

Kansas Board of Healing Arts Online Renewals

Summary for Irene E Bettinger MD

License Number:	415910
License Type:	Medicine and Surgery
License Designation:	Active
Primary practice specialty:	Neurology
Are you Board certified in that specialty?	Yes
Date of Renewal:	05/23/2008
Name Displayed on the License:	Irene E Bettinger MD
Is the name displayed not correct?	No
Do you actively practice in Kansas?	Yes

Residence Address	
Street Address:	
Address line 2:	
City:	Mission Hills
Kansas County:	JO
Country:	USA
State:	KS
Zip Code:	66208
Phone Number:	

Mailing Address	
Street Address or PO Box:	4400 BROADWAY #520
Address line 2:	
City:	KANSAS CITY
Kansas County:	JA
Country:	USA
State:	MO
Zip Code:	64111
Email Address:	

Practice Address	
Practice Name:	NEUROLOGICAL CONSULTANTS OF KC
Street Address:	12330 METCALF #200
Address line 2:	
City:	OVERLAND PARK

Kansas County:	JO
Country:	USA
State:	KS
Zip Code:	66213
Phone Number:	8165314080
Fax Number:	8165310281

About this Practice Location

What kind of work setting is this practice site?	Unknown
If Other, please specify:	
How many patients do you see during an average week at this site?	12
How many hours of direct patient care do you provide at this work site in a typical week?	20
How many weeks per year do you work here?	40

Non-Kansas Licenses

Have you ever had or are you holding a license in any other state?	Yes
State:	MO
Status:	
License Number (if known):	
Year Granted (if known):	

Disciplinary Questions

A. In the past 12 months have you been a defendant or has any judgment, award, or settlement been paid resulting from a professional liability claim?	N
B. In the past 12 months have you been arrested, charged with or convicted of any felony or class A misdemeanor? This includes a diversion or plea to a felony or class A misdemeanor.	N
C. 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
D. In the past 12 months have you been denied a license to practice the healing arts or other health care profession?	N
E. In the past 12 months have any hospital privileges been suspended, restricted, limited or voluntarily surrendered or has any peer review or professional association initiated or taken any action against you?	
F. In the past 12 months have you suffered from any impairment, which might affect your ability to safely practice?	
G. 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

Demographic Information

Gender:	Female
---------	--------

Race:	White
Are you of Hispanic or Latino origin?	No
Languages that you speak:	English, , ,
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?	20
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	N
Within 75 miles of your residence	N
Anywhere in the State of Kansas	N
Outside of the State of Kansas	N

Malpractice Review Committee

Pursuant to K.S.A. 65-4901, the Kansas State Board of Healing Arts is required to maintain and make available a current list of health care providers who are willing and available to serve on a medical malpractice screening panel.	
Are you willing to serve on a malpractice screening panel?	No

Continuing Education

Agreed to continuing education audit statement:	Yes
Certifies 150 continuing education credit hours for the requisite period	

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	07/01/2007
HCSF Code	1003
Policy #	2903207
Expire Date	07/01/2008
Other (If HCSF Code is 0)	

Renewal Filer

The person filing this renewal is the person named upon the license:	No
Name of the person who entered data for me:	Joseph K Donnelly
Perjury Statement	
Agreed to perjury statement:	Yes
Confirmation	
Confirmation Number:	5036598
Payment Amount:	270