KANSAS STATE BOARD OF HEALING ARTS 235 SOUTH TOPEKA BOULEVARD - TOPEKA, KANSAS 66603-3068 TELEPHONE (785) 296-7413

RENEWAL APPLICATION FOR MEDICINE AND SURGERY JULY 1, 2000 TO JUNE 30, 2001

PLEASE REVIEW ALL ENCLOSURES <u>BEFORE</u> COMPLETING APPLICATION. TYPE OR PRINT USING BALLPOINT PEN. INCOMPLETE APPLICATIONS MAY RESULT IN CANCELATION OF LICENSE. COMPLETION OF ALL INFORMATION ON THIS PAGE IS REQUIRED OF ALL LICENSEES REGARDLESS OF LICENSE STATUS. REFER TO INSTRUCTIONS ON THE BACK OF THIS FORM.

1.	Kansas Medical License #: 04-21596 2. Office Phone #:(316	5)865-3500 (primary) 6)688-0107 3. SSN: (Confidential)
4.	Name: Neuhaus ND ANN K	,
5.	New Mailing Address:	
	(if different from address block) Street Address/P.O.Box	Suite/Apt.
	City State (and country if not USA)	Zip Code + 4
6.	Residence Address: Resi	sidenée Phone Number: (Confidential)
	(Confidential) Name to 16 Fax Syour mailing address:Your residence	Other address? RECEIVED
7 .	Is your mailing address: _Your residence \(\cup Your \) practice, or _	Other address?
8.	Are you active in medicine and surgery in Kansas at least one hour per wo	YesNo JUN 2 6 2000
9.		No
	If yes, where?	- VALICAS STATE BOARD
	Institution City	State OF HEALING ARTS
	Are you retired? Yes No	
11.	Please indicate your primary practice specialty using the appropriate code	e listed on back. Specialty Code(\&
12.	Please provide street, city, county, state & zip code for each of your pract	tice locations.
	Ist Location 205 W. 8th Lawrence KS	66044 Phone Number 785-865-3500
	2nd Location 3013 E Street Address Required (No P.O. Box) Street Address Required (No P.O. Box)	Phone Number 785-865-3500 Phone Number 316-688-0107
(b) (c)	Yes No Since May 1, 1999 have you been denied a license (Confidential)	convicted of any felony or class A misdemeanor? This includes
(f)	(Confidential)	
14.	PROOF OF MALPRACTICE INSURANCE COVERAGE REQUIRED I	FOR ACTIVE STATUS ONLY (see instructions on back).
	THE INFORMATION PROVIDED ABOVE IS CORRECT	CT TO THE BEST OF MY KNOWLEDGE.
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otice to Health Care Provider: If you should discontinue your basic professional liability insurance policy because you are no longer rendering professional services as a ansas resident health care provider, you should immediately contact the Kansas Health Care Stabilization Fund Board of Governors and request information regarding the vailability of the Health Care Stabilization Fund's continuing coverage for inactive health care providers.

Attachment 5, Health Care Stabilization Fund Bulletin No. 1999-1 Revised Health Care Stabilization Fund Surcharge Rating Classification System Procedures

Fund Surcharge Rating System Agreement Form

Fund Surcharge Rating System Agreement For Doctors Entering Private Practice After Completing A Kansas Postgraduate Training Program And who Participated In Outside "Moonlighting" Activities Signing this agreement will require the health care provider to attain five This is a voluntary agreement to acquire the lowest possible Health years of Health Care Stabilization Fund private practice compliance before Care Stabilization Fund surcharge becoming eligible for the Fund's inactive health care provider continuing cost when entering private practice. coverage ("tail") without an additional surcharge payment. hereby request that any periods during (Print or type the name of the health care provider.) which I engaged in outside moonlighting activities while I participated in an approved postgraduate training program and complied with the Health Care Stabilization Fund are not considered when determining my initial private practice Health Care Stabilization Fund surcharge payment. I further understand that only those Health Care Stabilization Fund compliance periods subsequent to my completion of the approved postgraduate training program will count toward the five year Fund compliance required to be eligible for the continuing coverage ("tail") of the Fund. Date Signed Signature of Health Care Provider

This agreement Form is to be completed and attached to the initial private practice Notice of Basic Coverage Form of the applicable health care provider

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KANSAS STATE BOARD OF HEALING ARTS

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Attachment 5, Health Care Stabilization Fund Bulletin No. 1999-1 Revised Health Care Stabilization Fund Surcharge Rating Classification System Procedures

Fund Surcharge Rating System Agreement Form

Fund Surcharge Rating System Agreement For Doctors Entering Private Practice After Completing A Kansas Postgraduate Training Program And who Participated In Outside "Moonlighting" Activities Signing this agreement will require the health care provider to attain five This is a voluntary agreement to acquire the lowest possible Health years of Health Care Stabilization Fund private practice compliance before becoming eligible for the Fund's inactive health care provider continuing Care Stabilization Fund surcharge cost when entering private practice. coverage ("tail") without an additional surcharge payment. hereby request that any periods during (Print or type the name of the health care provider.) which I engaged in outside moonlighting activities while I participated in an approved postgraduate training program and complied with the Health Care Stabilization Fund are not considered when determining my initial private practice Health Care Stabilization Fund surcharge payment. I further understand that only those Health Care Stabilization Fund compliance periods subsequent to my completion of the approved postgraduate training program will count toward the five year Fund compliance required to be eligible for the continuing coverage ("tail") of the Fund. Date Signed Signature of Health Care Provider

This agreement Form is to be completed and attached to the initial private practice Notice of Basic Coverage Form of the applicable health care provider



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KANSAS STATE BOARD OF HEALING ARTS