EFFECTIVE AS A FINAL ORDER

DATE: 8.25.20

FILED
AUG 05 2020
KS State Board of Healing Arts

BEFORE THE BOARD OF HEALING ARTS OF THE STATE OF KANSAS

In the Matter of **Kiran N. Patel, M.D.** **Kansas License No. 04-39893**	**Docket No. 21-HA**00007

SUMMARY ORDER

NOW ON THIS 5th day of August 2020, this matter comes before Tucker L. Poling, Acting Executive Director, 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. Kiran N. Patel, M.D. ("Licensee") was issued License No. 04-39893 to practice medicine and surgery on April 25, 2017. On or about December 13, 2019, Licensee's license status became Inactive.

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:

a. On or about July 2, 2019, Licensee renewed his license online as Active. Licensee's renewal application stated that "As a condition of providing professional services in Kansas, whether or not physically located in Kansas, each person with an active license must pay the annual surcharge to the Kansas Health Care Stabilization Fund (KHCSF)." (emphasis in original). Licensee was asked "Have you paid the annual surcharge to the KHCSF?" to which he answered "No." (Exhibit 1.)

b. After renewing his license, a search of the KHCSF showed Licensee was not in compliance.

c. On September 16, 2019, and October 18, 2019, the Board requested Licensee to provide proof of compliance with the Kansas Health Care Stabilization Fund ("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 8, 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 November 25, 2019, Licensee submitted an Application for Change of Designation/Type to change his license status to Inactive, which went into effect December 13, 2020. (Exhibit 4.)

f. Licensee was previously out of compliance with the KHCSF since on or about February 1, 2019 until at least December 13, 2019, while holding an Active license to practice medicine and surgery in Kansas. (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 states:

> (a) Except for any health care provider whose participation in the fund has been terminated pursuant to subsection (i) of K.S.A. 40-3403, and amendments thereto, the board of governors shall levy an annual premium surcharge on each health care provider who has obtained basic coverage and upon each self-insurer for each year.
>
> (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 a **PUBLIC CENSURE** shall be issued against Licensee, and that Licensee is assessed a **CIVIL FINE** in the amount of one thousand dollars (**$1,000.00**) 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 5th **day of** August **2020.**

KANSAS STATE BOARD
OF HEALING ARTS

Tucker L. Poling
Acting Executive Director

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, Acting 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 25th day of August 2020 by depositing the same in the United States Mail, first-class, postage prepaid, and addressed to:

Kiran Patel, M.D.
CONFIDENTIAL

Licensee

And a copy was hand-delivered to:

Tammie L. Mundil
Deputy Litigation Counsel
Meg D. Markey
Associate Litigation Counsel
Kansas State Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, Kansas 66612

Compliance Coordinator
Kansas State Board of Healing A11s
800 SW Jackson, Lower Level - Suite A
Topeka, Kansas 66612

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

Staff signature

KSBOHA Online Renewal Application

Date Created:	Tuesday, July 02, 2019
Name:	Kiran Navin Patel

License Information

License Number:	04-39893
License Type:	Medical Doctor (MD)
Status Before Renewal:	Active
Status After Renewal:	Active
Status Change Date:	
Birth Date:	CONFIDENTIAL
Gender:	M
Citizenship Status:	U.S. Citizen
Ethnicity:	

Address Information:

Use Primary Business Address for mailing: Y

Residence Address:
Line 1: CONFIDENTIAL
Line 2:
City, State, Zip
Country:*
Phone:
Email:*

Primary Busin
Line 1:
Line 2:
City, State, Zip
Country:*
Phone:
Email:*

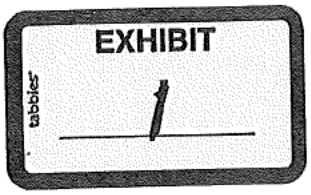
Insurance Information:

Locums doctor ins. PRN Add

Policy Number: 00000 Malpractice Insurance
Insurance Issue Date: 7/1/2019
Insurance Exp Date: 7/31/2020

