

**EFFECTIVE AS A FINAL ORDER**

**DATE:** 3/31/2020

FILED

MAR 10 2020

AD

**BEFORE THE BOARD OF HEALING ARTS  
OF THE STATE OF KANSAS**

KS State Board of Healing Arts

**In the Matter of**

**Docket No. 20-HA00068**

**Ershad Elahi, M.D.  
Kansas License No. 04-42464**

**AMENDED SUMMARY ORDER**

NOW ON THIS 10<sup>th</sup> day of March 2020, this matter comes before Tucker L. Poling, Interim Executive Director and General Counsel, Kansas State Board of Healing Arts ("Board"), in summary proceedings pursuant to K.S.A. 77-537.

Pursuant to K.S.A 77-537 and K.S.A. 77-542, this Summary Order shall become effective as a Final Order, without further notice, if no written request for a hearing is made within 15 days of service. Upon review of the agency record and being duly advised in the premises, the following findings of fact, conclusions of law, and order are made for and on behalf of the Board:

**Findings of Fact**

1. Ershad Elahi, M.D. ("Licensee") was issued License No. 04-42464 to practice medicine and surgery on August 6, 2019. Licensee's license status is currently Active.
2. Licensee's last known mailing address to the Board is **CONFIDENTIAL**  
**CONFIDENTIAL**
3. During all times relevant to the facts set forth in this Summary Order, Licensee held an Active license to practice medicine and surgery in Kansas.
4. The factual basis for this Order is as follows:

**Amended Summary Order  
Ershad Elahi, M.D.  
Docket No. 20-HA00068**

- a. On or about May 8, 2019, Licensee submitted an application for licensure in Kansas. (Exhibit 1.)
- b. After Licensee was granted an Active license, a search of the KHCSF showed Licensee was not in compliance with the Kansas Healthcare Stabilization Fund (“KHCSF”).
- c. On September 16, 2019, and October 18, 2019, the Board requested Licensee to provide proof of compliance with the KHCSF as required by K.S.A. 40-3404. The Board included instructions on how to contact KHCSF and warned that a failure to provide proof of compliance may result in a fine or suspension of Licensee’s license to practice medicine in Kansas. (Exhibit 2 and 3.)
- d. On or about November 5, 2019, after receiving no response to the September 16, 2019, and October 18, 2019 letters, the matter was referred to the Litigation Department.
- e. On or about February 11, 2020, another search of the KHCSF showed Licensee was still not fund compliant. (Exhibit 4.)
- f. Licensee was previously out of compliance with the KHCSF since he was granted an Active license on August 6, 2019 until at least February 11, 2020, while holding an Active license to practice medicine and surgery in Kansas.
- g. Licensee provided a Certificate of Compliance show that he is now in compliance with the KHCSF from March 1, 2020 through March 1, 2021. (Exhibit 5.)

### Applicable Law

5. Under the Kansas Healing Arts Act, K.S.A. 65-2809(c),

The board, prior to renewal of a license, shall require an active licensee to submit to the board evidence satisfactory to the board that licensee is maintaining a policy of professional liability insurance as required by K.S.A. 40-3402, and amendments there to, and has paid the premium surcharges as required by K.S.A. 40-3404, and amendments thereto.

6. K.S.A. 40-3402 states:

(a) A policy of professional liability insurance approved by the commissioner and issued by an insurer duly authorized to transact business in this state in which the limit of the insurer's liability is not less than \$200,000 per claim, subject to not less than a \$600,000 annual aggregate for all claims made during the policy period, shall be maintained in effect by each resident health care provider as a condition of active licensure or other statutory authorization to render professional service as a health care provider in this state, unless such health care provider is a self-insurer. . .

(b) A nonresident health care provider shall not be licensed to actively render professional service as a health care provider in this state unless such health care provider maintains continuous coverage in effect as prescribed by subsection (a), except such coverage may be provided by a non-admitted insurer who has filed the form required by subsection (b)(1). This provision shall not apply to optometrists and pharmacists on or after July 1, 1991 nor to physical therapists on and after July 1, 1995.

