

**EFFECTIVE AS A FINAL ORDER**

DATE: 7.6.2021

FILED

JUN 14 2021

KS State Board of Healing Arts **AD**

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

In the Matter of

Sam D. Toney, M.D.  
Kansas License No. 04-34378

Docket No. 21-HA 00090

**AMENDED SUMMARY ORDER**

NOW ON THIS 14<sup>th</sup> day of June 2021, this matter comes before Tucker L. Poling, 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 Amended 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. Sam D. Toney, M.D. ("Licensee") was first issued an Active License No. 04-34378 to practice medicine and surgery on or about May 13, 2010. Licensee last renewed his license as Active on or about August 28, 2020.

2. Licensee's last mailing address known to the Board is:

CONFIDENTIAL

CONFIDENTIAL

Licensee's last email address known to the Board is

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.

**Amended Summary Order  
Sam D. Toney, M.D.**

4. The factual basis for this Order is as follows:

a. On or about August 28, 2020, 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 "Yes." (Bd. Ex. 1).

b. After Licensee renewed his license, a search of the KHCSF showed Licensee was not in compliance with KHCSF statutory requirements, and had not been in compliance during at least the following periods:

i. January 16, 2018, through June 8, 2021. (Bd. Ex. 2).

c. After issuance of an initial Summary Order, Licensee filed an Application for Change of Designation/Type to change his licensure status to Inactive, effective June 9, 2021. (Bd. Ex. 3).

d. Licensee remained out of compliance with KHCSF statutory requirements during the aforementioned timeframes, which is in excess of two years out of compliance.

#### 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.

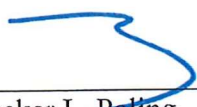
**IT IS FURTHER ORDERED** that Licensee is hereby **PUBLICLY CENSURED**, and that Licensee is assessed a **CIVIL FINE** in the amount of one thousand dollars (\$1,000.00) for violations of the Kansas Healing Arts Act, due within thirty (30) days after this Order becomes a Final Order. Such fine shall 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 14<sup>th</sup> day of June \_\_\_\_\_ 2021.

**KANSAS STATE BOARD  
OF HEALING ARTS**

  
\_\_\_\_\_  
Tucker L. Poling  
Executive Director

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**Amended Summary Order  
Sam D. Toney, M.D.**

## **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, 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 6<sup>th</sup> day of July, 2021 by depositing the same in the United States Mail, first-class, postage prepaid, and addressed to:

Sam D. Toney, M.D.  
**CONFIDENTIAL**

*Licensee*

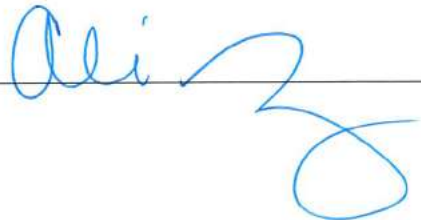
And a copy was hand-delivered to:

Matthew Gaus  
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 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.

  
\_\_\_\_\_

# KSBOHA Online Renewal Application

Date Created:

Friday, August 28, 2020

Name:

Sam Dean Toney

## License Information

License Number:

04-34378

License Type:

Medical Doctor (MD)

Status Before Renewal:

Active

Status After Renewal:

Active

Status Change Date:

Date of Birth:

CONFIDENTIAL

Gender:

IAI

Citizenship Status:

M

Ethnicity:

U.S. Citizen

White

## Address Information:

Use Primary Business Address for mailing:

Y

Home Address:

CONFIDENTIAL

Line 1:

Line 2:

City, State, Zip

Country:\*

Phone:

Email:\*

## Insurance Information:

Southern Owners

Add

Policy Number:

CONFIDENTIAL

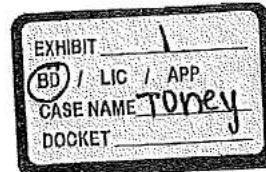
Malpractice Insurance

Insurance Issue Date: 7/13/2020

Insurance Exp Date: 7/13/2021

### Exempt - Professional Activities

Professional activity	Description
Administration	





# 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:
Y

## 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
ABPN-American Board of Psychiatry and Neurology	

## Kansas Hospital Privileges

Hospital/Surgery Center	Other Hospital
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## DEA Number

