

2009 Annual Services Report Service Annual Survey

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



FORM

SA-623TE

REPORT DUE

Any questions call **1-800-772-7851**
M-F, 8:30 a.m. to 5:00 p.m. EST.
or

Visit our web site:
www.census.gov/econhelp/sas

Please correct any error in the name, address, or ZIP Code.

Internet Reporting

To complete this report online go to: www.census.gov/econhelp/sas
Click on "Census Taker" and use your username and password to login.

Username:

Password:

YOUR RESPONSE IS REQUIRED BY LAW

Title 13, U.S. Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau.

YOUR RESPONSE IS CONFIDENTIAL BY LAW

Title 13, U.S. Code, requires that your response may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. The law also provides that copies retained in your files are **immune from legal process.**

YOUR RESPONSE IS IMPORTANT

The services industries account for nearly 70 percent of all economic activity. We conduct this survey to obtain timely, comprehensive and consistent measures needed by policy-makers, businesses, and the public to accurately assess domestic economic performance.

Annual Services Report

- This report should be completed and returned on or before the due date in the preaddressed envelope provided.
- If filing within the required time frame will cause an undue burden and you would like an extension, or if you have any questions, please write to:

U.S. CENSUS BUREAU
1201 East 10th Street
Jeffersonville, IN 47132-0001

or call a Census Bureau Representative at 1-800-772-7851, weekdays from 8:30 a.m. to 5:00 p.m., Eastern Standard Time.

1 Report Coverage

Does the above coverage describe this firm's business activity?

- 0001 Yes – Go to **2**
- 2 No – Specify the firm's business activity and complete the report where applicable beginning with **2**. 
- 0002

2 Report Periods

What periods of time will this data represent?

- Report data for the 2009 calendar year if possible.
- For locations that were sold or acquired during the year, only report for the periods that this firm operated the locations.

- 0006 2009 calendar year – Go to **3**
- 2 Other than calendar year – Enter the periods this report will cover.
(e.g., fiscal years, periods with less than a full calendar year).

2009		
Month	Day	Year
0007		
From		
0008		
To		

3 Revenue

Report the total revenue for this firm's locations defined in 1 for the following categories.

- Enter "0" where applicable.
- Estimates are acceptable.

Exclude:

- Transfers made within the company.

3A Net Revenue

Patient Care Revenue

- Using net patient revenues, report your sources of funding in each of the following categories.

		2009 Revenue			
		Bil.	Mil.	Thou.	Dol.
<p>1. Medicare – Report fee for service revenue under traditional Medicare parts A and B and part D. Exclude Medicare part C, revenue from Medicare under arrangement with a private health insurance plan for Medicare beneficiaries in managed care and/or HMOs.</p>	<p>4001A <input type="checkbox"/></p>	\$			
		<i>Mark "X" if None</i>			
<p>2. Medicaid – Report fee for service revenue and funding from the State Children's Health Insurance Program (CHIP). Exclude Medicaid managed care plans.</p>	<p>4002A <input type="checkbox"/></p>	\$			
		<i>Mark "X" if None</i>			
<p>3. Other government – Report revenue from government entities, except Medicare and Medicaid revenue reported in lines 1 and 2, e.g., state and local medical assistance, Civilian Health and Medical Programs of the Veteran's Admin (CHAMPVA), Department of Defense, TRICARE, Substance Abuse and Mental Health Administration (SAMSHA), and Indian Health Services. – <i>Specify</i> ↘</p> <p>1501 <input style="width: 500px; height: 20px;" type="text"/></p>	<p>4003A <input type="checkbox"/></p>	\$			
		<i>Mark "X" if None</i>			
<p>4. Worker's compensation</p>	<p>4004A <input type="checkbox"/></p>	\$			
		<i>Mark "X" if None</i>			
<p>5. Private insurance</p> <p>a. Private health insurance – Report health benefits paid for by employers and/or individuals and financed by insurance premiums, such as group or self-insured plans, HMO, Federal, State, and Local government health insurance, Medicare Part C and Supplemental Insurance, Medicaid managed care plans</p>	<p>4005A <input type="checkbox"/></p>	\$			
		<i>Mark "X" if None</i>			
<p>b. Property/Casualty and auto insurance</p>	<p>4006A <input type="checkbox"/></p>	\$			
		<i>Mark "X" if None</i>			
<p>6. Patient (out-of-pocket) – Include all deductibles and co-insurance from private health insurance, Medicare, Medicaid, and other public programs.</p>	<p>4071A <input type="checkbox"/></p>	\$			
		<i>Mark "X" if None</i>			
<p>a. Payment from patients and their families</p>	<p>4072A <input type="checkbox"/></p>	\$			
		<i>Mark "X" if None</i>			
<p>b. Patients' assigned Social Security benefits</p>	<p>4072A <input type="checkbox"/></p>	\$			
		<i>Mark "X" if None</i>			
<p>7. All other revenue for patient care not included in lines 1–6. – <i>Specify</i> ↘</p> <p>1502 <input style="width: 500px; height: 20px;" type="text"/></p>	<p>4008A <input type="checkbox"/></p>	\$			
		<i>Mark "X" if None</i>			