(1) Every insurance company authorized to transact business in this state, that is authorized to issue professional liability insurance in any jurisdiction, shall file with the commissioner, as a condition of its continued transaction of business within this state, a form prescribed by the commissioner declaring that its professional liability insurance policies, wherever issued, shall be deemed to provide at least the insurance required by this subsection when the insured is rendering professional services as a nonresident health care provider in this state. Any nonadmitted insurer may file such a form.

(2) Every nonresident health care provider who is required to maintain basic coverage pursuant to this subsection shall pay the surcharge levied by the board of governors pursuant to subsection (a) of K.S.A. 40-3404 and amendments thereto directly to the board of governors and shall furnish to the board of governors the information required in subsection (a)(1). . .

7. K.S.A. 40-3404(b):

In the case of a resident health care provider who is not a self-insurer, the premium surcharge shall be collected in addition to the annual premium for the basic coverage by the insurer and shall not be subject to the provisions of K.S.A. 40-252, 40-955 and 40-2801 et seq., and amendments thereto. The amount of the premium surcharge shall be shown separately on the policy or an endorsement thereto and shall be specifically identified as such. Such premium surcharge shall be due and payable by the insurer to the board of governors within 30 days after the annual premium for the basic coverage is received by the insurer. Within 15 days immediately following the effective date of this act, the board of governors shall send to each insurer information necessary for their compliance with this subsection. The certificate of authority of any insurer who fails to comply with the provisions of this subsection shall be suspended pursuant to K.S.A. 40-222, and amendments thereto, until such insurer shall pay the annual premium surcharge due and payable to the board of governors. In the case of a nonresident health care provider or a self-insurer, the premium surcharge shall be paid upon submitting documentation of compliance with K.S.A. 40-3402, and amendments thereto.

8. Under K.S.A. 65-2836, a license may be revoked, suspended or limited, or the licensee may be publicly censured or placed under probationary conditions, upon a finding of the existence of any of the following grounds:

(z) The licensee has failed to pay the premium surcharges as required by K.S.A. 40-3404.

**Conclusions of Law**

9. The Board has jurisdiction over Licensee as well as the subject matter of this proceeding, and such proceeding is held in the public interest.

10. The Board finds that Licensee violated K.S.A. 65-2836(z), in that Licensee has failed to pay the premium surcharges as required by K.S.A. 40-3404.

11. Based on the facts and circumstances set forth herein, the use of summary proceedings in this matter is appropriate, in accordance with the provisions set forth in K.S.A. 77-537(a), in that

the use of summary proceedings does not violate any provision of law, and the protection of the public interest does not require the Board to give notice and opportunity to participate to persons other than Licensee.

**IT IS HEREBY ORDERED** that Licensee is assessed a **CIVIL FINE** in the amount of **\$500.00** for violations of the Kansas Healing Arts Act, due within thirty (30) days after this Order becomes a Final Order. Such fine shall be paid to the "Kansas State Board of Healing Arts," in full. All monetary payments, which shall be in the form of check or money order, relating to this Summary Order shall be mailed to the Board certified and addressed to:

Compliance Coordinator  
Kansas State Board of Healing Arts  
800 SW Jackson, Lower Level – Suite A  
Topeka, Kansas 66612  
KSBHA\_compliancecoordinator@ks.gov

**PLEASE TAKE NOTICE** that upon becoming effective as a Final Order, this document shall be deemed a public record and be reported to any reporting entities authorized to receive such disclosure.

Dated this 10<sup>th</sup> day of March 2020.

**KANSAS STATE BOARD  
OF HEALING ARTS**

  
\_\_\_\_\_  
Tucker L. Poling  
Interim Executive Director  
General Counsel

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**Amended Summary Order**  
**Ershad Elahi, M.D.**  
**Docket No. 20-HA00068**

### **FINAL ORDER NOTICE OF RIGHTS**

**PLEASE TAKE NOTICE** that this is a Final Order. A Final Order is effective upon service. A party to an agency proceeding may seek judicial review of a Final Order by filing a petition in the District Court as authorized by K.S.A. 77-601, *et seq.* Reconsideration of a Final Order is not a prerequisite to judicial review. A petition for judicial review is not timely unless filed within 30 days following service of the Final Order. A copy of any petition for judicial review must be served upon Tucker L. Poling, Interim Executive Director, Kansas Board of Healing Arts, 800 SW Jackson, Lower Level-Suite A, Topeka, KS 66612.

