**SERVICE ANNUAL SURVEY**
U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

FORM
**SA-62000E** (09-20-2018)

# 2018 ANNUAL SERVICES REPORT

**Due Date**

**Need help or have questions?**

**Call** 1-877-787-9860, option "1"
(8:00 a.m. - 5:00 p.m. ET, M-F)
or **Visit**
https://www.census.gov/programs-surveys/sas/information.html

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This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0422 and appears at the upper right of this page. Without this approval, we could not conduct this survey.

**INTERNET REPORTING - This survey should be completed online at: https://portal.census.gov**

**Authentication Code:**

**To view Survey Results:**
https://www.census.gov/programs-surveys/sas/newsroom/updates/latest-sas.html

## GENERAL INSTRUCTIONS

Throughout this survey, any reference to **"this firm"** is referring to the EIN that is printed in the mailing address area or the new EIN that was provided as a response in ❷. Any responses related to "this firm" should only include data for the EIN referenced.

- Any significant change in this firm's operations should be noted in ⓱.
- For establishments sold or acquired in 2018, report data only for the period the establishments were operated by this firm.
- Estimates are acceptable if book figures are not available.
- Enter "0" where applicable.
- Do not combine data for two or more detailed lines.
- Report data on an accrual basis, except for payroll.
- Figures 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:**

- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

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## ❶ A. MAILING ADDRESS

Is this firm's name and mailing address the same as shown in the mailing address above?

0035
☐ Yes
☐ No - *Enter corrections in the mailing address above*

***PENALTY FOR FAILURE TO REPORT***

***CONTINUE ON PAGE 2***

## 1 B. SURVEY COVERAGE

**Did this firm provide the business activities described below?**

0001 ☐ Yes

☐ No - *Specify this firm's business activity* ↘

0002

## 2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)

**Does this firm report payroll under EIN**

0013 ☐ Yes

☐ No - *Enter current 9-digit EIN **AND** date payroll was first reported for this EIN* . . . . . 0015

EIN (9 digits) ___ - ___

Month | Day | Year

0088

## 3 ORGANIZATIONAL CHANGE

**A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2018?**

0016 ☐ Yes

☐ No - *Go to* 4

**B. Which of the following organizational changes occurred in 2018?**

*Check all that apply. If more than one organizational change occurred during the reporting period, explain in* 17.

0091

☐ Acquisition
☐ Sale
☐ Merger
☐ Divestiture

*Date of organizational change* . . . . . 0018 Month | Day | Year

*AND*

*Enter detailed information below* ↘

| 0017 Name of company | 0019 EIN (9 digits) |
|---|---|
| | ___ - ___ |

Address (Number and street, P.O. Box, etc.)

| City, town, village, etc. | State | ZIP Code |
|---|---|---|
| | | ___ - ___ |

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***CONTINUE ON PAGE 3***

## 4 REPORTING PERIOD

NOTE: Calendar year data are preferred. If they are unavailable, please report for the fiscal year that includes at least six months of data for the 2018 calendar year or other partial year data included in the 2018 calendar year.

**What time period is covered by the data provided in this report?**

☐ Calendar year

0006 ☐ Fiscal year - *Report beginning and ending dates*

☐ Partial year - *Report beginning and ending dates*

| | 2018 | | |
|---|---|---|---|
| | **Beginning Date** | | |
| | Month | Day | Year |
| 0007 | | | |
| | **Ending Date** | | |
| | Month | Day | Year |
| 0008 | | | |

## 5 TAX STATUS

**A. Is this firm or organization operated on a not-for-profit basis?**

0031 ☐ Yes

☐ No - *Go to* 6

**B. Was all or part of the income of this firm or organization exempt from Federal income taxes under section 501 of the Internal Revenue Code?**

0030 ☐ Yes

☐ No

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***CONTINUE ON PAGE 4***

## 6 SALES, RECEIPTS, OR REVENUE

**What were the revenues for this firm in 2018?**

**Include:**

- Report gross billings, **except** where noted elsewhere on the form.
- Dues and assessments from members and affiliates.
- Revenues from electronic sources.

**Exclude:**

- Transfers made within the company.
- Taxes collected directly from customers or clients and paid directly to a local, state, or federal tax agency.
- 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).

### INSTRUCTIONS FOR TAXABLE FIRMS

**Include:**

- 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.

**Exclude:**

- Rents from and revenue of separately operated departments, concessions, etc., which are leased to others.
- Commissions from vending machine operators.

### INSTRUCTIONS FOR TAX-EXEMPT FIRMS

**Include:**

- Program service revenue for services provided in the applicable period, whether or not payment was received in the applicable period.
- 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.
- Gross contributions, gifts, and grants (whether or not restricted for use in operations).
- Commissions earned from the sale of merchandise owned by others (including commissions from vending machine operators).
- Gross receipts from fundraising activities.

