



2012 ECONOMIC CENSUS

Outpatient Care Facilities

FORM
HC-62109 (01-05-2012)

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-62109

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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

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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 →
- 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 ↴

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Month	Day	Year
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

0060 Name of new owner or operator	0061 EIN (9 digits)
	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/>

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

0063 City, town, village, etc.	0064 State	0065 ZIP Code
	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/>

0016 Other - Specify →

4 MONTHS IN OPERATION

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

	2012
	Number
<input type="checkbox"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" 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.
	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

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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.

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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.

Outpatient care facilities

- 0700 621 492 00 1 Kidney dialysis center
- 621 498 00 1 Community health center or clinic
- 621 420 00 A Mental health clinic
- 621 420 00 2 Alcohol and/or substance abuse treatment clinic
- 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)
- 621 498 00 2 Sleep disorder center or clinic
- 621 491 00 1 HMO medical clinic - operated by the provider of a prepaid medical plan
- 621 498 00 4 Provider of medical services to inmates
- 621 498 00 3 Multi-service clinic (*Services are provided by physicians and at least one additional category of health practitioners, such as dentists, therapists, optometrists, chiropractors, podiatrists, or other health practitioners.*)
- 777 620 00 A Other outpatient care facility - Describe

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0701

Medical and diagnostic laboratories

- 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
- 621 512 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)
- 621 512 00 2 Mobile X-ray, mammography, MRI (magnetic resonance imaging), CT-scan (computer tomography), and/or ultrasound services

Physician services, other health practitioners, and other health services

- 621 111 00 6 Emergency room physician(s) or other independent physician services, having a M.D. or D.O. degree, excluding mental health specialists
- 621 112 00 2 Psychiatrist(s) or other mental health physician(s), having a M.D. or D.O. degree
- 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.
- 621 111 00 3 Radiologist(s)
- 621 340 20 1 Physical therapist(s)
- 622 110 20 4 General medical and surgical hospital

CONTINUE WITH **19** 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

Physician services, other health practitioners, and other health services - Continued

- 0700 339 116 00 1 Dental laboratory
- 777 620 00 C All other health practitioner(s) or health services - *Describe* ↴
- 0701

Hospital and medical service plans and medical service arrangers and managers

- 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, dental, or other health services in return for a fixed periodic premium from subscribers
- 561 110 00 2 Administrative, intermediary, managing contractual arrangements and payments between health care providers and sponsors of medical insurance and prepaid health plans
- 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.

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.)

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).

Line 8 - 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 9**.

Line 9 - 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.

CONTINUE WITH **22** 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. Patient care, related to ICD-9 major category, based on primary diagnosis - Continued			
s. Supplementary classification of external causes of injury and poisoning (E800-E999) - Describe ↴			
[Redacted]	30191		
t. All other patient care - Describe ↴			
[Redacted]	30192		
u. Add lines 1a through 1t	30170		
2. Rental or lease of goods and/or equipment			
a. Medical equipment	39512		
b. All other goods and/or equipment	39513		
c. Add lines 2a and 2b	39500		
3. Meals and beverages, prepared and served or dispensed, for immediate consumption	39460		
4. Resale of merchandise			
a. Pharmaceuticals	39649		
b. Optical goods	39651		
c. Orthopedic appliances	39652		
d. Hearing aids	39621		
e. All other resale of medical equipment and supplies	39658		
f. All other merchandise - Describe ↴			
[Redacted]	39654		
g. Add lines 4a through 4f	39600		

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CONTINUE WITH **22** ON PAGE 8

