

# 2009 Annual Services Report Service Annual Survey

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



FORM

SA-62T

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](http://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](http://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**
- 0002  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**

0006  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. **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  \$

Mark "X" if None

2. **Medicaid** – Report fee for service revenue and funding from the State Children's Health Insurance Program (SCHIP). **Exclude** Medicaid managed care plans. . . . . 4002A  \$

Mark "X" if None

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 Services Administration (SAMSHA), and Indian Health Services. – *Specify* ↘ 4003A  \$

1501  Mark "X" if None

4. **Worker's compensation** . . . . . 4004A  \$

5. **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, and Medicaid managed care plans . . . . . 4005A  \$

Mark "X" if None

b. **Property/Casualty and auto insurance** . . . . . 4006A  \$

6. **Patient (out-of-pocket)** – **Include** all deductibles and co-insurance from private health insurance, Medicare, Medicaid, and other public programs. . . . . 4007A  \$

Mark "X" if None

7. **All other revenue for patient care not included in lines 1–6.** – *Specify* ↘ . . . . . 4008A  \$

1502

#### Non-Patient Care Revenue

Mark "X" if None

8. **All other sources** – **Include** grants, subsidized funds, contributions, philanthropy, gift shop, cafeteria sales, parking lot receipts, florist receipts, etc. – *Specify* ↘ . . . . . 4009A  \$

1503

9. **TOTAL NET REVENUE** – Sum of lines 1–8. . . . . 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. <b>Gross annual payroll</b> – 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. <b>Employer's cost for fringe benefits</b> – Employer's cost for legally required programs and programs not required by law. <b>Include</b> 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). <b>Exclude</b> employee contributions. . . . . | 1822 <input type="checkbox"/> | \$                      |      |       |      |
| 3. <b>Temporary staff and leased employee expense</b> – Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. <b>Include</b> all charges for payroll, benefits and services. . . . .   | 1823 <input type="checkbox"/> | \$                      |      |       |      |

### Expensed Materials, Parts and Supplies (not for resale)

- |  |                               |    |  |  |  |
|--|-------------------------------|----|--|--|--|
| 4. <b>Medical supplies</b> – Materials and supplies used in providing medical services to others. Report medical equipment in line 5. . . . .  | 4011 <input type="checkbox"/> | \$ |  |  |  |
| 5. <b>Expensed equipment</b> – 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. <b>Expensed purchases of other materials, parts, and supplies</b> – 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. <b>Expensed purchases of software</b> – Purchases of prepackaged, custom coded, or vendor customized software. <b>Include</b> 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. <b>Purchased electricity and fuels (except motor fuels)</b> – 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. <b>Lease and rental payments</b> – For land, buildings, offices, structures, machinery, equipment, and other tangible items. <b>Include</b> lease and rental of transportation equipment without operators; and penalties incurred for broken leases. <b>Exclude</b> 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