Exempt - Professional Activities

Professional activity	Description



Applicant Questions

Retirement

Planning to retire within 5 years?
N

Dispensing

Dispense Pharmaceuticals
N

Malpractice Screening Panel

I am willing to serve on a Screening Panel
N

No Practice Address

I certify that I do NOT practice in Kansas:
N

Expert Witness

I am willing to serve as an expert for the Board
N

Supervise Non-Licensed Rad Techs

I supervise non-licensed rad techs	I certify that they are trained on the equipment	I certify that they have/will obtain continuing ed
N	N	N

Board Certifications

Certifying Board	Other Board
ABFM-American Board of Family Medicine	

Kansas Hospital Privileges

Hospital\Surgery Center	Other Hospital

DEA Number

DEA Number
BP8454720
FP8114439

Identify all other authorities that have ever licensed you to practice.

Other State Licenses Ever Held

Other State	Date Issued
FL	
AL	
NC	
NM	
WV	

National Provider Identifier

NPI Number	I do not currently have a NPI #:
1255334959	

Language

English	Spanish	ASL (American Sign Language)	Other Languages
Y	N	N	

Disaster Relief

Please do not include me in the registry	Within My County	Within 75 Miles	Anywhere in Kansas	Outside the State of Kansas
Y	N	N	N	N

CE Year

Education Year
2018

Question Responses

Continuing Education Questions Does your **"Education Year"** listed above indicate that you do not have continuing education hours due at this time?	N
Do you have at least **50 total hours** of continuing education with a minimum of 20 Category I & a maximum of 30 Category II from 01-01-2018 through 06-30-2019?	Y
Do you have at least **100 total hours** of continuing education with a minimum of 40 Category I & a maximum of 60 Category II from 01-01-2017 through 06-30-2019?	Y
Do you have at least **150 total hours** of continuing education with a minimum of 60 Category I & a maximum of 90 Category II from 01-01-2016 through 06-30-2019?	Y
Continuing Education Audit Question The Board will verify compliance with continuing education requirements in an undetermined percentage of renewal applications. This verification will involve an audit of records maintained by the licensee. You must maintain your continuing education records for a three year period in a manner that allows them to be readily produced. Do you understand the audit process?	Y
Gratuitous Professional Services Have you entered into an agreement with the Kansas Secretary of Health and Environment to gratuitously provide professional services to medically indigent persons or to conduct a children's immunization program administered by the Kansas Secretary of Health and Environment?	N
Have you gratuitously provided any professional services at a local health department or indigent healthcare clinic to a medically indigent person or a person receiving medical assistance from the programs operated by the department of health and environment?	N
If you answered in the affirmative to either of the preceding questions, how many hours of gratuitous services to medically indigent persons have you provided within the preceding licensure period? If you answered "No" above, enter "NA".	NA
How many hours of continuing education credit (by the performance of two hours of gratuitous professional services to medically indigent persons per hour claimed), up to a maximum of twenty (20) hours of continuing education credit, are you claiming for this licensure period? If you answered "No" above, enter "NA".	NA
KHCSF Compliance As a condition of providing professional services in Kansas, whether or not physically located in Kansas, each person with an active license must pay the annual surcharge to the Kansas Health Care Stabilization Fund (KHCSF). Have you paid the annual surcharge to the KHCSF?	N
KTRACS Are you enrolled in the Prescription Drug Monitoring Program (K-TRACS)? (see www.kansas.gov/pharmacy)	N
I know what K-TRACS is.	N
I am unsure of how to enroll in K-TRACS.	Y
K-TRACS is clinically useful for me.	N
K-TRACS is cumbersome to use.	N
I prescribe/dispense controlled substances.	N
Office Based Surgery In Kansas, have you since your last renewal, performed procedures in your office that require sedation, including IV sedation of any kind: inhaled agents; parenteral, regional, spinal, epidural or general anesthesia. ("Office" as used here does not include a hospital based practice. Also excluded are minor procedures that can be performed safely and comfortably with any one or combination of the following: a low dose oral sedative that does not affect the patient's level of consciousness; local; topical; or no anesthesia.)	N
Office Based Surgery Practice Location: **If you answered "Yes"** to the above question, enter the location here or **if you answered "No"** above enter "NA".	NA
Accrediting Entity Name: **If you answered "Yes"** to the above question, enter the entity name here. If your office is not accredited or **if you answered "No"** above, enter "NA". Appropriate names are as follows: • Accreditation Association for Ambulatory Health Care, Inc. • American Association for Accreditation of Ambulatory Surgery Facilities, Inc. • Institute for Medical Quality • Joint Commission on Accreditation of Healthcare Organizations • NA	NA
Certification\Accreditation Number: **If you answered "Yes"** to the above question, enter the Certification\Accreditation number here. If your office is not accredited or **if you**	NA

