

## 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:	06/28/2006
Name Displayed on the License:	Ann K Neuhaus MD
Is the name displayed <b>not</b> correct?	No
Do you actively practice in Kansas?	Yes
<b>Residence Address</b>	
Street Address:	(Confidential)
Address line 2:	
City:	
Kansas County:	
Country:	
State:	
Zip Code:	
Phone Number:	(Confidential)
<b>Mailing Address</b>	
Street Address or PO Box:	1228 Westloop
Address line 2:	127
City:	Manhattan
Kansas County:	RL
Country:	USA
State:	KS
Zip Code:	66502
Email Address:	
<b>Practice Address</b>	
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:	
<b>About this Practice Location</b>	
What kind of work setting is this practice site?	Self-Employed, Solo-Practice
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?	4
How many weeks per year do you work here?	50
<b>Non-Kansas Licenses</b>	
Have you ever had or are you holding a license in any other state?	No
<b>Disciplinary Questions</b>	
In the last 12 months have you been a defendant or has any judgment, award, or settlement been paid resulting from a professional liability claim?	N
<b>(Confidential)</b>	
In the past 12 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 12 months have you been denied a license to practice the healing arts or other health care profession?	N
<b>(Confidential)</b>	
<b>(Confidential)</b>	
In the past 12 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
<b>Demographic Information</b>	
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?	4
How many more direct patient care sites do you have in Kansas?	
<b>Volunteer Services</b>	
I am willing to be included on a registry to provide my services during an emergency.	
Within your county of residence	Y
Within 75 miles of your residence	Y
Anywhere in the State of Kansas	N
Outside of the State of Kansas	N
<b>Continuing Education</b>	
Agreed to continuing education audit statement:	Yes
<b>Supervise</b>	
Do you supervise any ?	N
<b>Office-Based Surgery</b>	
Do you perform any procedure in your office that requires sedation, including: IV sedation of any kind; inhaled agents; parenteral, regional, spinal, epidural or general anesthesia? (This does not include minor procedures that can be performed safely and comfortably with any other combination of the following: a low dose oral sedative that does not affect the patient's level of consciousness; local; topical; or no anesthesia.)	No
<b>Insurance Information</b>	
Effective Date	05/07/2006
HCSF Code	2120
Policy #	KSP6849
Expire Date	08/07/2006
Other (If HCSF Code is 0)	
<b>Renewal Filer</b>	
The person filing this renewal is the person named upon the license:	Yes
Name of the person who entered data for me:	
<b>Perjury Statement</b>	
Agreed to perjury statement:	Yes