

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:	06/28/2005
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:	
Kansas County:	
Country:	
State:	
Zip Code:	
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?	No
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?	N
(Confidential)	
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?	N
(Confidential)	
(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
Insurance Information	
Effective Date	05/07/2005
HCSF Code	2120
Policy #	KSP6849
Expire Date	05/07/2006
Other (If HCSF Code is 0)	
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