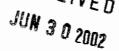
235 SOUTH TOPEKA

TO BOARD OF HEALING ARTS

EVARD - TOPEKA, KANSAS 66603-3068-000

TELEPHONE (785) 296-7413

RENEWAL APPLICATION FOR MEDICINE AND SURGERY JULY 1, 2002 TO JUNE 30, 2003



LEASE REVIEW ALL ENCLOSURES BEFORE COMPLETING APPLICATION. TYPE OR PRINT USING BALLPOINT PEN. INCOMPLETE PLICATIONS MAY RESULT IN CANCELLATION OF LICENSE. COMPLETION OF ALL INFORMATION ON THIS PAGE IS REQUIRED F ALL LICENSEES REGARDLESS OF LICENSE STATUS. REFER TO INSTRUCTIONS ON THE BACK OF THIS FORM.

Kansas Medical Lice	nse #: 0)4-215 96	2. Office Phone #:	(785)865-3	500	3. SSN: (Co	nfidential)
Name: NEU	JHAUS MD AN			, ,		(33	,
New Mailing Address	s: P	O. Bux	605				
(if different from add	iress block)	Street A	ddress/P.O.Box		Suite/Ap	t	
Lawrence	<u> </u>	<u>(CS</u>	<u> </u>		6604	4-0605	<u> </u>
City		State (a)	nd country if not U	SA)	Zip Code	e + 4	
Residence Address:	(Confide	ntial)		Residence Phone Nu	mber: (Conf:	idential)	
	MANHATTAN K	(S 66502	/	Fax Number:			
Is your mailing addr				/			
Are you active in me	dicine and surge	ery in Kansas	at least one hour pe	erweek? <u>i</u> Ye	s No		
Are you currently en	rolled in a resid	lency progran	n? Yes	✓_ No			
If yes, where?							
	Institution			City	State	Zip	Code + 4
Are you retired?	Yes	_ No				18	
Please indicate your	primary practio	e specialty us	ing the appropriate	code listed on back.	Specialty Code_		
Please provide street	, city, county, s	tate & zip cod	de for each of your	practice locations.			
Ist Location 20	5 W. 87	h la	wence (3 66044	Ph	one Number 7	85-863-3500
	. Si	treet Address Rec	juired (No P.O. Box)			one Namoer	
2nd Location	s	treet Address Rec	quired (No P.O. Box)		Pb	one Number	
		H DOCUME	NTATION AND A	COMPLETE EXPLA	NATION IF YO	UR ANSWER	R IS "YES" TO ANY OF
THESE QUESTION Yes No Yes No Yes No (Confidential	S. Since May 1, professional Since May 1, to a felony or Since May 1, or federal ag Since May 1,	, 2001 has an liability claim 2001 have yo r class A misd , 2001 has any ency, or have	y judgment, award ? u been charged with lemeanor. disciplinary action y you surrendered on	or settlement been pa or convicted of any f	aid in which you felony or class A ed against you by ion of license to	u were named misdemeanor y a state licens practice in an	resulting from a ? This includes any plea ting agency or other stat y state?
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Health Care St	ABILIZATION FUND R	ATING CLASSIFICAT	ION SYSTEM			4			
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associati	al Health Care Provider's on, partnership, hospital				N A.) or the name of t	he health care provid	, ,,		
Health Care Provider's Name	NEUHAUS, AN	N K.	G	ovider's roup Name:	KEEP 711 date				
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			DATE SIGNED		Si	GNATURE OF HEALTH CARE P	ROVIDER		
	ance Policy Information . narge Payment	And Health Care Stabi	lization Fund		For Fund Classes 1 to 14				
HCSF Rate Classification No.	Provider's License, Registration or Certification Number	Basic Coverage Premium Amount	Number of Fund Compliance Years	HCSF Class Group No.	HCSF Surcharge Payment From Rate Tables	HCSF Surch a rge %	HCSF Percentage Based Surcharge Payment		
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The Medic	cal Protective Cor	прапу	BECAL LIABILI	JSE THIS HEA TY INSURAN	URCHARGE RATE FOR ALTH CARE PROVIDER ICE POLICY THAT WAS	WAS ISSUED A BASI	C PROFESSIONAL		
Laura J. Miller Mame of insurance agent or company representative			FOR LESS THAN ONE YEAR AND THE SURCHARGE PAYMENT WAS PRORATED. THE PRORATA FACTOR USED WAS: SUBJECT TO A PART-TIME PRACTICE CREDIT RATING RULE APPROVED FOR						
260-486-0819 ELEPHONE MUNBER OF INSURANCE AGENT OR COMPANY REPRESENTATIVE			USE BY THE BASIC PROFESSIONAL LIABILITY INSURER. THE PART-TIME FACTOR USED WAS: THIS KANSAS RESIDENT HEALTH CARE PROVIDER IS LICENSED AND PRACTICES IN MISSOURI: YES NO X						
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Data	5/07/2002] Occorrence	Call is with	auc		
ception Date:	HE BASIC PROFESSIONAL LIABILITY	INSURANCE POLICY PERIOD			For Hi	CSF Use Only			
-	Date:5/07/2002								
	THICARE PROVIDER WAS ADDED TO 5/07/2003	JAN EXISTING POLICY PERIOD							
xpiration Date: of the	BASIC PROFESSIONAL LIABILITY IN	ISURANCE POLICY PERIOD							
Kansas resident hea		ould immediately conta	ict the Kansas Heal	Ith Care Stab	Ilization Fund Board of		g professional services as lest information regarding		