

2009 Annual Services Report Service Annual Survey

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



FORM

SA-6215

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				
		Mark "X" if None	Bil.	Mil.	Thou.	Dol.
1. Health practitioners.	4061A	<input type="checkbox"/>	\$			
2. Hospitals.	4062A	<input type="checkbox"/>	\$			
3. Outpatient care facilities.	4063A	<input type="checkbox"/>	\$			
4. All other health care providers – Include nursing and residential care facilities and other ambulatory health care services (blood banks, etc.).	4064A	<input type="checkbox"/>	\$			
5. 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.	4001A	<input type="checkbox"/>	\$			
6. Medicaid – Report fee for service revenue and funding from the State Children's Health Insurance Program (SCHIP). Exclude Medicaid managed care plans.	4002A	<input type="checkbox"/>	\$			
7. Other government – Report revenue from government entities, except Medicare and Medicaid revenue reported in lines 5 and 6, e.g., state and local medical assistance, Civilian Health and Medical Programs of the Verteran's Admin (CHAMPVA), Department of Defense, TRICARE, Substance Abuse and Mental Health Administration (SAMSHA), Indian Health Services. – Specify ↘	4003A	<input type="checkbox"/>	\$			
1501 <input type="text"/>						
8. Worker's compensation.	4004A	<input type="checkbox"/>	\$			
9. Private insurance						
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.	4005A	<input type="checkbox"/>	\$			
b. Property/Casualty and auto insurance.	4006A	<input type="checkbox"/>	\$			
10. Patient (out-of-pocket) – Include all deductibles and co-insurance from private health insurance, Medicare, Medicaid, and other public programs.	4007A	<input type="checkbox"/>	\$			

3A Net Revenue – (Continued)

Non-Patient Care Revenue

	Mark "X" if None	2009 Revenue			
		Bil.	Mil.	Thou.	Dol.
11. All other sources – Include grants, subsidized funds, contributions, philanthropy, etc. – Specify ↘	<input type="checkbox"/>				

11. All other sources – Include grants, subsidized funds, contributions, philanthropy, etc. – Specify ↘

1503

12. TOTAL NET REVENUE – Sum of lines 1–11. 1800

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

\$				
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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. . . .1829

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

11. Purchased advertising and promotional services – Include marketing and public relations services. . . .1830

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

12. Professional liability insurance – The cost of professional liability insurance. Include professional liability insurance premiums and amounts set aside for self-insurance. . . .4010

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

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. . . .1831

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

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. . . .1832

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

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. . . .1899

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

16. TOTAL OPERATING EXPENSES – Sum of lines 1–15. . . .1900

\$				
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6 Not Applicable

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

