

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

FORM

SA- 6215E

DUE
DATE ➡

NOTICE — Your report to the Census Bureau is **confidential** by law (Title 13, U.S. Code). It 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**.

RETURN COMPLETED FORM TOU.S. CENSUS BUREAU
1201 East 10th Street
Jeffersonville, IN 47132-0001Any questions call
1-800-772-7851 weekdays,
8:30 a.m. to 5:00 p.m. EST**2003 SERVICE ANNUAL SURVEY**
MEDICAL AND DIAGNOSTIC LABORATORIES136 SAS_H
621511 T

(Please correct any error in name, address, or ZIP Code)

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.

Item 1 SURVEY COVERAGE

This report covers all domestic locations that report payroll for the Federal Employer Identification Number (EIN) shown in the address label primarily engaged in providing analytic or diagnostic services, including body fluid analysis, generally to the medical profession or to the patient on referral from a health practitioner. These locations are known as medical laboratories.

Does this firm have domestic locations providing one of the business activities described in the survey coverage above?

- 0001 1 ☐ Yes — Continue with Item 2
2 ☐ No — Specify your business activity, continue with Item 2, and complete as much of the survey form as possible. ↗

0002

Item 2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)

Is the Federal Employer Identification Number (EIN) printed in the upper left of the address label the same as that used for this firm on its latest Employer's Quarterly Federal Tax Return, Treasury Form 941?

- 0003 1 ☐ Yes — SKIP to Item 3
2 ☐ No — Enter current EIN —————→

When did you start reporting payroll under this EIN? —————→

0004

0005

		-							
Month								Year	

Item 3 REPORT PERIOD

Mark (X) the one box which best describes the period covered by your report.

- 0006 1 ☐ Calendar year — Go to Item 4A

If the data reported are for a period other than the "calendar year," please enter the beginning and ending dates.

- 2 ☐ Fiscal year
3 ☐ Less than 12 months } —————→

From

To

2003

Month Day Year

0007

0008

Item 4A REVENUE**Total Operating Revenue** _____

Please refer to the enclosed instruction sheet before making your entries. **An estimate is acceptable if a book figure is not available. Exclude intracompany transfers.**

Key code	2003			
	Bil.	Mil.	Thou.	Dol.
002				

Item 4B SOURCES OF FUNDING

Report the percentage of total operating revenue reported in Item 4A from the sources listed at the right. Report whole percents.

An estimate is acceptable if a book figure is not available.

Do not combine data for two or more detail lines.

Enter "0" in items where applicable.

Exclude intracompany transfers.

Line 1d – Include nursing and residential care facilities and other ambulatory health care services (blood banks, etc.).

Lines 2a through 2c – Government reimbursement for patient services (Medicare, Medicaid, and other government programs including veterans' programs). **Include** funding from the State Children's Health Insurance Program (SCHIP), under Medicaid.

Line 2e – Private insurance and medical service plans (Blue Cross/Blue Shield, group hospital plans, etc.). **Include** third party and direct contract insurers, employer self-insured, and Medicare/Medicaid HMO payments. **Exclude** worker's compensation sources.

Line 3 – All other sources (include percentage from all other government operating subsidies, matching funds, and government contracts).

Note –The sum of lines 1 through 3 should equal 100%.

Patient Care Revenue**2003**

1. Collected from health care provider

127

a. Health Practitioners

%

b. Hospitals

128

%

c. Outpatient Care Facilities

129

%

d. All other providers

130

%

2. Collected directly from individuals or insurers

131

a. Medicare

%

b. Medicaid

132

%

c. Other government (Veterans, NIH, Indian Affairs, etc.) – *Specify*

133

%

d. Worker's Compensation

134

%

e. Private insurance

135

%

f. Patient (out-of-pocket)

136

%

Non-Patient Care Revenue3. All other sources (grants, subsidized funds, contributions, philanthropy, etc.) – *Specify*

137

%

TOTAL – Sum of lines 1 through 3**100%****Item 4C E-COMMERCE RECEIPTS/REVENUE**

E-commerce includes sales and receipts 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. Please see the General Instruction sheet for further clarification before completing this item.

An estimate is acceptable if a book figure is not available.

1. Did your firm have e-commerce receipts/revenue during 2003?

1 ☐ Yes — Enter the date your firm began e-commerce sales. _____2 ☐ No — Continue to Item 5.

Month (i.e., June=06) Year (i.e., 2003=03)

2. What was your firm's e-commerce receipts/revenue for 2003? (**Include** e-commerce receipts/revenue in Item 4A. **Exclude** sales taxes.) _____

Key code	2003			
	Bil.	Mil.	Thou.	Dol.
005				

SERVICE ANNUAL SURVEY GENERAL INSTRUCTIONS

Your report should be completed and returned in the preaddressed envelope provided on or before the due date. **If the report does not appear to apply to your kind of business or activity, describe your business or activity in Item 1 and complete the remainder of the form as accurately as possible.**

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 the

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1201 East 10th Street
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or call our Census Bureau representative in Jeffersonville, Indiana at 1-800-772-7851, weekdays from 8:30 a.m. to 5:00 p.m., eastern time.