**Exclude:**

- Gross receipts of departments or concessions operated by other companies.
- Amounts transferred to operating funds from capital or reserve funds.

| | *Mark "X" if None* | 2018 $ Bil. | Mil. | Thou. | Dol. |
|---|---|---|---|---|---|
| **1. Net Patient Care Revenue** - Using net patient revenues, report your sources of revenue in each of the below categories. **Include** the value of total patient care operating receipts collected for the reporting period. This figure should be reported net of any negotiated discounts and write-downs for bad debt. **Exclude** non-patient care revenue such as grants, subsidies, contributions, philanthropy, and sales from gift shops, cafeteria and parking lot receipts | | | | | |
| **a. Government payers** - Report revenues from the following sources: | | | | | |
| **1. Medicare** - Fee for service only from parts A, B and D (exclude part C) . . . . . 4106 | ☐ | | | | |
| **2. Medicaid** - Fee for service only . . . . . 4107 | ☐ | | | | |
| **3. Workers' compensation** . . . . . 4108 | ☐ | | | | |
| **4. All other government programs - Include** programs such as but not limited to: Children's Health Insurance Program (CHIP), Department of Defense (DOD), Civilian Health and Medical Programs of the Department of Veterans Affairs (CHAMPVA), TRICARE, Substance Abuse and Mental Health Services Administration (SAMHSA), and Indian Health Services (IHS) . . . . . 4109 | ☐ | | | | |
| **b. Revenue from health care providers - Include** revenue from hospitals, health practitioners, outpatient care facilities, etc. . . . . 9129 | ☐ | | | | |

*CONTINUE WITH 6 ON PAGE 5*

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***CONTINUE ON PAGE 5***

## 6 SALES, RECEIPTS, OR REVENUE - Continued

| | | Mark "X" if None | 2018 $ Bil. | Mil. | Thou. | Dol. |
|---|---|---|---|---|---|---|
| **1.** | **Net Patient Care Revenue -** Using net patient revenues, report your sources of revenue in each of the below categories. **Include** the value of total patient care operating receipts collected for the reporting period. This figure should be reported net of any negotiated discounts and write-downs for bad debt. **Exclude** non-patient care revenue such as grants, subsidies, contributions, philanthropy, and sales from gift shops, cafeteria and parking lot receipts - Continued | | | | | |
| | **c. Private insurance** | | | | | |
| | **1. Private health insurance, including Medicare and Medicaid managed care plans - Include** revenue from medical plans administered by private insurers, including employer sponsored, other group plans, Medicare part C (managed care plans), Medicaid managed care plans, and Federal, State, and Local government health insurance . . . . . 4111 | ☐ | | | | |
| | **2. Property and casualty insurance - Include** revenue from auto and homeowners insurance and other accident/liability insurance. **Exclude** workers' compensation insurance . . . . . 4112 | ☐ | | | | |
| | **d. Patient out-of-pocket from patients and their families - Include** all deductibles and co-insurance from private health insurance, Medicare, Medicaid, and other public programs paid by the beneficiary or the family of the beneficiary . . . . . 4171 | ☐ | | | | |
| | **e. All other sources of revenue for patient care - Include** all other sources of revenue for patient care not included in lines **1a1 through 1d** - *Specify* | | | | | |
| | 4103 | ☐ | | | | |
| **2.** | **Non-Patient Care Revenue** | | | | | |
| | **a. Contributions, gifts, and grants received** . . . . . 1741 | ☐ | | | | |
| | **b. Investment and property income - Include** interest and dividends. **Exclude** gains (losses) from assets sold . . . . . 1742 | ☐ | | | | |
| | **c. Revenue from health care providers for non-patient care - Include** revenue from health practitioners, hospitals, outpatient care facilities, and all other health care practitioners for non-patient care services provided. **Include** revenue for medical administration and other administrative services, incentive payments, management fees, medical director fees, etc. . . . . 4113 | ☐ | | | | |
| | **d. All other non-patient care revenue - Include** other operating and non-operating revenue (e.g., gift shop sales, cafeteria sales, parking lot receipts, florist receipts) - *Specify the primary source of revenue below* | | | | | |
| | 4105 | ☐ | | | | |
| **3.** | **TOTAL REVENUE** *Sum of lines **1a1 through 2d*** . . . . . 1800 | | | | | |

**7** Not Applicable.

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***CONTINUE ON PAGE 6***

## 8 REVENUES FROM ELECTRONIC SOURCES

**A. Did this firm have any revenues from customers entering orders directly on the firm's websites or mobile applications in 2018?**