A. In the past 12 months have you been and/or continued to be a defendant or has any judgment, award or settlement been paid on your behalf as a result of a professional liability claim/lawsuit?	N
B. In the past 12 months have you been arrested, charged with or convicted of any felony, misdemeanor or the military equivalent? This includes a diversion or plea to a felony, misdemeanor or the military equivalent.	N
C. In the past 12 months has any disciplinary action been initiated or taken against you by any state or government agency, or have you been denied a license, had any adverse action taken on your license, surrendered or consented to limitation of your license to practice in any state or country?	N
D. In the past 12 months have any privileges related to your profession as a health care provider been suspended, restricted, limited or voluntarily surrendered or has any peer review or professional association initiated or taken any action against you?	CONFIDENTIAL
E. In the past 12 months have you suffered from any impairment which might affect your ability to safely practice, been referred to and/or participated in a program for impaired providers?	
F. In the past 12 months have you been the subject of any investigation, including in Kansas, regarding allegations, complaints, or charges by any state licensing agency or other government agency?	N
Voluntary Supplemental Public Statement Pursuant to K.S.A. 65-28, 131, on and after July 1, 2010, the board shall make available on a searchable website which shall be accessible by the public, the following information regarding licensees: (1) The licensee's full name, business address, telephone number, license number, type, status and expiration date; (2) the licensee's practice specialty, if any, and board certifications, if any; (3) any public disciplinary action taken against the licensee by the board or by the licensing agency of any state or other country in which the licensee is currently licensed or has been licensed in the past; (4) any involuntary limitation, denial, revocation or suspension of the licensee's staff membership or clinical privileges at any hospital or other health care facility, and the name of the hospital or facility, the date the action was taken, a description of the action, including any terms and conditions of the action and whether the licensee has fulfilled the conditions of the action; (5) any involuntary surrender of the licensee's drug enforcement administration registration; and; (6) any final criminal conviction or plea arrangement resulting from the commission or alleged commission of a felony in any state or country. At the time of licensure or renewal, a licensee may add a statement to such licensee's profile as it appears on the website created herein. Such statement may provide further explanation of any disciplinary information contained in your profile. **This statement must be received by the Board within 30 days after your license cancellation date.** **Do you wish to add a statement to further explain any disciplinary information in your public profile?**	N
Renewer Please Enter the **Full Name** of person completing this renewal.	Kiran Patel

Attestation

Pursuant to K.S.A. 65-28,131, information provided herein may be deemed public and posted on our Website. Failure to furnish the Board any information legally requested by the Board may be deemed unprofessional conduct and may be the basis for disciplinary action.

Pursuant to K.S.A. 65-28,126, Licensees are required to notify the Kansas State Board of Healing Arts in writing within 30 days of any changes in the licensee's mailing and practice adresses. I certify, under penalty of perjury, that by clicking the "Pay Fees" button I am the person named in this request or have been authorized by that person, and 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 a fine in an amount up to $5,000 for any act of fraud or misrepresentation in applying for renewal of a license.

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

State Board of Healing Arts

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

1401692
Kiran Navin Patel, MD
CONFIDENTIAL

RE: Professional Liability Insurance & Kansas Health Care Stabilization Fund Audit; 04-39893

Dear Dr. Patel:

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).

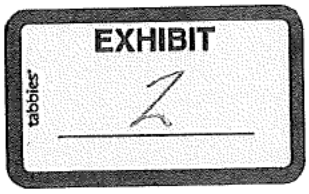
According to the Board's records, you most recently renewed your license for the period of August 1, 2019, through July 31, 2010. On that renewal, you agreed to maintain and produce proof of professional liability insurance and KHCSF compliance upon request. *See generally* K.S.A. 65-2809(c).

