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2005 Annual Services Report
Service Annual Survey

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

Outpatient Care Centers

FORM

SA-6214TE

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REPORT DUE

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

Please correct any error in the 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.

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

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 a range of outpatient medical services to the health maintenance organization (HMO) subscribers with a focus on primary health care. These locations are owned by the HMO. Included in this industry are HMO locations that provide both health care services and underwrite health and medical insurance policies.

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

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

0002

2 Federal Employer Identification Number (EIN)

Is the Federal Employer Identification Number the same as was reported on the firm's latest Employer's Quarterly Federal Tax Return (IRS Form 941)?

0003
1 ☐ Yes – **Go to** 3
2 ☐ No – **Enter the current EIN.** . .

0004 ☐☐ – ☐☐☐☐☐☐☐

When did the firm begin reporting payroll under this EIN?. . . . . Month Year

0005 ☐☐ ☐☐

3 Report Periods

What periods of time will this data represent?

- Report data for the 2005 and 2004 calendar years if possible.
- For locations that were sold or acquired during a year, only report for the periods that this firm operated the locations.

0006
1 ☐ 2005 and 2004 calendar years – Go to 4
2 ☐ Other than calendar years – **Enter the periods this report will cover.** . . .
(e.g., fiscal years, periods with less than a full calendar year).

	2005			2004		
	Month	Day	Year	Month	Day	Year
0007 **From**						
0008 **To**						

4 Operating Revenue

Report the total operating 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.

		2005 Operating Revenue				2004 Operating Revenue			
		Bil.	Mil.	Thou.	Dol.	Bil.	Mil.	Thou.	Dol.
1. TOTAL OPERATING REVENUE	1800	$				$			

5 Sources of Funding

Report the percentage of total revenue reported in 4 from the sources listed.

- Enter "0" where applicable.
- Estimates are acceptable.
- Report whole percents.

Exclude:
- Transfers made within the company.

Note – The sum of lines 1 through 8 should equal 100%.

Patient Care Revenue

		Sources of Funding 2005	2004
1. Medicare	4001	%	%
2. Medicaid – Include funding from the State Children's Health Insurance Program (SCHIP).	4002	%	%
3. Other government (Veterans, NIH, Indian Affairs, etc.) – *Specify*	4003	%	%
1501			
4. Worker's compensation	4004	%	%
5. Private insurance			
a. Private health insurance – Medical service plans (Blue Cross/Blue Shield, group hospital plans, etc.) **Include** third party direct contract insurers, employer self-insured, and Medicare/Medicaid HMO payments. Report worker's compensation sources in line **4**.	4005	%	%
b. Property/Casual and auto insurance	4006	%	%
6. Patient (out-of-pocket)	4007	%	%
7. All other patient care sources not elsewhere classified – *Specify*	4008	%	%
1502			

Non-Patient Care Revenue

8. All other sources – Include grants, subsidized funds, contributions, philanthropy, gift shop, cafeteria sales, parking lot receipts, florist receipts, etc. – *Specify*	4009	%	%
1503			
9. TOTAL – Sum of lines **1–8**.		**100%**	**100%**

6 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

		2005 Operating Expenses				2004 Operating Expenses			
		Bil.	Mil.	Thou.	Dol.	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.	1821	$				$			
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; and 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). Do not include employee contributions.	1822	$				$			
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	$				$			

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	$				$			
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	$				$			
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	$				$			

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	$				$			
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	$				$			
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	$				$			

6 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)

		2005 Operating Expenses				2004 Operating Expenses			
		Bil.	Mil.	Thou.	Dol.	Bil.	Mil.	Thou.	Dol.
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	$				$			
11. Purchased advertising and promotional services – Include marketing and public relations services.	1830	$				$			
12. Professional liability insurance – The cost of professional liability insurance. **Include** professional liability insurance premiums and amounts set aside for self-insurance.	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.	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.	1832	$				$			
15. All other operating expenses – Report all other operating expenses not reported above, unless specifically excluded in the general instructions at the top of the page. **Exclude** purchases of merchandise for resale and non-operating expenses.	1899	$				$			
16. TOTAL OPERATING EXPENSES – Sum of lines **1–15**	1900	$				$			