0040 ☐ Yes

☐ No

**B. Did this firm have any revenues from customers entering orders directly on third-party websites or mobile applications in 2018?**

0041 ☐ Yes

☐ No

**C. Did this firm have any revenues from customers entering orders via any other electronic systems (such as private networks, dedicated lines, etc.) in 2018?**

0042 ☐ Yes

☐ No

**D. Of the total 2018 revenues reported in 6, what was the dollar amount (or percentage) that was from the revenues identified in A-C above? Please provide an estimate if exact figures are not available.** . . . . . 2500

| 2018 | | | |
|---|---|---|---|
| $ Bil. | Mil. | Thou. | Dol. |
| | | | |

**OR** 2501

| 2018 |
|---|
| Percent |
| % |

## 9 Not Applicable.

## 10 PATIENT VISITS

**What was the total number of patient encounters in 2018, including office based visits, home based visits, tele-health visits, and visits in other health care settings?** . . 4184

| 2018 |
|---|
| Number |
| |

## 11 Not Applicable.

## 12 ELECTRONIC HEALTH RECORDS

**A. Did your firm have expenses for electronic health record systems and related software and services to install and/or maintain these systems in 2018?**

☐ Yes

☐ No - *Go to* 14

**B. What were the total expenses for electronic health record systems in 2018?** . . . . . 4014

| 2018 | | | |
|---|---|---|---|
| $ Bil. | Mil. | Thou. | Dol. |
| | | | |

## 13 Not Applicable.

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## 14 OPERATING EXPENSES

**What were the operating expenses for this firm in 2018?**

**Exclude:**

- Transfers made within the company.
- Capitalized expenses.
- Interest.
- Bad debt.
- Impairment.
- Income tax.
- Expenses 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).

**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, and 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.

| | | *Mark "X" if None* | 2018 $ Bil. | 2018 Mil. | 2018 Thou. | 2018 Dol. |
|---|---|---|---|---|---|---|
| **1.** | **Personnel Costs** | | | | | |
| | **a. Gross annual payroll -** Total annual Medicare salaries and wages for all employees as reported on this 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). **Include** the spread on stock options that are taxable to employees as wages . 1821 | ☐ | | | | |
| | **b. 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, 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 | ☐ | | | | |
| | **c. 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 | ☐ | | | | |
| **2.** | **Expensed Materials, Parts, and Supplies (not for resale)** | | | | | |
| | **a. Medical supplies -** Materials and supplies used in providing medical services to others. Report medical equipment in line **2b**. 4011 | ☐ | | | | |
| | **b. Expensed equipment, materials, parts, and supplies (not for resale) - Include** expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). **Include** 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. Report packaged software in line **3a** and leased and rented equipment in line **4b**. . 1860 | ☐ | | | | |
| **3.** | **Expensed Purchased Services** | | | | | |
| | **a. 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 | ☐ | | | | |

*CONTINUE WITH 14 ON PAGE 8*

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## 14 OPERATING EXPENSES - Continued

| | | Mark "X" if None | 2018 $ Bil. | Mil. | Thou. | Dol. |
|---|---|---|---|---|---|---|
| **3.** | **Expensed Purchased Services** - Continued | | | | | |
| | **b. Professional liability insurance -** The cost of professional liability insurance. **Include** professional liability insurance premiums and amounts set aside for self-insurance . . . . . 4010 | ☐ | | | | |
| **4.** | **Other Operating Expenses** | | | | | |
| | **a. Depreciation and amortization charges - Include** depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment . . . . . 1831 | ☐ | | | | |
| | **b. All other operating expenses -** All other operating expenses not reported above, unless specifically excluded in the general instructions. **Include** office postage paid and package delivery. **Exclude** purchases of merchandise for resale and non-operating expenses. **If this item is greater than 20% of the total operating expenses, specify the primary source of the expenses below** | | | | | |
| | 1879 | ☐ | | | | |
| **5.** | **TOTAL OPERATING EXPENSES** *Sum of lines **1a through 4b*** . . . . . 1900 | | | | | |

**15 and 16** Not Applicable.

**17 REMARKS -** Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

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***CONTINUE ON PAGE 9***

## 18 CONTACT INFORMATION

| Name of person to contact regarding this report *(Please print)* | | | | Title | | | |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| Telephone | Area code | Number | Extension | Fax | Area code | Number | |
| | | - | | | | - | |
| E-mail address | | | | Website address | | | |
| | | | | | | | |

**THANK YOU for completing your 2018 ANNUAL SERVICES REPORT.**
We suggest you keep a copy for your records.

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