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

## Other Licenses/Permits/Certifications

State or Jurisdiction	Date Issued	Type	License Number
AK			
AZ			
KS			
FL			
CA			
CT			
CO			
KY			
NV			
MI			

## National Provider Identifier

NPI Number	No current NPI
1033243928	

## Language

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

## Disaster Relief

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

CE Year
Education Year
2021

## Question Responses

<p><b>Continuing Education</b> Review the instructions below before making a selection.</p> <p>If you are changing the status of your license from Inactive or Exempt to Active or Federal Active, select "Yes". You may be contacted to provide proof of CE hours.</p> <p>If the Education Year listed in the chart above is a future year, you do not have continuing education hours due at this time. Select "NA"</p> <p>If the Education Year listed in the chart above is the current year or a prior year, you have continuing education hours due and must certify the hours you have obtained.</p> <ul style="list-style-type: none"> <li>If you obtained (or will obtain within 90 days following the expiration of the Kansas state of emergency related to COVID-19) at least 50 continuing education hours with a minimum of 20 category 1 and a maximum of 30 category 2 from 1-1-2019 to 6-30-2020, select "50".</li> <li>If you obtained (or will obtain within 90 days following the expiration of the Kansas state of emergency related to COVID-19) at least 100 continuing education hours with a minimum of 40 category 1 and a maximum of 60 category 2 from 1-1-2018 to 6-30-2020, select "100".</li> <li>If you obtained (or will obtain within 90 days following the expiration of the Kansas state of emergency related to COVID-19) at least 150 continuing education hours with a minimum of 60 category 1 and a maximum of 90 category 2 from 1-1-2017 to 6-30-2020, select "150".</li> </ul>	50
<p><b>Continuing Education Audit Question</b></p> <p>The Board will verify compliance by auditing an undetermined percentage of renewal applications. This verification will require proof of your continuing education. You must maintain your continuing education records for a four-year period, in a manner that allows them to be readily produced. Do you understand the audit process?</p>	Y
<p><b>Gratuitous Professional Services</b></p> <p>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?</p>	N
<p>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?</p>	N
<p>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".</p>	NA
<p>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".</p>	NA
<p><b>KHCSF Compliance</b></p> <p>As a condition of providing professional services in Kansas, <u>whether or not physically located in Kansas</u>, each person with an active license must pay the annual surcharge to the <u>Kansas Health Care Stabilization Fund (KHCSF)</u>.</p> <p>Have you paid the annual surcharge to the KHCSF?</p>	Y
<p><b>KTRACS</b></p> <p>Are you enrolled in the Prescription Drug Monitoring Program (K-TRACS)? (see <a href="http://www.kansas.gov/pharmacy">www.kansas.gov/pharmacy</a>)</p>	N
<p>I know what K-TRACS is.</p>	Y
<p>I am unsure of how to enroll in K-TRACS.</p>	N
<p>K-TRACS is clinically useful for me.</p>	Y
<p>K-TRACS is cumbersome to use.</p>	N
<p>I prescribe/dispense controlled substances.</p>	N
<p><b>Office Based Surgery</b></p> <p>In Kansas, since your last renewal, have you performed any procedures in your office that requires 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).</p>	N
<p>If you answered "Yes" to the above question, provide the practice location. If you answered "No", enter "NA".</p>	NA
<p>If you answered "Yes" to the above question, provide the accrediting entity name. If your office is not accredited or if you answered "No", enter "NA". Appropriate names are as follows:</p> <ul style="list-style-type: none"> <li>Accreditation Association for Ambulatory Health Care, Inc.</li> </ul>	

