

Kansas Board of Healing Arts Online Renewals

Summary for Ann K Neuhaus MD

License Number:	421596
License Type:	Medicine and Surgery
License Designation:	Active
Primary practice specialty:	General Practice
Are you Board certified in that specialty?	No
Date of Renewal:	06/01/2007
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:	Nortonville
Kansas County:	JF
Country:	USA
State:	KS
Zip Code:	66060
Phone Number:	(Confidential)
Mailing Address	
Street Address or PO Box:	17127 OSAGE RD
Address line 2:	
City:	NORTONVILLE
Kansas County:	JF
Country:	USA

State:	KS
Zip Code:	66060
Email Address:	
Practice Address	
Practice Name:	
Street Address:	17127 OSAGE RD
Address line 2:	
City:	NORTONVILLE
Kansas County:	JF
Country:	USA
State:	KS
Zip Code:	66060
Phone Number:	9134854334
Fax Number:	
About this Practice Location	
What kind of work setting is this practice site?	Self-Employed, Solo-Practice
If Other, please specify:	Home office
How many patients do you see during an average week at this site?	
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?	52
Non-Kansas Licenses	
Have you ever had or are you holding a license in any other state?	Yes
Disciplinary Questions	
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

(Confidential)	
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
(Confidential)	
(Confidential)	
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?	Y
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?	1
Volunteer Services	
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
Continuing Education	
Agreed to continuing education audit statement:	Yes
Certifies has completed 50 hours of continuing education credit hours since 01/01/2004	
Supervise	
Do you supervise any ?	N
Office-Based Surgery	
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
Physician Assistant or Athletic Trainer	
Insurance Information	
Effective Date	03/07/2007
HCSF Code	2120
Policy #	KSP0017424
Expire Date	07/07/2007
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
Confirmation	
Confirmation Number:	5023869

Payment Amount:

230