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 KHSCF 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 HODGDON, 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, BEL AIRE • KIMBERLY J. TEMPLETON, MD, LEAWOOD • RONALD M. VARNER, DO, EL DORADO



Kansas Health Care Stabilization Fund
300 SW 8th Ave, 2nd 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, ATCHISON • MARK BALDERSTON, DC, SHAWNEE
R. JERRY DEGRADO, DC, WICHITA • ROBIN D. DURRETT, DO, GREAT BEND • THOMAS ESTEP, MD, WICHITA • ANNE HODGDON, PUBLIC MEMBER, LENEXA
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GAROLD O. MINNS, MD, BEL AIRE • KIMBERLY J. TEMPLETON, MD, LEAWOOD • RONALD M. VARNER, DO, EL DORADO

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

1401692
Kiran Navin Patel, MD
CONFIDENTIAL

RE: Professional Liability Insurance & Kansas Health Care Stabilization Fund Audit; Final Notice; 04-39893

Dear Dr. Kiran Navin Patel:

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).

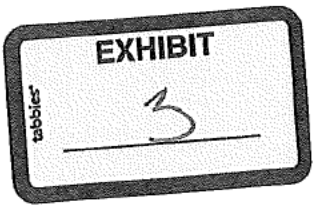
Please provide proof of your: (1) professional liability insurance; and (2) HCSF compliance for the period for which you renewed your license (August 1, 2019 - July 31, 2020), on or before **November 1, 2019**. Failure to produce this requested information may result in disciplinary action against your 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.

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 8th Ave, 2nd Floor
Topeka, KS 66603
Phone: (785) 291-3777
Fax: (785) 291-3550
Email: 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

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
Cheney
R. Jerry DeGrado, DC
Wichita
Anne Hodgdon, Public Member
Lenexa
David Laha, DPM
Overland Park
Kimberly J. Templeton, MD
Leawood

John F. Settich, Ph.D., Public Member, Vice President
Atchison
Robin D. Durrett, DO
Great Bend
Joel R. Hutchins, MD
Holton
Douglas J. Milfeld, MD
Wichita
Ronald M. Varner, DO
Augusta

Mark Balderston, DC
Shawnee
Tom Estep, MD
Wichita
Steve Kelly, Public Member
Newton
Garold O. Minns, MD
Bel Aire

Received KSBHA – Licensing

APPLICATION FOR CHANGE OF DESIGNATION/TYPE

Please enter required information, sign and date on the bottom of page 2.
E-mail form with required documentation and credit card form to
KSBHA_Licensing@ks.gov

License No. 04 - 39893 ☒ Medicine & Surgery ☐ Chiropractic ☐ Osteopathic ☐ Podiatry

Current Type: ☒ Active ☐ Federal Active ☐ Military ☐ Exempt ☐ Inactive

Name: Kiran (First) Navin (Middle) Patel (Last)

CONFIDENTIAL

Home Address:

Home Telephone

Business Address

Business Telepho

Preferred Mailing Address: ☒ Home ☐ Business

EFFECTIVE 11 / 30 / 2019 The effective date **CANNOT be a retroactive date** and must be a date in the future from the date the Board receives your request.

I request a license type change to:(check the license type below)

Please select only **ONE** type.

☐ **Active:** A license issued to a person engaged in the practice of medicine and surgery, osteopathic medicine and surgery, chiropractic or podiatry. Individuals must maintain and submit evidence of satisfactory completion of a program of continuing education and are required to have professional liability insurance in compliance with Kansas law. Each active license may be renewed annually.

1. List in chronological order all professional activities since your license was last Active or initially issued if the license was never Active (use additional pages if necessary):

From:MO/YR To:MO/YR	Complete Address	Position Held

2. If rendering any professional services in Kansas, you are required by law to maintain professional liability insurance of not less than $200,000 per claim, $600,000 annual aggregate, and participate in the Kansas Health Care Stabilization Fund (KHCSF). You must provide proof that your professional liability insurance is in compliance. Proof of insurance may be a notice of coverage, certificate of insurance or notification of insurance binder from your agent. Non-residents must submit a copy of their non-resident certificate form. If you have any questions about participation with KHCSF call please (785) 291-3777.

