

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:	05/18/2009
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:	[REDACTED]
Address line 2:	
City:	Mission Hills
Kansas County:	JO
Country:	USA
State:	KS
Zip Code:	66208
Phone Number:	[REDACTED]

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:	[REDACTED]

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?	Physician Partnership or Group Practice
If Other, please specify:	
How many patients do you see during an average week at this site?	25
How many hours of direct patient care do you provide at this work site in a typical week?	60
How many weeks per year do you work here?	32

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
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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?	60
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
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	07/01/2009
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
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Confirmation

Confirmation Number:	5051667
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Payment Amount:	325.25
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