3A Net Revenue – (Continued)

Non-Patient Care Revenue

Tax Status

Is this establishment operated on a **not-for-profit** basis?

- 0031 1 Yes – **Complete lines 8–11.**
- 2 No – **Complete lines 10 and 11.**

Mark "X" if None

2009 Revenue			
Bil.	Mil.	Thou.	Dol.

8. **Contributions, gifts, and grants received** 1741 \$

Mark "X" if None

Bil.	Mil.	Thou.	Dol.
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9. **Investment and property income** – Include interest and dividends. Exclude gains (losses) from assets sold. 1742 \$

Mark "X" if None

Bil.	Mil.	Thou.	Dol.
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10. **All other non-operating revenue** – Include philanthropy, gift shop, cafeteria sales, parking lot receipts, florist receipts, etc. – Specify ↘ 1809 \$

1504

Bil.	Mil.	Thou.	Dol.
------	------	-------	------

11. **TOTAL NET REVENUE** – Sum of lines 1–10. 1800 \$

3B **GROSS PATIENT REVENUE** – Include the full-established rates (charges) for all services rendered to inpatients and outpatients 4012 \$

4 Not Applicable

5 Operating Expenses

Report operating expenses for this firm's locations as defined in 1 for the following categories.

- Enter "0" where applicable.
- Estimates are acceptable.

Exclude:

- Transfers made within the company
- Capitalized expenses
- Interest
- Bad debt
- Impairment
- Income tax

Personnel Costs

- | | | 2009 Operating Expenses | | | |
|--|-------------------------------|-------------------------|------|-------|------|
| | | Bil. | Mil. | Thou. | Dol. |
| 1. Gross annual payroll – Total annual Medicare salaries and wages for all employees as reported on your firm's IRS Form 941, Employer's Quarterly Federal Tax Return, line 5(c) for the four quarters that correspond to the survey period or IRS Form 944 Employer's Annual Federal Tax Return, line 4(c). | 1821 <input type="checkbox"/> | \$ | | | |
| 2. Employer's cost for fringe benefits – Employer's cost for legally required programs and programs not required by law. Include insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K and stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). Exclude employee contributions. | 1822 <input type="checkbox"/> | \$ | | | |
| 3. Temporary staff and leased employee expense – Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. Include all charges for payroll, benefits and services. | 1823 <input type="checkbox"/> | \$ | | | |

Expensed Materials, Parts and Supplies (not for resale)

- | | | | | | |
|--|-------------------------------|----|--|--|--|
| 4. Medical supplies – Materials and supplies used in providing medical services to others. Report medical equipment in line 5. | 4011 <input type="checkbox"/> | \$ | | | |
| 5. Expensed equipment – Expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, and monitors). Report packaged software in line 7. Report leased and rented equipment in line 9. | 1824 <input type="checkbox"/> | \$ | | | |
| 6. Expensed purchases of other materials, parts, and supplies – Materials and supplies used in providing services to others; materials and parts used in repairs; office and janitorial supplies; small tools; containers and other packaging materials; and motor fuels. | 1825 <input type="checkbox"/> | \$ | | | |

Expensed Purchased Services

- | | | | | | |
|---|-------------------------------|----|--|--|--|
| 7. Expensed purchases of software – Purchases of prepackaged, custom coded, or vendor customized software. Include software developed or customized by others, web-design services and purchases, licensing agreements, upgrades of software; and maintenance fees related to software upgrades and alterations. | 1826 <input type="checkbox"/> | \$ | | | |
| 8. Purchased electricity and fuels (except motor fuels) – If the cost of electricity and heating fuels (e.g., natural gas, propane, oil, coal) are included in lease or rental payments, report in line 9. | 1827 <input type="checkbox"/> | \$ | | | |
| 9. Lease and rental payments – For land, buildings, offices, structures, machinery, equipment, and other tangible items. Include lease and rental of transportation equipment without operators; and penalties incurred for broken leases. Exclude capital and financing lease agreements and licensing/leasing of software. | 1828 <input type="checkbox"/> | \$ | | | |

5 Operating Expenses – (Continued)

Report operating expenses for this firm's locations as defined in 1 for the following categories.