**CERTIFICATE OF SERVICE**

I, the undersigned, hereby certify that a true copy of the foregoing **FINAL ORDER** was served this 31<sup>st</sup> day of March 2020 by depositing the same in the United States Mail, first-class, postage prepaid, and addressed to:

Ershad Elahi, MD  
**CONFIDENTIAL**

*Licensee*

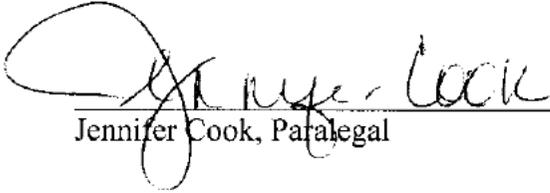
And a copy was hand-delivered to:

Meg Markey, Associate Litigation Counsel  
Kansas State Board of Healing Arts  
800 SW Jackson, Lower Level-Suite A  
Topeka, Kansas 66612

Licensing Administrator  
Kansas State Board of Healing Arts  
800 SW Jackson, Lower Level-Suite A  
Topeka, Kansas 66612

Office of the General Counsel  
Kansas State Board of Healing Arts  
800 SW Jackson, Lower Level-Suite A  
Topeka, Kansas 66612

And the original was filed with the office of the Executive Director.

  
\_\_\_\_\_  
Jennifer Cook, Paralegal

# Uniform Application for Licensure

Application ID: 278585  
 FID: 215252248

License Requested: MD  
 License Type: Permanent Medical License  
 Submitted to: Kansas State Board of Healing Arts  
 Submission Date: 05/08/2019

**Practitioner Name**

Elahi, Ershad

**Contact Information**

**Address**

Public Access	Board Contact	Type	Address
No	Yes	Home	CONFIDENTIAL
Yes	No	Business	1812 Front St Scotch Plains, NJ 07076 UNITED STATES

**Phone**

Public Access	Board Contact	Type	Phone Number	Phone Extension
Yes	No	Business	(718) 963-8867	
No	Yes	Mobile	CONFIDENTIAL	

**Email**

Public Access	Board Contact	Email
No	Yes	CONFIDENTIAL
Yes	No	ershad.elahi@stationmd.com

**Identification**

USMLE Number	SSN	Birth Date	Birth Place	Gender	NPI	Practitioner Type	US Citizen
	CONFIDENTIAL		Boonton, NJ UNITED STATES	M	1578726063	MD	Yes

**Medical School**

Medical School Name	Address	Start Date	End Date	Graduation Date	Degree Code
Rutgers New Jersey Medical School	185 South Drange Avenue Newark, NJ 071032714 UNITED STATES	07/01/2004	06/30/2008	06/30/2008	MO

**Fifth Pathway**

None Reported

**ECFMG**

Certificate Number	Issue Date
None Reported	

Applicant Name: Elahi, Ershad  
 Application ID: 278585



**Postgraduate Training**

**Hospital Name:** New York University School of Medicine Program Code: ACGME 1103521092  
 New York, NY UNITED STATES

**Attendance Dates:**

**Institution:** New York University School of Medicine **Start Date:** 07/01/2008

**Training Specialty:** Emergency Medicine **End Date:** 06/30/2012

**Program Type:** Residency

**Training Status:** Completed

**Clinical %:** 100 **Administrative %:** 0

**Examination History**

Exam	State	Exam Date	Pass/Fail	Number of Attempts
USMLE Step 1 Examination		05/23/2006	Pass	1
USMLE Step 2 CS Examination		09/19/2007	Pass	1
USMLE Step 2 CK Examination		10/20/2007	Pass	1
USMLE Step 3 Examination		10/20/2009	Pass	1

**State Licensure History**

**MD, DO, PA License History**

License Entity	Licensing State	License Number	Issue Date	Expiration Date	License Type	License Status
New York State Board for Medicine	NY	257292	06/15/2010	05/31/2021	Full	Active
New Jersey State Board of Medical Examiners	NJ	25MA10412500	07/23/2018	06/30/2019	Full	Active
State Medical Board of Ohio	DH	35.135279	12/12/2018	01/01/2021	Full	Active

