

Licensee Information

Licensee Name	Irene Bettinger
License Number	04-15910
License Type	MD
License Designation (status)	Active

Payment Information

Confirmation Number	3038528
Reference ID	b35194ee027c551
Transaction Date	May 16, 2013 9:36:39 AM
Payment Method	Credit Card
Kansas.gov Purchase Price	331.50

Practice in Kansas

Do you actively practice in Kansas?	Yes
Are you planning to retire within the next 5 years?	(Not Provided)
Is your name (shown near the top of this page) and spelling correct?	Yes
If you have an NPI # (National Provider/Identifier) enter it here.	1003854548
Do you dispense prescription medications in Kansas?	No
DEA Registration Numbers	BB6108888 AB8178306

Practice in other states

Do you actively practice or have you ever held a license in any state other than Kansas?	Yes
All states in which you have a license:	KS,MO

Residence Address

Street Address	
Secondary Street Address	(Not Provided)
City	Mission Hills
State	Kansas

Zip Code	66208
County	Johnson
Country	United States
Phone Number	[REDACTED]
Email	[REDACTED]

Mailing Address

Street Address	4400 BROADWAY #520
Secondary Street Address	(Not Provided)
City	KANSAS CITY
State	Missouri
Zip Code	64111
County	None
Country	United States

Business Addresses

Business Address 1

Name	(Not Provided)
Street Address	12330 METCALF #200
Secondary Street Address	(Not Provided)
City	Overland Park
State	Kansas
Zip Code	66213
County	Johnson
Country	United States
Phone	8165314080
Fax	8165310281

ABOUT THIS LOCATION

What kind of work setting is this business site?	Partnership/Group Practice Office
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How many patients do you see during an average week at this site?	(Not Provided)
How many hours of direct patient care do you provide at this work site in a typical week?	(Not Provided)
How many weeks per year do you work here?	(Not Provided)
As part of your direct patient care scope of practice, do you or any of your staff provide immunizations?	(Not Provided)
As of today, how many hours is it until the next available appointment time at this practice location?	(Not Provided)
Are you accepting new patients at this practice location?	(Not Provided)
Of the patients you see during an average week at this practice location, what percentage are Medicaid recipients?	(Not Provided)
Of the patients you see during an average week at this practice location, what percentage use a sliding fee schedule based on income or ability to pay?	(Not Provided)
Percentage of time spent in direct patient care in "Neurology"?	Not Provided

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?	No
B. In the past 12 months have you been arrested, charged with or convicted of any felony or class A misdemeanor?	No
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?	No
D. In the past 12 months have any privileges related to your profession as a healthcare provider been suspended, restricted, limited or voluntarily surrendered or has any peer review or professional association initiated or taken any action against you?	■
E. In the past 12 months have you suffered from any impairment, which might affect your ability to safely practice?	■
F. 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?	No

Public Profile

Do you wish to add a statement to your [public profile](#)? This statement must be received by the Board within 30 days after your license expiration date. No

Demographic Information

Gender: Female

Race: (Not Provided)

Are you of Hispanic or Latino origin? (Not Provided)

What languages do you speak? (Not Provided)

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? (Not Provided)

How many total direct patient care sites do you have in Kansas? (Not Provided)

Does your main office use an Electronic Health Record (EHR) system? Yes

Is your current EHR system certified by The Office of the National Coordinator for Health Information Technology at the U.S. Department of Health and Human Services? Yes

Volunteer Services

I am willing to be included on a registry to provide my services during an emergency.

Within your county of residence No

Within 75 miles of your residence No

Anywhere in the State of Kansas No

Outside of the State of Kansas No

Malpractice Review Committee

Are you willing to serve on a malpractice screening panel? No

Are you willing to serve as an expert for the Board in a licensing disciplinary case? No

Professional Liability Insurance

Policy Number	SLHSRRG-KS-2012
Insurer	Other (Please Specify) ST Luke's Health System
Policy Effective Date	08/01/2012
Policy Expiration Date	08/01/2013

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? No

Hospitals

ST LUKE HOSPITAL

Supervise

Do you directly supervise any licensed professional Physician Assistant(s) and/or Athletic Trainer(s)? No

Supervision over non-Licensed Radiologic Technologists

Do you supervise any person(s) performing radiological technology procedures who are not licensed as radiologic technologists? No

Do you certify that they have been trained on the equipment?" (Not Provided)

Do you certify that they have or will have obtained continuing education as required by [K.A.R. 100-73-9](#)? (Not Provided)

Renewal Filer

Are you the licensee named upon the license? No
Joseph K Donnelly

Perjury

I hereby certify that I am the licensee named in this renewal application, and I have personally submitted all data requested in the

renewal application form. I declare under penalty of perjury that I have read the application form and my responses, and that the information I have provided is true, correct and complete to the best of my knowledge. I understand that Kansas statutes allow the State Board of Healing Arts to revoke, suspend or limit a license, or censure the licensee, or impose fine in an amount up to \$ 5,000 for any act of fraud or misrepresentation in applying for renewal of a license.

I Agree