



# 2012 ECONOMIC CENSUS

## Office of Physicians and Other Health Practitioners

**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](http://econhelp.census.gov)
- **Call** 1-800-233-6136, between 8:00 a.m. and 6:00 p.m., Eastern time, Monday through Friday.

**HC-62104**

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**Report Online** - It's fast and secure!  
**Go to:** [econhelp.census.gov](http://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

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**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			

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CONTINUE WITH **2** ON PAGE 2

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**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* → 

Month	Day	Year

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

Month	Day	Year

 0018

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0060 Name of new owner or operator	0061 EIN (9 digits)

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

0063 City, town, village, etc.	0064 State	0065 ZIP Code

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 

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**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.
	2	036
EXAMPLE		

**5** SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Mark "X" if None      2012

Operating receipts . . . . . 0100 

\$ Bil.	Mil.	Thou.

**6** Not Applicable.

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

**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 **7**.

**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

**A.** Number of employees for pay period including March 12, 2012 . . . . . 0000

--	--	--	--	--	--	--	--	--	--

**B.** Payroll before deductions (Exclude employer's cost for fringe benefits.) . . . . . Mark "X" if None

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

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

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

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**8-18** Not Applicable.

**19 KIND OF BUSINESS OR ACTIVITY**

Which **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.**

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

- 0700 621 111 00 2  Physician(s), excluding mental health specialists (Include practitioner(s) engaged in the practice of general or specialized medicine and/or surgery.)
- 621 112 00 1  Psychiatrist(s) or other mental health physician(s)
- 621 111 00 5  Ophthalmologist(s)

**Other health practitioners**

- 621 310 00 1  Chiropractor(s)
- 621 320 00 1  Optometrist(s)
- 621 391 00 1  Podiatrist(s)
- 621 330 00 1  Mental health practitioner(s), including psychologists, psychiatric social workers, clinical psychologists, and psychotherapists NOT having M.D. or D.O. degree
- 621 340 20 1  Physical therapist(s)
- 621 340 20 5  Occupational therapist(s)
- 621 399 00 6  Massage therapist(s)
- 621 340 10 3  Speech-language pathologist(s)
- 621 340 10 2  Audiologist(s)

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

**Other health practitioners - Continued**

- 0700 621 399 00 3  Certified registered nurse anesthetist(s)
- 621 399 00 5  Advanced practicing registered nurse(s) (APRN)
- 621 399 00 D  Licensed practical and licensed vocational nurse(s)
- 621 210 00 1  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.
- 621 399 00 1  Orthotist(s) and/or prosthetist(s)
- 621 399 00 2  Perfusionist(s)
- 621 399 00 4  Dietician(s)
- 777 620 00 B  All other health practitioners - Describe type ↴

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**Outpatient care facilities and medical and diagnostic laboratories**

- 621 512 00 1  Diagnostic imaging center - providing a variety of imaging services such as CT-scan (computer tomography), X-ray, ultrasound, and MRI (magnetic resonance imaging)
- 621 511 00 1  Medical laboratory - providing professional analytic or diagnostic services to the medical profession, or to the patient on prescription of a physician
- 621 493 00 1  Ambulatory surgical center
- 621 493 00 2  Emergency or urgent care center
- 621 410 00 1  Family planning center, including abortion and birth control clinics, fertility clinics, and pregnancy counseling centers
- 777 620 00 A  Other outpatient care facility - Describe ↴

0701

**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
- 541 219 00 5  Billing or medical payment business office
- 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
- 524 114 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

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19 KIND OF BUSINESS OR ACTIVITY - Continued

Other kind of business or activity

0700 773 000 00 2

Other kind of business or activity - Describe type of business or activity

0701

20 and 21 Not Applicable.

HOW TO REPORT PERCENTS

Percents should be rounded to whole percents.

If figure is 38.76% of total sales: report

2012

Report thousands of dollars OR whole percents. Estimates are acceptable.

Table with 4 columns: \$ Bil., Mil., Thou., Percent. Value 39 is entered in the Percent column.

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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 5). 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 individuals, government programs (e.g., Medicare, Medicaid), and insurance and health plans for providing medical goods and services to patients. Practitioners receiving payments for health services NOT billed separately (i.e., capitation fees and percentages of department billings) should estimate their receipts by service category.

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.

Line 3 - Report receipts from meals, snacks, beverages, and other food items (ready for consumption with little or no further cooking or other preparation).

Description of sales, shipments, receipts, or revenue

2012

Report thousands of dollars OR whole percents. Estimates are acceptable.