7 Not Applicable

8 E-Commerce 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.

Include:

- Revenue from online orders for goods or services placed by a buyer.
- Commissions or fees from trading of securities or the sale of other financial products online (insurance, loans, etc.).
- Commissions or fees from selling or facilitating the sale of third party products through your company's website.
- Commissions or fees from use of computerized reservation systems, financial transaction processing systems, etc.
- 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:

- 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 systems and related infrastructure systems where the order or contract for such services was not negotiated online.
- Orders for goods or services placed by fax or over switched telephone network.
- Online advertising.

Did the revenue reported in 4 include any e-commerce revenue?

0011
1 ☐ Yes – **What was this firm's e-commerce revenue?** . . . . .
2 ☐ No – Go to 11

	2005 E-Commerce Revenue				2004 E-Commerce Revenue			
	Bil.	Mil.	Thou.	Dol.	Bil.	Mil.	Thou.	Dol.
2000	$				$			

When did this firm begin e-commerce sales? 0010

Month	Year

9 Not Applicable

10 Not Applicable

11 Ownership or Control

Does another firm own more than 50 percent of the voting stock or have the power to control the management and policies of this company?

0013
1 ☐ Yes – **Provide this firm's information.** . . . .
2 ☐ No – **Go to** 12

0014 Name of owning or controlling company

0015 EIN –

Street address

City, State, ZIP Code

12 Acquisitions or Mergers

Did this company acquire or merge with another firm in 2005 or 2004?

0018 Month Year

1 ☐ Yes – **Provide the date of the merger or acquisition and the firm's information.** . . . . . .
(for multiple mergers, provide each firm's information as an attachment to this report)

0016
2 ☐ No – **Go to** 13

0017 Name of company acquired or merged with

0019 EIN –

Street address

City, State, ZIP Code

13 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

14 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

0023 Fax number — Area code | Number | Extension

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 3.5 hours 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, 4700 Silver Hill Road, Stop 1500, Washington, DC 20233-1500. 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/econ/www/servmenu.html

2005 Annual Services Report
Instructions for Taxable Firms

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

General Instructions

- Report data on an accrual basis, except for payroll.
- Dollars should be rounded to the nearest dollar.
- If a figure is $1,030,280,456 it should be reported as →

Bil.	Mil.	Thou.	Dol.
1	030	280	456

Include in operating revenue:

- Report gross billings, except where noted elsewhere on the form.
- Amounts received for work subcontracted to others.
- For locations that were sold or acquired during a year, only report for the periods that this firm operated the locations.
- Revenue from services performed by domestic locations of foreign parent firms, subsidiaries, branches, etc.
- Dues and assessments from members and affiliates.

Exclude from operating revenue:

- Taxes collected directly from customers or clients and paid directly to a local, state, or federal tax agency.
- Rents from and revenue of separately operated departments, concessions, etc., which are leased to others.
- 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).
- Non-operating 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, or grants).
- Revenue from the sale of used equipment.

Item Specific Instructions

Item 6 – Operating Expenses

Line 1 – Gross annual payroll

Include salaries and wages, commissions, dismissal pay, bonuses, employee contributions to Social Security, income tax withholding, union dues, group insurance premiums, savings bonds, cash equivalent in-kind, allowances, holiday pay, vacation pay, sick leave, stock purchase plans, and employee contributions to pension plans. **Exclude** the cost of leased employees, employer's cost for fringe benefits, temporary staff obtained from temporary help services. For unincorporated businesses, **exclude** profit or other compensation of proprietors or partners.

All other operating expenses

Include travel and entertainment; postage, shipping or delivery services, warehousing, and storage services; royalties; security services; janitorial and grounds maintenance services; purchased transportation with operators; and other expenses not reported elsewhere.