**Physician Reported License History**

Practitioner License Type	Licensing State	License Number	Issue Date	Expiration Date	Type	License Status
None Reported						

**Chronology of Activity Type**

<b>Practice/Emp/ Desc:</b>	<b>Rutgers New Jersey Medical School</b>	<b>Chronology Type:</b>	Medical Education
<b>Address:</b>	Newark, NJ US	<b>Attendance Dates:</b>	
<b>Position/Dept:</b>		<b>Start Date:</b>	07/01/2004
		<b>End Date:</b>	06/30/2008
<b>Clinical %:</b>			
<b>Admin %:</b>			
<b>Employment:</b>		<b>Staff Privileges:</b>	
<b>Affiliation:</b>			
<b>Practice/Emp/ Desc:</b>	<b>New York University School of Medicine Program</b>	<b>Chronology Type:</b>	Accredited Training
<b>Address:</b>	New York, NY US	<b>Attendance Dates:</b>	
<b>Position/Dept:</b>		<b>Start Date:</b>	07/01/2008
		<b>End Date:</b>	06/30/2012
<b>Clinical %:</b>	100		
<b>Admin %:</b>	0		
<b>Employment:</b>		<b>Staff Privileges:</b>	
<b>Affiliation:</b>			
<b>Practice/Emp/ Desc:</b>	<b>SUNY Downstate</b>	<b>Chronology Type:</b>	Work
<b>Address:</b>	450 clarkson avenue Brooklyn, NY 11203 US	<b>Attendance Dates:</b>	
<b>Position/Dept:</b>	Fellow Emergency Ultrasound - Emergency Department	<b>Start Date:</b>	07/01/2012
		<b>End Date:</b>	07/01/2013
<b>Clinical %:</b>	50		
<b>Admin %:</b>	50		
<b>Employment:</b>	●	<b>Staff Privileges:</b>	●
<b>Affiliation:</b>			●
<b>Practice/Emp/ Desc:</b>	<b>Woodhull Medical Center</b>	<b>Chronology Type:</b>	Work
<b>Address:</b>	760 Broadway Brooklyn, NY 11206 US	<b>Attendance Dates:</b>	
<b>Position/Dept:</b>	Attending - Emergency Department	<b>Start Date:</b>	07/01/2013
		<b>End Date:</b>	In Progress
<b>Clinical %:</b>	50		
<b>Admin %:</b>	50		
<b>Employment:</b>	●	<b>Staff Privileges:</b>	●
<b>Affiliation:</b>			●

**Malpractice**

**Patient Name:** **CONFIDENTIAL**

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<b>State Incident Occurred:</b>	NY	<b>Court:</b>	New York
<b>Case Number:</b>		<b>Insurance Carrier:</b>	NYC health and hospital
<b>Case Status:</b>	Open (Pending)	<b>Date of Event:</b>	09/13/2013
<b>Judgement/Settlement Amount:</b>		<b>Amount Paid:</b>	
<b>What is/was your status?</b>	Co-defendant	<b>Date of Lawsuit:</b>	12/04/2013

**Provide specifics in reference to the event including the allegations and your role:**

**CONFIDENTIAL**

Kansas State Board of Healing Arts  
800 SW Jackson, Lower Level-Suite A  
Topeka, KS 66612



phone: 785-296-7413  
fax: 785-368-7102  
Email: KSBHA\_healingarts@ks.gov  
www.ksbha.org

Kathleen Selzler Lippert, Executive Director

Laura Kelly, Governor

September 16, 2019

1427237  
Ershad Elahi, MD  
CONFIDENTIAL

**RE: Professional Liability Insurance & Kansas Health Care Stabilization Fund Audit; 04-42464**

Dear Dr. Elahi:

Under the Kansas State Board of Healing Arts ("Board") audit process, you have been selected to provide proof of your professional liability insurance and Kansas Health Care Stabilization Fund ("KHCSF") compliance for your most recent renewal period.

