



# 2012 ECONOMIC CENSUS

## Classification Form

FORM  
**HC-62190** (11-16-2011)

OMB No. 0607-0934: Approval Expires 12/31/2013

**DUE DATE**  
**30 DAYS AFTER**  
**RECEIPT OF FORM**

*(Please correct any errors in this mailing address.)*

**Need help or have 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-62190**

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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.

**1** Not Applicable.

**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



**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 - *Indicate 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* → 

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0060 Name of new owner or operator	0061 EIN (9 digits)													
	<table style="border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td colspan="3" style="text-align: center;">-</td></tr> </table>											-		
-														

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

0063 City, town, village, etc.	0064 State	0065 ZIP Code												
	<table style="border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td colspan="3" style="text-align: center;">-</td></tr> </table>											-		
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0016  Other - *Specify* →  0815

**4-18** 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)

CONTINUE WITH **19** ON PAGE 3

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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

**Other health practitioners - Continued**

- 0700
- 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)
- 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 practitioner(s) - *Describe type* ↴

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**Outpatient care facilities**

- 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

CONTINUE WITH **19** ON PAGE 4

CONTINUE ON PAGE 4

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

**Outpatient care facilities - Continued**

0700 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* ↴

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, radiology, MRI (magnetic resonance imaging), CT-scan (computer tomography), and/or ultrasound services

**Home health services**

621 610 00 1  Home health care provider, including visiting nurse associations

621 610 00 4  Home health care provider - providing physical, speech, and/or occupational therapy services

621 610 00 3  Nursing agency primarily providing nursing and nursing assistant services to patients in their homes

561 320 00 1  Nursing agency primarily providing nurses and other employees on a temporary basis to hospitals, doctors' offices, and other health care providers

621 610 00 2  Home hospice care

623 110 00 2  Inpatient hospice facility

624 120 00 4  Homemaker or companion services such as cooking and cleaning - **no** health care provided

621 610 00 5  Home infusion therapy

454 113 22 5  Home infusion pharmacy only - does not provide infusion therapy services

777 610 00 1  Other home health services, including inhalation or perfusion therapy - *Describe* ↴

0701

**Other activities and facilities associated with health care, and all other activities**

621 910 00 5  Ambulance or rescue services, including air ambulance

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

524 298 00 4  Medical utilization review - advises health care providers how to provide cost-effective treatment that meets third-party reimbursement requirements (*Exclude companies formulating specific treatment plans for individual patients.*)

621 999 90 4  Health screening services

621 999 90 3  Hearing testing services

621 999 90 2  Mobile physical examination services, including exams for the purpose of obtaining insurance

CONTINUE WITH **19** ON PAGE 5

CONTINUE 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

**Other activities and facilities associated with health care, and all other activities - Continued**

- 0700 339 116 00 1  Dental laboratory
- 621 991 00 2  Eye, organ, tissue, or sperm bank
- 621 991 00 1  Blood or blood product bank or donor station
- 621 991 00 3  Plasma collection center
- 777 620 00 3  Other health services - Describe ↴

0701

- 773 000 00 2  Other kind of business or activity - Describe type of business or activity ↴

0701

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**20-29** 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 →

	Month	Year		Month	Year
FROM	□ □	□ □ □ □	TO	□ □	□ □ □ □

Name of person to contact regarding this report

Title

Area code	Number	Extension
□ □ □	□ □ □ □ - □ □ □ □ □ □	□ □ □ □

Area code	Number
□ □ □	□ □ □ □ - □ □ □ □ □ □

E-mail address

	Month	Day	Year
Date completed	□ □	□ □	□ □ □ □

**Thank you for completing your 2012 ECONOMIC CENSUS form.**  
**PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.**

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