<ul style="list-style-type: none"> <li>American Association for Accreditation of Ambulatory Surgery Facilities, Inc.</li> <li>Institute for Medical Quality</li> <li>Joint Commission on Accreditation of Healthcare Organizations</li> <li>NA</li> </ul>	NA
If you answered "Yes" to the above question, provide the Certification/Accreditation number. If your office is not accredited or if you answered "No", enter "NA".	NA
<b>Attestation Questions</b>	
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. Do you currently have any physical or mental health condition (including alcohol or substance use) that impairs your judgment or would otherwise adversely affect your ability to practice your profession in a competent, ethical, and professional manner?	
F. In the past 12 months have you been the subject of <u>any</u> investigation, including in Kansas, regarding allegations, complaints, or charges by any state licensing agency or other government agency?	N
<b>Voluntary Public Statement</b>	
Pursuant to K.S.A. 65-28,131, the board shall make available on our website which is accessible by the public, the following information regarding licensees:	
<ol style="list-style-type: none"> <li>Full name, business address, telephone number, license number, type, status and expiration date;</li> <li>practice specialty and board certifications, if any;</li> <li>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;</li> <li>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;</li> <li>any involuntary surrender of the licensee's drug enforcement administration registration; and</li> <li>any final criminal conviction or plea arrangement resulting from the commission or alleged commission of a felony in any state or country.</li> </ol>	N
Do you wish to add a statement to further explain any disciplinary information contained in your public profile? Please note, not all public statements are posted or posted in full, to comply with Kansas and Federal law.	
<b>Renewer</b>	San D Toney MD
Provide the full name of the person completing this renewal.	

## 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 addresses. 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.

HCP Name	ID No.	Agency	License	Res.	Status	Retro Date	Address
TONEY SAM	MD 111698	110	04-34378	N	A	11/15/2016	CONFIDENTIAL

Company	Policy	Rate	Level	Fund	Type	Effective	Expiration	Surcharge	Document reference numbers
ALLIED WORLD SURPLUS LINES CO(FKA DARWIN SEL	CONFIDENTIAL	2201	1		C	11/15/2017	01/15/2018	\$ 100.00	
ALLIED WORLD SURPLUS LINES CO(FKA DARWIN SEL		2101	1		C	11/15/2016	11/15/2017	\$ 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.

EXHIBIT	2
BD / LIC / APP	
CASE NAME	TONEY
DOCKET	



### 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 - 34378  Medicine & Surgery  Chiropractic  Osteopathic  Podiatry  
Current Type:  Active  Federal Active  Military  Exempt  Inactive

Name: Sam Dean Toney  
First **CONFIDENTIAL**

Home Address: \_\_\_\_\_  
Street **CONFIDENTIAL** City State Zip **CONFIDENTIAL**

Home Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
same

Business Address: \_\_\_\_\_  
Street City State Zip

Business Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Preferred Mailing Address:  Home  Business

EFFECTIVE 6 / 15 / 2021 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

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](http://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.

**EXHIBIT**  
**3**

**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](http://www.ksbha.org).

3. 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

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.

**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 Santoney MD Date 6/8/21

**From:** [Gaus, Matthew \[KSBHA\]](#)  
**To:** [KSBHA LicTeamLeads](#)  
**Subject:** FW: Sam Toney MD  
**Date:** Wednesday, June 9, 2021 9:46:31 AM  
**Attachments:** [sdt 6.8.21 KS.pdf](#)

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Received this Change in Designation request from Dr. Toney, and am forwarding that along to you.  
Thank you!

Matthew Gaus  
Associate Litigation Counsel  
Kansas State Board of Healing Arts  
800 SW Jackson, Lower Level -- Ste. A  
Topeka, KS 66612  
(785) 296-8022  
[Matthew.Gaus@ks.gov](mailto:Matthew.Gaus@ks.gov)

**From:** Christy Gilli <[cgilli@toneyhealthcare.com](mailto:cgilli@toneyhealthcare.com)>  
**Sent:** Tuesday, June 8, 2021 11:09 PM  
**To:** Gaus, Matthew [KSBHA] <[Matthew.Gaus@ks.gov](mailto:Matthew.Gaus@ks.gov)>  
**Subject:** Sam Toney MD

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I am sending to you on behalf of Dr. Sam Toney. It does not appear that there is any fee due at this time.

Thanks  
**Christine Gilli, RN BC**  
Vice President Clinical Services  
**Toney HealthCare Consulting, LLC**

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**From:** [Sam Toney](#)  
**To:** [Moon, Rebekah \[KSBHA\]](#)  
**Subject:** Re: Toney Docket No. 21-HA00090  
**Date:** Wednesday, June 9, 2021 12:49:27 PM  
**Attachments:** [image001.png](#)

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**CONFIDENTIAL**

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On Wed, Jun 9, 2021 at 11:13 AM Moon, Rebekah [KSBHA] <[Rebekah.Moon@ks.gov](mailto:Rebekah.Moon@ks.gov)> wrote:

**CONFIDENTIAL**

Sincerely,

*Rebekah Moon*

Licensing Administrator