Always include your identification number, located in the address label, in any correspondence.

IF BOOK FIGURES ARE NOT AVAILABLE, ESTIMATES ARE ACCEPTABLE.

Please read all instructions before making your entries.

Report data for the calendar year specified. If calendar year records are not available, we will accept fiscal year data. Please note, however, that we prefer estimates for the calendar year to book figures covering a different time period. Report all values in dollars (omit cents). Enter "0" in items where appropriate. Please do not combine data for two or more items.

For location(s) sold or acquired during the year specified, report only for the period that the locations were operated by this firm.

SPECIFIC INSTRUCTIONS

Taxable Firms Revenue

Report revenue for all services rendered and any sales of merchandise for the calendar year specified, even though payment may have been received at a later date.

Firms operating on a commission basis should report commissions, fees, and other operating income, not gross billings or sales.

Include –

- Total value of service contracts.
- Amounts received for work subcontracted to others.
- Market value of compensation in lieu of cash.
- Revenue from services performed by domestic locations for FOREIGN parent firms, subsidiaries, branches, etc.
- Dues and assessments from members and affiliates.

Exclude –

- Taxes (sales, amusement, occupancy, use, or other) collected directly from customers or clients and paid directly to a local, State, or Federal tax agency.
- Revenue from a domestic parent organization, or from franchise locations owned by others and any franchise or license fees.
- Rents from and revenue of separately operated departments, concessions, etc., which are leased to others.
- Revenue from customers for carrying or other credit charges.
- Commissions from vending machine operators.
- Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, District of Columbia, U.S. Commonwealth Territories, or U.S. Possessions).
- Nonoperating revenue such as income from investments, sales of company-owned real estate (land and building), or other assets, (except inventory held for resale), securities, gifts, loans, contributions, royalties, or grants.
- Revenue from the sale of used equipment.
- Installment payments from leasing under capital, finance, or full-payout leases.
- Intracompany transfers.
- Interest income.

SERVICE ANNUAL SURVEY

SPECIFIC INSTRUCTIONS – Continued

Tax-Exempt Firms

Revenue

Except for firms operating on a commission basis, report revenue for all services rendered and any sales of merchandise for the calendar year specified, even though payment may have been received at a later date.

Firms operating on a commission basis should report commissions, fees, and other operating income, not gross billings or sales.

Include –

- Program service revenue for services provided in 2003, whether or not payment was received in 2003.
- Gross sales of merchandise, minus returns and allowances.
- Income from interest, dividends, gross rents (including display space rentals and share of receipts from departments operated by other companies), royalties, and other investments.
- Net gains (or losses) from the sale of real estate (land and buildings), investments, or other assets (except inventory held for resale).
- Gross contributions, gifts, and grants (whether or not restricted for use in operations).
- Dues and assessments from members and affiliates.
- Commissions earned from the sale of merchandise owned by others (including commissions from vending machine operators).
- Gross receipts from fundraising activities.

Exclude –

- Sales and other taxes collected directly from customers or clients and paid directly to a local, State, or Federal tax agency.
- Gross receipts of departments or concessions operated by other companies.
- Amounts transferred to operating funds from capital or reserve funds.

Expenses

Report costs incurred during the survey year specified even though payments may have been made at a later date.

Include –

- Payroll and employee benefits.
- Interest and rent expenses.
- Supplies used for operating your business, cost of merchandise sold, and other expenses allocated to operations during the year.
- Contracted or purchased services.
- Fees paid to other organizations for fundraising.
- Depreciation expenses.
- Expenses of locations providing support services (e.g., repair services, administrative services, etc.) for your service establishments.

Exclude –

- Sales and other taxes collected directly from customers or clients and paid directly to a local, State, or Federal tax agency.
- Outlays for the purchase of real estate (land and buildings); for construction; for additions, major alterations, and improvements to existing facilities; and all other capital expenditures.
- Funds invested.
- Income taxes.
- Assessments (dues) paid to the parent or other chapters of the same organization.
- **For firms engaged in raising funds –** Funds which are transferred to charities or other organizations.

All Firms

E-commerce Revenue

(In the following instructions, online refers to any transaction completed over an Internet, extranet, EDI network, electronic mail or other online system.)

Include –

- Revenue from online orders for goods or services placed by a buyer.
- Revenue from online services provided where charges are based on the usage of those services (e.g., commissions or fees from use of computerized reservation systems, financial transaction processing systems, etc.)
- Commissions or fees from the trading of securities or the sale of other financial products online (e.g., insurance, loans, etc.).
- Commissions or fees from selling or from facilitating the sale of third party products (e.g., click-through including referral fees) through your company's Web site.
- Revenue from orders or contracts negotiated online with a buyer and seller on the price and terms for transferring ownership or the rights to use goods or services.
- Revenue from telephone transactions using interactive voice response systems.

Exclude – revenue from:

- Online billings where the order or contract was not negotiated online.
- Delivery of services online where the order or contract was not negotiated online.
- Provision of telecommunications and related infrastructure systems (e.g., data transfer, Web hosting, Internet access) where the order or contract for such services was not negotiated online.
- Orders for goods or services placed by facsimile machine or over switched telephone network.