



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

FORM

HC-62201 (01-05-2012)

2012 ECONOMIC CENSUS

Hospitals

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-62201

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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

PENALTY FOR FAILURE TO REPORT

CONTINUE ON PAGE 2

62201017

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

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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"/>
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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"/>
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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"/>
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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 → ☐

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

Report → ☒

Mark "X"
if None

2012		
\$ Bil.	Mil.	Thou.
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 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 ☐

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 veteran centers.)

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

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

Mark "X"
if None

2012		
\$ Bil.	Mil.	Thou.
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

2012		
Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

Mark "X"
if None

2012		
\$ Bil.	Mil.	Thou.
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

1. Annual payroll 0300 ☐

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

8-18 Not Applicable.

CONTINUE ON PAGE 4

62201033

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.**Hospitals**

- 0700
- 622 110 20 1 ☐ General medical and surgical hospital, including osteopathic hospitals and combination hospital/nursing care facilities
- 622 110 20 3 ☐ Critical access hospital
- 622 210 20 1 ☐ Psychiatric hospital
- 622 110 20 2 ☐ Children's hospital
- 622 310 20 1 ☐ Physical rehabilitation hospital
- 622 210 20 2 ☐ Alcohol or substance abuse rehabilitation hospital
- 622 310 20 2 ☐ Cancer or chronic diseases hospital
- 622 310 20 3 ☐ Acute long-term care hospital
- 621 111 00 7 ☐ Hospitalists - physicians who work at hospitals
- 622 310 20 4 ☐ Other specialty hospital - *Describe* ↴

0701

Nursing and residential care facilities

- 623 110 00 1 ☐ Licensed nursing facility - skilled nursing care facilities or nursing care facilities providing nursing or rehabilitation services
- 623 220 00 1 ☐ Residential alcohol or substance abuse rehabilitation facility, excluding nursing care facilities
- 623 220 00 2 ☐ Residential facility for the mentally ill, excluding intellectual and developmental disability facilities
- 623 210 00 2 ☐ Intellectual and developmental disability facility, including group homes and intermediate care facilities for the intellectually or developmentally disabled (ICF/MR)
- 623 311 00 1 ☐ Continuing care retirement community (*Home for the elderly, including independent living services or assisted living facility with on-site nursing care facility.*)
- 777 620 00 1 ☐ Other nursing or residential care facility - *Describe* ↴

0701

Other health facilities and services

- 621 111 00 1 ☐ Emergency room physician(s) or other independent physician services, excluding mental health specialists
- 621 493 00 1 ☐ Ambulatory surgical center
- 621 610 00 1 ☐ Home health care provider, including visiting nurse associations

CONTINUE WITH **19** ON PAGE 5

CONTINUE ON PAGE 5

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

19 KIND OF BUSINESS OR ACTIVITY - Continued

Other health facilities and services - Continued

0700 923 120 00 1 ☐ Government hospital district not providing hospital services

777 620 00 3 ☐ Other health services - *Describe* ↗

0701

Other kind of business or activity

773 000 00 3 ☐ Other kind of activity or facility - *Describe* ↗

0701

20 and 21 Not Applicable.

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 1 - Report receipts from medical services, related to ICD-9 major category, provided in support of medical treatment for patients, based on primary diagnosis. Include visits and consultations services, surgical and non-surgical procedures, facilities services, medical laboratory and diagnostic imaging services, and anesthesia services. Report receipts from governments (e.g., Medicare, Medicaid), insurance carriers, health plans, and patients for medical services to individuals.

Line 3a - Report receipts from providing assistance with activities of daily living (ADLs) bundled with nursing services to residents of healthcare facilities, who require daily nursing care, but where rehabilitative services are not provided.

Line 3b - Report receipts from providing assistance with activities of daily living (ADLs) bundled with nursing services to residents of healthcare facilities, who require daily nursing care and physical or mental rehabilitation.

Line 4 - Report receipts from providing daily assisted living services to residents of intellectual and developmental disability facilities or to mentally ill residents in care facilities.

Line 5 - Report receipts from providing a bundled service for terminally ill residents of custodial health care facilities. Bundled services may include palliative care, rental of room space, meals, assisted daily living, and certain medical services. Exclude services billed or sold separately.

Line 6a - Report receipts from providing intermittent/part-time medical and support services which are specified by a physician and delivered within the client's residence. Depending on patient need this may include skilled nursing care, medical social services, home aide services, physical, occupational, and speech therapy services. Exclude receipts from physician services or from medical equipment services billed separately.

Line 6b - Report receipts from the care of the terminally ill, normally in the patient's residence (e.g., supportive medical, social, homemaker, and spiritual services).

Line 7 - Report receipts or revenue from contract research only. Report grants received for research on the appropriate detail lines under **line 14**.

Line 10 - Report receipts from meals, snacks, beverages, and other food items. Include sales that are charged separately from medical services provided.

