

Kansas Board of Healing Arts Online Renewals

Summary for ANN K NEUHAUS MD

License Number:	421596
License Type:	Medicine and Surgery
License Designation:	Active
Date of Renewal:	06/18/2004
Name Displayed on the License:	ANN K NEUHAUS MD
Is the name displayed not correct?	No
Do you actively practice in Kansas?	Yes

Residence Address

Street Address:	(Confidential)
Address line 2:	
City:	MANHATTAN
Kansas County:	RL
Country:	USA
State:	KS
Zip Code:	66502
Phone Number:	(Confidential)

Mailing Address

Street Address or PO Box:	1228 WESTLOOP 127
Address line 2:	
City:	MANHATTAN
Kansas County:	RL
Country:	USA
State:	KS
Zip Code:	66502
Email Address:	

Practice Address

Practice Name:	
Street Address:	POST OFFICE 605
Address line 2:	

City:	LAWRENCE
Kansas County:	DG
Country:	USA
State:	KS
Zip Code:	66044
Phone Number:	9134854334
Fax Number:	

About this Practice Location

What kind of work setting is this practice site?	Individual Practitioner Office
If Other, please specify:	
How many patients do you see during an average week at this site?	5
How many hours of direct patient care do you provide at this work site in a typical week?	5
How many weeks per year do you work here?	50

Non-Kansas Licenses

Have you ever had or are you holding a license in any other state?	Yes
State:	MO
Status:	inactiv
License Number (if known):	
Year Granted (if known):	1997

Disciplinary Questions

In the last 18 months have you been a defendant or has any judgment, award, or settlement been paid resulting from a professional liability claim? (Confidential)	N
In the past 18 months has any disciplinary action been initiated or taken against you by a state licensing agency or other state or government agency, or have you surrendered or consented to limitation of license to practice in any state or country?	N
In the past 18 months have you been denied a license to practice the healing arts or other health care profession? (Confidential)	N

(Confidential)

In the past 18 months do you know of any investigation by or any allegations, complaints, or charges concerning you made to any licensing agency or state or government agency? N

Demographic Information

Gender: Female

Race: White

Are you of Hispanic or Latino origin? No

Languages that you speak: English, , , French

Are you a graduate of a foreign professional school? No

Are you a citizen or permanent resident of the United States? Yes

How many hours of direct patient care do you provide in Kansas in a typical week? 5

How many more direct patient care sites do you have in Kansas? 0

Continuing Education

Agreed to continuing education audit statement: Yes

Supervise

Do you supervise any ? N

Renewal Filer

The person filing this renewal is the person named upon the license: Yes

Name of the person who entered data for me:

Perjury Statement

Agreed to perjury statement: Yes