3. If your continuing education is not current, proof of your continuing education hours must be included with your application. You may verify your continuing education year by reviewing your wallet card or visiting our website www.ksbha.org,

4. Since the last renewal date of your Kansas license, have you:

☐ Yes ☐ No had an adverse judgment, award, or settlement resulting from a professional liability claim?
☐ Yes ☐ No had a disciplinary action taken or initiated against you by a state licensing agency or surrendered or consented to limitation of your license to practice in any state?
☐ Yes ☐ No had any hospital privileges suspended?
☐ Yes ☐ No been found guilty or pled no contest to a felony or Class A misdemeanor?

Attach documentation and an explanation if your answer is "yes" to any of the above questions.

Received KSBHA – Licensing

☐ **Federal Active:** A license issued to only a person who meets all the requirements for a license to practice the healing arts in Kansas and who practices that branch of the healing arts solely in the course of employment or active duty in the United States government or any of its departments, bureaus or agencies or who, in addition to such employment or assignment, provides professional services as a charitable health care provider as defined under K.S.A. 75-6102. Continuing education, expiration, and renewal of a license shall be applicable to a federally active license. A person who practices under a federally active license shall not be deemed to be rendering professional service as a health care provider in this state and is not required to have policy of professional liability coverage in effect.

1. Location of Federal Employment: _____
Name of Employer Street City State Zip

2. If your continuing education is not current, proof of your continuing education hours must be included with your application. You may verify your continuing education year by reviewing your wallet card or visiting our website www.ksbha.org.

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From:MO/YR To:MO/YR	Complete Address	Position Held

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☐ Yes ☐ No had a disciplinary action taken or initiated against you by a state licensing agency or surrendered or consented to limitation of your license to practice in any state?
☐ Yes ☐ No had any hospital privileges suspended?
☐ Yes ☐ No been found guilty or pled no contest to a felony or Class A misdemeanor?

Attach documentation and an explanation if your answer is "yes" to <u>any</u> of the above questions.

☐ **Exempt:** A license issued to a person who is not regularly engaged in the practice of the healing arts or podiatry in Kansas and who does not hold oneself out to the public as being professionally engaged in such practice. Each exempt license may be renewed annually. The holder of an exempt license is entitled to all the privileges of their branch of the healing arts and (1) may serve as a coroner or as a paid employee of a local health department as defined by K.S.A. 65-241; or (2) practice as a charitable health care provider for an indigent health care clinic as defined by K.S.A. 75-6102. Additionally, the holder of an exempt license may perform administrative functions. The holder of an exempt license shall not be required to submit evidence of satisfactory completion of a program of continuing education nor are they required to have basic coverage or self-insurance in effect.

I intend to engage in the following professional activities in Kansas:

☐ Consultant ☐ Charitable Health Care Provider ☐ Administration
☐ Treatment of Family and Friends with No Compensation ☐ Coroner/Deputy Coroner ☐ None
☐ Other:

☐ **I acknowledge by marking the check box, with an exempt license I will not be a health care provider as defined by K.S.A. 40-3401, that I am not required to maintain professional liability insurance in accordance with K.S.A. 40-3401 and that services I render while a holder of an exempt license will not be insured or covered by the Health Care Stabilization Fund.**

☒ **Inactive:** A license issued to a person who is not regularly engaged in the practice of the healing arts in Kansas and who does not hold oneself out to the public as being professionally engaged in such practice. An inactive license shall not entitle the holder to practice the healing arts in this state. Each inactive license may be renewed annually. The holder of an inactive license shall not be required to submit evidence of satisfactory completion of a program of continuing education and is not required to have basic coverage or self-insurance in effect solely because such person is no longer engaged in rendering professional service as a health care provider.

Fees: Please complete the credit card authorization form or make your check payable to Kansas State Board of Healing Arts.

Current Type of	
	Active or Federal Active changing to any type: No Fee
	Military changing to Active or Federal Active: $330
	Military changing to Exempt or Inactive: $150
	Exempt or Inactive changing to Exempt or Inactive: No Fee
	Exempt or Inactive changing to Active or Federal Active: $175

I certify under penalty of perjury under the laws of the State of Kansas that the information provided on this form, including supporting documentation is true and correct and that I am licensed to practice in the State of Kansas.