- Enter "0" where applicable.
- Estimates are acceptable.

Exclude:

- Transfers made within the company
- Capitalized expenses
- Interest
- Bad debt
- Impairment
- Income tax

Expensed Purchased Services – (Continued)

10. Purchased repair and maintenance – Include expensed repair and maintenance to buildings and integral building components (e.g., elevators, heating and cooling systems), structures, offices, machinery, vehicles, equipment, and computer hardware. **Exclude** materials, parts, and supplies used for repair and maintenance performed by this firm's employees. Report janitorial and grounds maintenance services in line 15.

2009 Operating Expenses				
Mark "X" if None	Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				

1829 \$

11. Purchased advertising and promotional services – Include marketing and public relations services.

Mark "X" if None	Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				

1830 \$

12. Professional liability insurance – The cost of professional liability insurance. **Include** professional liability insurance premiums and amounts set aside for self-insurance.

Mark "X" if None	Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				

4010 \$

Other Operating Expenses

13. Depreciation and amortization charges – Include depreciation charges taken against tangible assets owned and used by your firm, tangible assets and improvements owned by your firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment.

Mark "X" if None	Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				

1831 \$

14. Governmental taxes and license fees – Payments to government agencies for taxes and licenses. **Include** business and property taxes. **Exclude** income taxes, and sales and excise taxes collected from customers.

Mark "X" if None	Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				

1832 \$

15. All other operating expenses – All other operating expenses not reported above, unless specifically excluded in the general instructions at the top of the page. **Include** office postage and package delivery. **Exclude** purchases of merchandise for resale and non-operating expenses.

Mark "X" if None	Bil.	Mil.	Thou.	Dol.
<input type="checkbox"/>				

1899 \$

16. TOTAL OPERATING EXPENSES – Sum of lines 1–15.

<input type="checkbox"/>				
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1900 \$

6 Interest Expenses

Report operating expenses for this firm's locations as defined in 1 for the following categories.

- Enter "0" where applicable.
- Estimates are acceptable.
- Do not combine data of two or more lines.

Exclude:

- Transfers made within the company
- Capitalized expenses
- Impairment
- Bad debt
- Income tax

Mark "X"
if None

2009 Interest Expense

	Bil.	Mil.	Thou.	Dol.
\$				

1. **Interest expense** – Interest expenses incurred in the financing of operations and long lived assets used in continuing operations. 1856

7 Not Applicable

8 E-Commerce Revenue

E-commerce includes sales, receipts, and contributions from any transaction completed over an Internet, extranet, 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 and services may or may not be made online.

Did the revenue reported in **3** include any e-commerce revenue?

2009 E-Commerce Revenue
Bil. Mil. Thou. Dol.

- 1 Yes – What was this firm’s e-commerce revenue? 2000 \$
- 2 No – Go to **11**

Bil.	Mil.	Thou.	Dol.

9 Not Applicable

10 Not Applicable

11 Change in Structure

Did you have an Employer Identification Number (EIN) change in 2009?

0013 1 Yes – Enter the new EIN. 0015 EIN –

2 No – Continue

Was there a change in ownership or control?

0016 1 Yes – Provide the date of the change and the firm's information. 0018

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

(for multiple mergers, provide each firm's information as an attachment to this report)

2 No – Go to [12](#)

0017
Name of company acquired or merged with

Street address

City, State, ZIP Code

0019 –
EIN

Specify the nature of this change here

0035

12 Remarks – Please provide an explanation for any inconsistent or incomplete data that would aid in understanding this report. For any separate correspondence pertaining to this report, please include the identification number shown in the address label area at the top of the first page.

0027

13 Certification – This report is substantially accurate and has been prepared in accordance with the instructions.

0020 Name of person completing this report – Please print

0024 Title

0025 Date

0021 Address (Street address, City, State, ZIP Code)

0022 Telephone number

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

0023 Fax number

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

0026 E-mail address

Return Completed form to: U.S. CENSUS BUREAU
1201 East 10th Street
Jeffersonville, IN 47132-0001

or fax to: 1-800-447-4613

Public reporting burden for this collection of information is estimated to average _____ per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0422, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-0422" as the subject. Please include form name and number in all correspondence. Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the top right corner on the front of this form.

To see aggregate industry results of previous Service Annual Surveys, go to the following website: www.census.gov/services/index.html