Table with 4 columns: \$ Bil., Mil., Thou., Percent. Rows include Patient care, Infectious and parasitic diseases, Neoplasms, Endocrine disorders, Diseases of the blood, Mental disorders, Diseases of the nervous system, Diseases of the circulatory system, and Diseases of the respiratory system.

1. Patient care, related to ICD-9 major category, based on primary diagnosis

a. Infectious and parasitic diseases (001-139) 30171

b. Neoplasms (tumors) (140-239) 30172

c. Endocrine, nutritional and metabolic diseases, and immunity disorders (240-279) 30173

d. Diseases of the blood and blood-forming organs (280-289) 30174

e. Mental disorders (290-319) 30175

f. Diseases of the nervous system and sense organs (320-389) 30176

g. Diseases of the circulatory system (390-459) 30177

h. Diseases of the respiratory system (460-519) 30178

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	2012			
	Report thousands of dollars OR whole percents. Estimates are acceptable.			
	\$ Bil.	Mil.	Thou.	Percent
<b>1.</b> Patient care, related to ICD-9 major category, based on primary diagnosis - Continued				
<b>i.</b> Diseases of the digestive system (520-579) . . . . . 30179				
<b>j.</b> Diseases of the genitourinary system (reproductive and urinary system organs) (580-629) . . . . . 30181				
<b>k.</b> Complications of pregnancy, childbirth, and the puerperium (630-679) . . . . . 30182				
<b>l.</b> Diseases of the skin and subcutaneous tissue (680-709) . . . . . 30183				
<b>m.</b> Diseases of the musculoskeletal system and connective tissue (710-739) . . . . . 30184				
<b>n.</b> Congenital (present at birth) anomalies (740-759) . . . . . 30185				
<b>o.</b> Certain conditions originating in the perinatal period (infant) (760-779) . . . . . 30186				
<b>p.</b> Symptoms, signs, and ill-defined conditions (780-799) . . . . . 30187				
<b>q.</b> Injury and poisoning (800-999) . . . . . 30188				
<b>r.</b> Supplementary classification of factors influencing health status and contact with health services (V01-V91) - Describe ↴				
<input type="text"/> 30189				
<b>s.</b> Supplementary classification of external causes of injury and poisoning (E800-E999) - Describe ↴				
<input type="text"/> 30191				
<b>t.</b> All other patient care - Describe ↴				
<input type="text"/> 30192				
<b>u. Add lines 1a through 1t</b> . . . . . 30170				

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CONTINUE WITH **22** ON PAGE 7

**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	2012			
	Report thousands of dollars OR whole percents. Estimates are acceptable.			
	\$ Bil.	Mil.	Thou.	Percent
<b>2.</b> Rental or lease of goods and/or equipment				
<b>a.</b> Medical equipment . . . . . 39512				
<b>b.</b> All other goods and/or equipment . . . . . 39513				
<b>c. Add lines 2a and 2b</b> . . . . . 39510				
<b>3.</b> Meals and beverages, prepared and served or dispensed, for immediate consumption . . . . . 39410				
<b>4.</b> Resale of merchandise				
<b>a.</b> Pharmaceuticals . . . . . 39649				
<b>b.</b> Optical goods . . . . . 39651				
<b>c.</b> Orthopedic appliances . . . . . 39652				
<b>d.</b> Hearing aids . . . . . 39621				
<b>e.</b> All other resale of medical equipment and supplies . . . . . 39658				
<b>f.</b> All other merchandise - Describe ↴				
<div style="border: 1px solid black; height: 20px; width: 100%;"></div> . . . . . 39654				
<b>g. Add lines 4a through 4f</b> . . . . . 39600				
<b>5.</b> All other operating receipts - Describe if more than 10 percent of total receipts or revenue ↴				
<div style="border: 1px solid black; height: 20px; width: 100%;"></div> . . . . . 39748				
<b>6. TOTAL OPERATING RECEIPTS - Sum of lines should equal ⑤ if reporting in dollars</b> . . . . . 39850				100

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**23-25** Not Applicable.

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**26** SPECIAL INQUIRIES

**A. 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 number reported in **7**, line A.

**Enter each active proprietor or partner** by occupational category in column 2. 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.