Signature _____ Date 11/25/2019

Kelly, Helen [BOHA]

From: postmaster@ksbhe.ks.gov
Sent: Monday, November 25, 2019 4:15 PM
To: KSBHA_Licensing_Fax
Subject: From "3346157241 "(Fax Message NO.6123)
Attachments: 20191125161434097.pdf

This E-mail was sent from "RNP002673E7A158" (MP C6004ex).

Queries to: postmaster@ksbhe.ks.gov

TYPE CHANGE WORKSHEET-HEALING ARTS

Name: Kiran Navin Patel Date received in Licensing: 11/25/2019

License # 04-39893 Applicant ID# 1401692 Date Reviewed: 11/26/2019 by: CYJ

Date of Last Document 11/25/2019 Date Sent to FR 12/02/2019 by: CYJ

☐ Application Fee Paid Receipt #_____ Check ☐ Credit Card ☐

Profession: ☑ MD ☐ DO ☐ DC ☐ DPM

Current License Type : ☑ Active ☐ Federal Active ☐ Exempt ☐ Inactive

Future License Type : ☐ Active ☐ Federal Active ☐ Exempt ☑ Inactive

Requested Effective Date 11/30/2019

Last Active Practice Date: _____ ☐ AUDIT 20___

Date of Last Change: 11/08/2018

☑ Application

☐ Professional Activities

☐ Disciplinary Questions

☐ Legal Documents

☐ Insurance

☐ HCSF

☐ CME

Missing Requirements/Additional Information:

Received KSBHA – Licensing

APPLICATION FOR CHANGE OF DESIGNATION/TYPE

Please enter required information, sign and date on the bottom of page 2.
E-mail form with required documentation and credit card form to
KSBHA_Licensing@ks.gov

License No. 04 - 39893 ☒ Medicine & Surgery ☐ Chiropractic ☐ Osteopathic ☐ Podiatry

Current Type: ☒ Active ☐ Federal Active ☐ Military ☐ Exempt ☐ Inactive

Name: Kiran (First) Navin (Middle) Patel (Last)

CONFIDENTIAL

Home Address:

Home Telephone

Business Address

Business Telephone

Preferred Mailing Address: ☒ Home ☐ Business

EFFECTIVE 11 / 30 / 2019 The effective date **CANNOT** be a retroactive date and must be a date in the future from the date the Board receives your request.

I request a license type change to:(check the license type below)

Please select only **ONE** type.

☐ **Active:** A license issued to a person engaged in the practice of medicine and surgery, osteopathic medicine and surgery, chiropractic or podiatry. Individuals must maintain and submit evidence of satisfactory completion of a program of continuing education and are required to have professional liability insurance in compliance with Kansas law. Each active license may be renewed annually.

1. List in chronological order all professional activities since your license was last Active or initially issued if the license was never Active (use additional pages if necessary):

From:MO/YR To:MO/YR	Complete Address	Position Held

2. If rendering any professional services in Kansas, you are required by law to maintain professional liability insurance of not less than $200,000 per claim, $600,000 annual aggregate, and participate in the Kansas Health Care Stabilization Fund (KHCSF). You must provide proof that your professional liability insurance is in compliance. Proof of insurance may be a notice of coverage, certificate of insurance or notification of insurance binder from your agent. Non-residents must submit a copy of their non-resident certificate form. If you have any questions about participation with KHCSF call please (785) 291-3777.

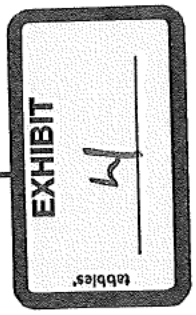
3. If your continuing education is not current, proof of your continuing education hours must be included with your application. You may verify your continuing education year by reviewing your wallet card or visiting our website www.ksbha.org,

4. Since the last renewal date of your Kansas license, have you:

☐ Yes ☐ No had an adverse judgment, award, or settlement resulting from a professional liability claim?
☐ Yes ☐ No had a disciplinary action taken or initiated against you by a state licensing agency or surrendered or consented to limitation of your license to practice in any state?
☐ Yes ☐ No had any hospital privileges suspended?
☐ Yes ☐ No been found guilty or pled no contest to a felony or Class A misdemeanor?