In Kansas, if you have an Active license, you are required to maintain professional liability insurance of not less than \$200,000 per claim, and not less than \$600,000 annual aggregate for all claims made during the policy period. See K.S.A. 40-3402(a)-(b); K.S.A. 65-2809(c). Additionally, you are required to maintain compliance with the KHCSF by paying the annual surcharge. See K.S.A. 40-3402; K.S.A. 40-3404; and K.S.A. 65-2809(c).

According to the Board's records, you most recently renewed your license for the period of August 1, 2019, through July 31, 2010. On that renewal, you agreed to maintain and produce proof of professional liability insurance and KHCSF compliance upon request. See generally K.S.A. 65-2809(c).

Please provide proof of your: (1) professional liability insurance; and (2) KHCSF compliance for the period for which you renewed your license, on or before **October 16, 2019**. Failure to produce this requested information may result in disciplinary action against your license, including but not limited to, a fine, a public censure, and/or **SUSPENSION** of your license. Submit all proof via email to KSBHA\_Licensing@ks.gov.

To effectuate submission of evidence of KHCSF compliance to the Board, you must contact the KHCSF and obtain a certification that you have paid the annual premium charges. You must then submit a copy of the certification to the Board. Please keep in mind, if you are a non-resident, you must also submit a non-resident form to the KHCSF.

If you have questions about submitting forms to or compliance with the KHCSF, you can contact the KHCSF by mail, telephone, or email at the following:

BOARD MEMBERS: STEVEN J. GOULD, PRESIDENT, CHENEY JOHN F. SETTICH, PH.D., PUBLIC MEMBER, VICE PRESIDENT, ATCHISON MARK BALDERSTON, DC, SHAWNEE  
R. JERRY DEGRADO, DC, WICHITA ROBIN D. DURRETT, DO, GREAT BEND THOMAS ESTEP, MD, WICHITA ANNE HODGSON, PUBLIC MEMBER, LENEXA  
JOEL R. HUTCHINS, MD, HOLTON STEVE KELLY, PUBLIC MEMBER, NEWTON DAVID LAHA, DPM, OVERLAND PARK DOUGLAS J. MILFELD, MD, WICHITA  
GAROLD O. MINNS, MD, BELAIRE KIMBERLY J. TEMPLETON, N.D., LEAWOOD RONALD M. VARNER, DO, EL DORADO

TTY (HEARING IMPAIRED) 711 OR 1.800.766.3777 VOICE/TTY E-MAIL: KSBHA\_HEALINGARTS@KS.GOV



Kansas Health Care Stabilization Fund  
300 SW 8<sup>th</sup> Ave, 2<sup>nd</sup> FL  
Topeka, KS 66603  
(785) 291-3777  
www.hcsf.org

All the KHCSF's forms are available at: <https://hcsf.kansas.gov/forms/>

If you currently hold an Active license in Kansas, but do not actively practice in Kansas, you may want to consider changing your license status to either Exempt or Inactive. To change your license status, please submit an Application for Change of Designation/Type.

All correspondence regarding your professional liability insurance and KHCSF compliance audit must be directed to: KSBHA\_Licensing@ks.gov, or via mail:

Kansas State Board of Healing Arts  
Attn: MD Audit  
800 SW Jackson, Lower Level – Suite A  
Topeka, KS 66612

Sincerely,

*Rebekah Moon*

Licensing Administrator  
Kansas State Board of Healing Arts  
800 SW Jackson, Lower Level – Suite A  
Topeka, Kansas 66612

BOARD MEMBERS: STEVEN J. GOULD, PRESIDENT, CHENEY JOHN F. SETTICH, PH.D., PUBLIC MEMBER, VICE PRESIDENT, ATORSON MARK BALDERSTON, DC, SHAWNEE  
R. JERRY DEGRADO, DC, WICHITA ROBIN D. DURRETT, DO, GREAT BEND THOMAS ESTEP, MD, WICHITA ANNE HODGDON, PUBLIC MEMBER, LENEXA  
JOEL R. HUTCHINS, MD, HOLTON STEVE KELLY, PUBLIC MEMBER, NEWTON DAVID LAHA, DPM, OVERLAND PARK DOUGLAS J. MUFELD, MD, WICHITA  
GAROLD O. MINNS, MD, BELAIRE KIMBERLY J. TEMPLETON, MD, LEAWOOD RONALD M. VARNER, DO, EL DORADO