Line 14 - Include grants received for research. Report receipts from contract research on **line 7**.

Line 15 - 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 16**.

Line 16 - 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.

Line 17 - Exclude receipts from government programs (e.g., Medicare, Medicaid).

CONTINUE WITH **22** ON PAGE 6

CONTINUE ON PAGE 6

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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.
1. Hospital patient care (including inpatient and outpatient), related to ICD-9 major category, based on primary diagnosis - Continued			
s. Supplementary classification of external causes of injury and poisoning (E800-E999) - <i>Describe</i> ↴			
t. All other patient care - <i>Describe</i> ↴			
u. Add lines 1a through 1t			
2. Acute long-term care services			
3. Daily assisted living and skilled nursing services			
a. Skilled nursing services without rehabilitation services			
b. Skilled nursing services with rehabilitation services			
4. Daily assisted living services with mental rehabilitation services for the intellectually and developmentally disabled or the mentally ill (<i>Exclude substance abuse.</i>)			
5. Residential facility hospice (end of life) care services			
6. Home health care services			
a. Home health care services			
b. Home hospice (end of life) care services			
7. Research and development - <i>Describe</i> ↴			

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CONTINUE WITH **22** ON PAGE 8

CONTINUE ON PAGE 8

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22 DETAIL OF REVENUE OR RECEIPTS - Continued

Description of revenue or receipts		2012		
		Report thousands of dollars. Estimates are acceptable.		
		\$ Bil.	Mil.	Thou.
8.	Rental or lease of goods and/or equipment			
a.	Medical equipment 39512			
b.	All other goods and/or equipment 39513			
c.	Add lines 8a and 8b 39500			
9.	Rents and commissions from departments and concessions not owned and operated by this institution (<i>Exclude gross sales or billings</i>) 39599			
10.	Meals and beverages, prepared and served or dispensed, for immediate consumption (<i>Include cafeteria sales.</i>) 39460			
11.	Resale of merchandise			
a.	Pharmaceuticals 39649			
b.	Medical equipment 39657			
c.	All other merchandise - <i>Describe</i> ↴			
	<div style="border: 1px solid black; height: 30px; width: 500px;"></div> 39654			
d.	Add lines 11a through 11c 39600			
12.	All other operating receipts - <i>Describe if more than 10 percent of total receipts or revenue</i> ↴			
	<div style="border: 1px solid black; height: 30px; width: 500px;"></div> 39753			
13.	OPERATING RECEIPTS - For taxable establishments, sum of preceding lines should equal 5, line B 39850			
14.	Contributions, gifts, and grants			
a.	Government 39900			
b.	Private, including individuals, community efforts, and fundraising (<i>Include commissioned fundraising.</i>) 39910			
15.	Investment income, including interest and dividends 39920			
16.	Gains (losses) from assets sold (<i>Report losses by including a dash prior to the dollar amount.</i>) 39930			
17.	Appropriations from general government revenues and intergovernmental transfers (<i>Only governmental or military institutions should report here.</i>) 39950			

CONTINUE WITH **22** ON PAGE 9


CONTINUE ON PAGE 9

62201082



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.
18. All other revenue - <i>Describe if more than 10 percent of total receipts or revenue</i> 			
<div></div>	<div></div>	<div></div>	<div></div>
19. TOTAL REVENUE - For tax-exempt establishments, sum of lines should equal 9, line C1	<div></div>	<div></div>	<div></div>

23-25 Not Applicable.**26** SPECIAL INQUIRIES**A. 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 - Go to line 23502 ☐ No - Go to **B**

- 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 ☐ State3508 ☐ Local (Include county, city, hospital district or authority, etc.)**B. PATIENT CARE**Estimate the percent of hospital patient care reported in **22**, line 1, from:

- 1.** Inpatient hospital facility services - evaluation and management services, treatment of disease, injury, or deformity by surgical procedures and non-surgical procedures, etc. . . . 3711
- 2.** Outpatient visits and consultations - evaluation and management services 3712
- 3.** Outpatient surgical interventions - treatment of disease, injury, or deformity by surgery . . . 3713
- 4.** Outpatient non-surgical interventions - treatment of disease, injury, or deformity except by surgery 3714
- 5.** Outpatient anesthesia services 3715
- 6.** Outpatient medical and diagnostic testing services 3716
- 7.** Other, including outpatient health facility services 3717

8. TOTAL

2012	
Percent	
<div></div>	%
<div></div>	%
<div></div>	%
<div></div>	%
<div></div>	%
<div></div>	%
<div></div>	%
<div></div>	%

CONTINUE ON PAGE 10

27-29 Not Applicable.

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

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

Name of person to contact regarding this report

Title

Area code	Number	Extension
<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"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Tele-
phone

Fax

Area code	Number
<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"/>

E-mail address

Date
completed

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

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

62201108