CONTINUE ON PAGE 8

22 DETAIL OF REVENUE OR RECEIPTS - Continued

Description of revenue or receipts	2012		
	Report thousands of dollars. Estimates are acceptable.		
	\$ Bil.	Mil.	Thou.
5. All other operating receipts - Describe if more than 10 percent of total receipts or revenue ↴ 	39791		
6. OPERATING RECEIPTS - For taxable establishments, sum of preceding lines should equal 5, line B	39850		
7. Contributions, gifts, and grants			
a. Government	39900		
b. Private, including individuals, community efforts, and fundraising (Include commissioned fundraising)	39910		
8. Investment income, including interest and dividends	39920		
9. Gains (losses) from assets sold (Report losses by including a dash prior to the dollar amount.)	39930		
10. All other revenue - Describe if more than 10 percent of total receipts or revenue ↴ 	39965		
11. TOTAL REVENUE - For tax-exempt establishments, sum of lines should equal 5, line C1	39990		

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23-25 Not Applicable.

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 employees for pay period including March 12, 2012	Number of active proprietors or partners for pay period including March 12, 2012
1. Doctors/Physicians - licensed practitioners having M.D. degree	3211		3271
2. Osteopathic physicians - licensed practitioners having D.O. degree	3212		3272
3. Chiropractic physicians - licensed practitioners having D.C. degree	3214		3274
4. Podiatric physicians - licensed practitioners having D.P.M. degree	3215		3275

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CONTINUE ON PAGE 9

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

26 SPECIAL INQUIRIES - Continued

A. PERSONNEL BY OCCUPATION - Continued

		Number of employees for pay period including March 12, 2012	Number of active proprietors or partners for pay period including March 12, 2012
5. Optometrists - licensed practitioners having O.D. degree	3216	[][][][][][][][][][][][]	3276 [][][][][][][][][][][][]
6. Licensed doctoral-level psychologists, including clinical psychologists, counseling psychologists, health psychologists, and neuropsychologists	3236	[][][][][][][][][][][][]	3258 [][][][][][][][][][][][]
7. Licensed/certified mental health service providers, including psychiatric nurses, licensed social workers, counselors and marriage and family therapists; and other mental health service providers without an M.D. or D.O. degree	3232	[][][][][][][][][][][][]	3259 [][][][][][][][][][][][]
8. Physical therapists	3230	[][][][][][][][][][][][]	3210 [][][][][][][][][][][][]
9. Occupational therapists	3239	[][][][][][][][][][][][]	3299 [][][][][][][][][][][][]
10. Speech-language pathologists	3249	[][][][][][][][][][][][]	3309 [][][][][][][][][][][][]
11. Audiologists	3250	[][][][][][][][][][][][]	3310 [][][][][][][][][][][][]
12. Physician assistants	3330	[][][][][][][][][][][][]	3340 [][][][][][][][][][][][]
13. Registered nurses and nurse practitioners (<i>Report psychiatric nurses on line 7.</i>)	3194	[][][][][][][][][][][][]	3196 [][][][][][][][][][][][]
14. Licensed practical or vocational nurses (<i>Report psychiatric nurses on line 7.</i>)	3195	[][][][][][][][][][][][]	3197 [][][][][][][][][][][][]
15. Dentists - having D.M.D. , D.D.S. , or D.D.Sc. degree and other dental practitioners (<i>Include hygienists, assistants, and others performing or assisting with dental procedures.</i>)	3228	[][][][][][][][][][][][]	3284 [][][][][][][][][][][][]
16. Dieticians	3356	[][][][][][][][][][][][]	3357 [][][][][][][][][][][][]
17. All other health practitioners	3221	[][][][][][][][][][][][]	3281 [][][][][][][][][][][][]
18. All other employees (<i>Include management and administrative staff.</i>)	3222	[][][][][][][][][][][][]	3282 [][][][][][][][][][][][]
19. TOTAL (<i>Sum of lines 1 through 18, for employees, should equal 7, line A.</i>)	3200	[][][][][][][][][][][][]	3260 [][][][][][][][][][][][]

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CONTINUE WITH **26** ON PAGE 10

26 SPECIAL INQUIRIES - Continued

B. PATIENT CARE

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

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

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27-29 Not Applicable.

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?

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

Telephone: 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.

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