TTY (HEARING IMPAIRED) 711 OR 1.800.768.3777 VOICE/TTY E-MAIL: KSBHA\_HEALINGARTS@KS.GOV

Kansas State Board of Healing Arts  
800 SW Jackson, Lower Level-Suite A  
Topeka, KS 66612  
Tucker Poling, Interim Executive  
Director



PHONE: 785-296-7413  
FAX: 785-296-0852  
KSBHA\_Licensing@ks.gov  
www.ksbha.org  
Laura Kelly, Governor

October 18, 2019

**Final Notice**

1427237  
Ershad Elahi, MD  
**CONFIDENTIAL**

**RE: Professional Liability Insurance & Kansas Health Care Stabilization Fund Audit; Final Notice; 04-42464**

Dear Dr. Ershad Elahi:

This letter serves as your final notice for your audit. You were previously sent a letter on September 16, 2019.

The Kansas State Board of Healing Arts ("Board") is contacting you as part of the audit process. You have been selected to provide proof of your professional liability insurance and Kansas Health Care Stabilization Fund ("HCSF") compliance for your most recent renewal period (August 1, 2019 - July 31, 2020).

In Kansas, if you have an Active license, you are required to maintain professional liability insurance of not less than \$200,000 per claim, and not less than \$600,000 annual aggregate for all claims made during the policy period and required to maintain compliance with the HCSF (the HCSF provides supplemental professional liability coverage for health care providers affected by the Fund law). See K.S.A. 40-3402(a)-(b); K.S.A. 40-3404; K.S.A. 65-2809(c).

Please provide proof of your: (1) professional liability insurance; and (2) HCSF compliance for the period for which you renewed your license (August 1, 2019 - July 31, 2020), on or before **November 1, 2019**. Failure to produce this requested information may result in disciplinary action against your license, including but not limited to, a fine, a public censure, and/or **SUSPENSION** of your license. Submit all proof via email to [KSBHA\\_Licensing@ks.gov](mailto:KSBHA_Licensing@ks.gov).

If you are unable to provide a Certificate of Compliance from HCSF, please contact HCSF through the contact information described below. Please remember, once you have obtained your Certificate of Compliance from HCSF, you must then submit a copy of the certification to the Board. Additionally, if you have questions regarding past expired coverage periods, please contact HCSF.

Kansas Health Care Stabilization Fund  
300 SW 8<sup>th</sup> Ave, 2<sup>nd</sup> Floor  
Topeka, KS 66603  
Phone: (785) 291-3777  
Fax: (785) 291-3550  
Email: [hcsf@ks.gov](mailto:hcsf@ks.gov)

**Error! Hyperlink reference not valid.** <https://hcsf.kansas.gov>

If you currently hold an Active license in Kansas, but do not actively practice in Kansas, you may want to consider changing your license status to either Exempt or Inactive. To change your license status, please submit an Application for Change of Designation/Type to the Board.

Kansas State Board of Healing Arts  
Attn: MD Audit  
800 SW Jackson, Lower Level - Suite A



Topeka, KS 66612  
Phone: (785) 296-0934  
Fax: (785) 296-0852  
Email: [KSBHA\\_Licensing@ks.gov](mailto:KSBHA_Licensing@ks.gov)

Sincerely,

*Rebekah Moon*

Licensing Administrator  
Kansas State Board of Healing Arts  
800 SW Jackson, Lower Level – Suite A  
Topeka, Kansas 66612

**Board Members:**

Steven J. Gould, DC, President  
Chesney  
R. Jerry DeGrado, DC  
Wichita  
Anne Hodgson, Public Member  
Lawrence  
David Laine, DPM  
Overland Park  
Kimberly J. Templeton, MD  
Leawood

John F. Setlich, Ph.D., Public Member, Vice President  
Atchison  
Robin D. Durrett, DO  
Great Bend  
Joel R. Hutchins, MD  
Horton  
Douglas J. Miffield, MD  
Wichita  
Ronald M. Verner, DO  
Augusta

