 10g 39600			
11. All other operating receipts - Describe if more than 10 percent of total receipts or revenue 			
 39752			
12. OPERATING RECEIPTS - For taxable establishments, sum of preceding lines should equal 5, line B 39850			
13. Contributions, gifts, and grants			
a. Government 39900			
b. Private, including individuals, community efforts, and fundraising (Include commissioned fundraising.) 39910			
14. Investment income, including interest and dividends 39920			
15. Gains (losses) from assets sold (Report losses by including a dash prior to the dollar amount.) 39930			
16. All other revenue - Describe if more than 10 percent of total receipts or revenue 			
 39968			
17. TOTAL REVENUE - For tax-exempt establishments, sum of lines should equal 5, line C1 39990			

23-29 Not Applicable.

**INFORMATION COPY
DO NOT USE TO REPORT**

62108071

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

**INFORMATION COPY
DO NOT USE TO REPORT**

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?

☐

Yes

☐

No - Enter time period covered →

FROM

Month

Year

TO

Month

Year

Name of person to contact regarding this report

Title

Tele-
phone

Area code

Number

Extension

Fax

Area code

Number

E-mail address

Date
completed

Month

Day

Year

Thank you for completing your 2012 ECONOMIC CENSUS form.**PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.**

62108089