Attach documentation and an explanation if your answer is "yes" to any of the above questions.

800 SW Jackson, Lower Level-Suite A., TOPEKA KS 66612
Voice: 785-296-7413 Toll Free: 1-888-886-7205 Fax: 785-296-0852 Website: www.ksbha.org



Received KSBHA – Licensing

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1. Location of Federal Employment: _____
Name of Employer Street City State Zip

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I intend to engage in the following professional activities in Kansas:

☐ Consultant
☐ Treatment of Family and Friends with No Compensation
☐ Charitable Health Care Provider
☐ Coroner/Deputy Coroner
☐ Administration
☐ None
☐ Other: _____

☐ **I acknowledge by marking the check box, with an exempt license I will not be a health care provider as defined by K.S.A. 40-3401, that I am not required to maintain professional liability insurance in accordance with K.S.A. 40-3401 and that services I render while a holder of an exempt license will not be insured or covered by the Health Care Stabilization Fund.**

☒ **Inactive:** A license issued to a person who is not regularly engaged in the practice of the healing arts in Kansas and who does not hold oneself out to the public as being professionally engaged in such practice. An inactive license shall not entitle the holder to practice the healing arts in this state. Each inactive license may be renewed annually. The holder of an inactive license shall not be required to submit evidence of satisfactory completion of a program of continuing education and is not required to have basic coverage or self-insurance in effect solely because such person is no longer engaged in rendering professional service as a health care provider.

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	Active or Federal Active changing to any type: No Fee
	Military changing to Active or Federal Active: $330
	Military changing to Exempt or Inactive: $150
	Exempt or Inactive changing to Exempt or Inactive: No Fee
	Exempt or Inactive changing to Active or Federal Active: $175

I certify under penalty of perjury under the laws of the State of Kansas that the information provided on this form, including supporting documentation is true and correct and that I am licensed to practice in the State of Kansas.

Signature _____ Date 11/25/2019

Kelly, Helen [BOHA]

From: postmaster@ksbhe.ks.gov
Sent: Monday, November 25, 2019 4:15 PM
To: KSBHA_Licensing_Fax
Subject: From "3346157241 "(Fax Message NO.6123)
Attachments: 20191125161434097.pdf

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Queries to: postmaster@ksbhe.ks.gov

TYPE CHANGE WORKSHEET-HEALING ARTS

Name: Kiran Navin Patel Date received in Licensing: 11/25/2019

License # 04-39893 Applicant ID# 1401692 Date Reviewed: 11/26/2019 by: CYJ

Date of Last Document 11/25/2019 Date Sent to FR 12/02/2019 by: CYJ

☐ Application Fee Paid Receipt #_____ Check ☐ Credit Card ☐

Profession: ☑ MD ☐ DO ☐ DC ☐ DPM

Current License Type : ☑ Active ☐ Federal Active ☐ Exempt ☐ Inactive

Future License Type : ☐ Active ☐ Federal Active ☐ Exempt ☑ Inactive

Requested Effective Date 11/30/2019

Last Active Practice Date: _____ ☐ AUDIT 20___

Date of Last Change: 11/08/2018

☑ Application

☐ Professional Activities

☐ Disciplinary Questions

☐ Legal Documents

☐ Insurance

☐ HCSF

☐ CME

Missing Requirements/Additional Information:

HCP Name	ID No.	Agency	License	Res.	Status	Retro Date	Address
PATEL KIRAN	MD 111703	110	04-39893	N	A	04/25/2017	CONFIDENTIAL

Company	Policy	Rate Level	Fund	Type	Effective	Expiration	Surcharge	Document reference numbers
CONTINENTAL CASUALTY CO	CONFIDENTIAL	2102	8	C	02/01/2018	02/01/2019	$ 100.00	
MT. HAWLEY INSURANCE COMPANY		2105	8	C	11/08/2018	11/26/2018	$ 100.00	
CONTINENTAL CASUALTY CO		2102	8	C	04/25/2017	02/01/2018	$ 100.00	

Search Again | Return to HCSF Website

Feedback

Our commitment to excellence involves receiving feedback from you. We would appreciate your feedback in the form of a brief survey describing your overall experience with this service.