Mark Balderson, DC  
Shawnee  
Tom Estep, MD  
Wichita  
Steve Kelly, Public Member  
Newton  
Gerald O. Minna, MD  
Bel Aire

TTY (Hearing Impaired) 711 or 1.800.766.3777 voice/TTY – e-mail: [KSBHA\\_healingarts@ks.gov](mailto:KSBHA_healingarts@ks.gov)

**Workman, Hester [BOHA]**

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**From:** Anderson, Lorie [HCSF]  
**Sent:** Tuesday, February 11, 2020 4:29 PM  
**To:** Workman, Hester [BOHA]  
**Cc:** Markey, Meg [BOHA]  
**Subject:** RE: Compliance verification update  
**Attachments:** HCSF compliance history (3).pdf

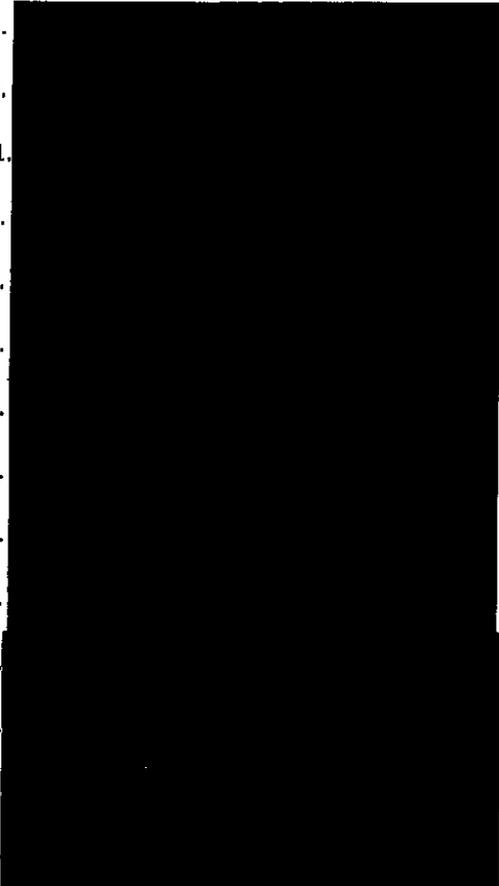
Hester,

Thank you for submitting each providers license number. That is very helpful. I have attached the compliance histories of those providers we show a compliance record for. There are eleven we have no compliance history.

1. [REDACTED] No compliance record
2. [REDACTED]
3. [REDACTED]
4. [REDACTED]
5. [REDACTED] No compliance record
6. [REDACTED] No compliance record
7. Ershad Elahi, M.D. 04-42464 No compliance record
8. [REDACTED] No compliance record
9. [REDACTED]
10. [REDACTED]
11. [REDACTED]
12. [REDACTED] No compliance record
13. [REDACTED]
14. [REDACTED] No compliance record
15. [REDACTED]
16. [REDACTED]
17. [REDACTED]
18. [REDACTED] No compliance record



19.  
20.  
21.  
22.  
23.  
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31.  
32.



No compliance record

No compliance record

No compliance record

Thank you,  
Lorie

Lorie Anderson  
Director of Compliance  
Kansas Health Care Stabilization Fund  
300 SW 8th Avenue, 2nd Flr  
Topeka, Kansas 66603-3912  
785.291.3475  
785.291.3550 Fax  
Lorie.Anderson@ks.gov





# Health Care Stabilization Fund

300 S.W. 8th Avenue, Second Floor  
Topeka, Kansas 66603-3912

hcsf@ks.gov  
785-291-3777

## CERTIFICATION OF COMPLIANCE

### PROVIDER INFORMATION

Name ELAHI, ERSHAD  
Title MD KS License 04-42464

HCSF Level \$100,000/\$300,000

### POLICY INFORMATION:

Insurance Co. LLOYDS OF LONDON  
Policy **CONFIDENTIAL**  
Type Occurrence basic coverage

Effective Date 3/1/2020

Expiration 3/1/2021

Confirmed By Mary Ellen Kilgore  
Title Compliance Auditor II  
E-Mail MaryEllen.Kilgore@ks.gov  
Dated 3/4/2020