		Number of <b>employees</b> for pay period including March 12, 2012	Number of active <b>proprietors or partners</b> for pay period including March 12, 2012
<b>1.</b> Doctors/Physicians - licensed practitioners having <b>M.D.</b> degree . . . . .	3211	<input type="text"/>	3271 <input type="text"/>
<b>2.</b> Osteopathic physicians - licensed practitioners having <b>D.O.</b> degree . . . . .	3212	<input type="text"/>	3272 <input type="text"/>
<b>3.</b> Chiropractic physicians - licensed practitioners having <b>D.C.</b> degree . . . . .	3214	<input type="text"/>	3274 <input type="text"/>
<b>4.</b> Podiatric physicians - licensed practitioners having <b>D.P.M.</b> degree . . . . .	3215	<input type="text"/>	3275 <input type="text"/>
<b>5.</b> Optometrists - licensed practitioners having <b>O.D.</b> degree . . . . .	3216	<input type="text"/>	3276 <input type="text"/>
<b>6.</b> Licensed doctoral-level psychologists, including clinical psychologists, counseling psychologists, health psychologists, and neuropsychologists . . . . .	3236	<input type="text"/>	3258 <input type="text"/>
<b>7.</b> Licensed/certified mental health service providers, including psychiatric nurses, licensed social workers, counselors and marriage and family therapists; and other mental health service providers <b>without</b> an <b>M.D.</b> or <b>D.O.</b> degree . . . . .	3237	<input type="text"/>	3259 <input type="text"/>
<b>8.</b> Physical therapists . . . . .	3238	<input type="text"/>	3210 <input type="text"/>
<b>9.</b> Occupational therapists . . . . .	3239	<input type="text"/>	3299 <input type="text"/>
<b>10.</b> Speech-language pathologists . . . . .	3249	<input type="text"/>	3309 <input type="text"/>
<b>11.</b> Audiologists . . . . .	3250	<input type="text"/>	3310 <input type="text"/>
<b>12.</b> Physician assistants . . . . .	3330	<input type="text"/>	3340 <input type="text"/>
<b>13.</b> Registered nurses and nurse practitioners ( <i>Report psychiatric nurses on line 7.</i> ) . . . . .	3194	<input type="text"/>	3196 <input type="text"/>
<b>14.</b> Licensed practical or vocational nurses ( <i>Report psychiatric nurses on line 7.</i> ) . . . . .	3195	<input type="text"/>	3197 <input type="text"/>
<b>15.</b> Dentists - having <b>D.M.D.</b> , <b>D.D.S.</b> , or <b>D.D.Sc.</b> degree and other dental practitioners ( <i>Include hygienists, assistants, and others performing or assisting with dental procedures.</i> ) . . . . .	3228	<input type="text"/>	3284 <input type="text"/>

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CONTINUE WITH **26** ON PAGE 9

CONTINUE ON PAGE 9



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**26** SPECIAL INQUIRIES - Continued

**A. PERSONNEL BY OCCUPATION - Continued**

		Number of <b>employees</b> for pay period including March 12, 2012		Number of active <b>proprietors or partners</b> for pay period including March 12, 2012
<b>16.</b> Dieticians . . . . .	3356	<input type="text"/>	3357	<input type="text"/>
<b>17.</b> All other health practitioners . . . . .	3221	<input type="text"/>	3281	<input type="text"/>
<b>18.</b> All other employees (Include management and administrative staff.) . . . . .	3222	<input type="text"/>	3282	<input type="text"/>
<b>19. TOTAL</b> (Sum of lines 1 through 18, for employees should equal <b>7</b> , line A.) . . . . .	3200	<input type="text"/>	3260	<input type="text"/>

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**B. PATIENT CARE**

Estimate the percent of patient care reported in **22**, line 1, from:

		2012 Percent	
<b>1.</b> Visits and consultations - evaluation and management services . . . . .	3701	<input type="text"/>	%
<b>2.</b> Surgical interventions - treatment of disease, injury, or deformity by surgery . . . . .	3702	<input type="text"/>	%
<b>3.</b> Non-surgical interventions - treatment of disease, injury, or deformity except by surgery . . . . .	3703	<input type="text"/>	%
<b>4.</b> Anesthesia services . . . . .	3704	<input type="text"/>	%
<b>5.</b> Laboratory services paid by individuals, insurers, or government payers, such as Medicare and Medicaid . . . . .	3705	<input type="text"/>	%
<b>6.</b> Laboratory services paid by other health care providers . . . . .	3706	<input type="text"/>	%
<b>7.</b> Diagnostic imaging services paid by individuals, insurers, or government payers, such as Medicare and Medicaid . . . . .	3708	<input type="text"/>	%
<b>8.</b> Diagnostic imaging services paid by other health care providers . . . . .	3709	<input type="text"/>	%
<b>9.</b> Other, including health facility services, such as provisions of space and equipment, meals, nursing care, etc. . . . .	3707	<input type="text"/>	%
<b>10. TOTAL</b> . . . . .		100	%

**27-29** Not Applicable.

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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"/>

Name of person to contact regarding this report

Title

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

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

E-mail address

Date completed	Month	Day	Year
	<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.**

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