

Name : DERBY AMBULATORY SURGERY CENTER State ID : S-087-011
 Address : 1101 N ROCK RD BUILDING NO. 2 Federal Provider : 171033
 City : DERBY, KS 67037-3735 Telephone : (316) 788-6963
 Administrator : SUSIE MORAN Fax : (316) 789-1169
 Area : KS
 Accrediting Organization: County : SEDGWICK

Name : DODGE CITY ASC LLC State ID : S-029-001
 Address : 2203 SUMMERTON CIRCLE Federal Provider : 171064
 City : DODGE CITY, KS 67801 Telephone : (620) 408-9454
 Administrator : DINA LANE Fax : (620) 408-9552
 Area : KS
 Accrediting Organization: County : FORD

Name : EMPORIA AMBULATORY SURGERY CENTER State ID : S-056-001
 Address : 2528 WEST 15TH AVENUE Federal Provider : 171021
 City : EMPORIA, KS 66801-6102 Telephone : (620) 343-2233
 Administrator : JOSEPH BOSILJEVAC Fax : (620) 343-8571
 Area : KS
 Accrediting Organization: County : LYON

Name : QUINLAN EYE SURGERY & LASER CENTER State ID : S-006-001
 Address : 918 HWY 69 Federal Provider : 17C1053
 City : FORT SCOTT, KS 66701 Telephone : (620) 223-0200
 Administrator : GREGORY H QUINLAN Fax : (620) 224-3029
 Area : KS
 Accrediting Organization: County : BOURBON

Name : FRY EYE SURGERY CENTER State ID : S-028-002
 Address : 411 CAMPUS DR Federal Provider : 171034
 City : GARDEN CITY, KS 67846 Telephone : (620) 276-7699
 Administrator : JENNIFER TEETER Fax : (620) 276-7704
 Area : KS
 Accrediting Organization: AAAHC County : FINNEY

Name : NORTHWEST KANSAS SURGERY CENTER State ID : S-026-001
 Address : 1904 EAST 29TH Federal Provider : 171049
 City : HAYS, KS 67601 Telephone : (785) 650-0600
 Administrator : RONALD HOLWEGER Fax : (785) 650-0143
 Area : KS
 Accrediting Organization: County : ELLIS

Name : HUTCHINSON AMBULATORY SURGERY CENTER L State ID : S-078-003
 Address : 2205 NORTH WALDRON Federal Provider : 171055
 City : HUTCHINSON, KS 67502-1197 Telephone : (620) 669-2612
 Administrator : DARRYL SERPAN Fax : (620) 669-2598
 Area : KS
 Accrediting Organization: County : RENO

Name : HUTCHINSON CLINIC ASC State ID : S-078-001
 Address : 2107 NORTH WALDRON Federal Provider : 171030
 City : HUTCHINSON, KS 67502-1197 Telephone : (620) 669-2500
 Administrator : DARRYL SERPAN Fax : (620) 669-2598
 Area : KS
 Accrediting Organization: County : RENO

Name : SURGERY CENTER OF SOUTH CENTRAL KS State ID : S-078-002
 Address : 1708 EAST 23RD STEERT Federal Provider : 171031
 City : HUTCHINSON, KS 67502-1199 Telephone : (620) 664-5252
 Administrator : NADINE HULLET Fax : (620) 663-3944
 Area : KS
 Accrediting Organization: County : RENO

Name : HEART OF AMERICA SURGERY CENTER State ID : S-046-014
 Address : 8935 STATE AVENUE Federal Provider : 171046
 City : KANSAS CITY, KS 66112 Telephone : (913) 334-8935
 Administrator : MARK MIKKELSEN Fax : (913) 334-8945
 Area : KS
 Accrediting Organization: AAAHC County : WYANDOTTE

Name : LAWRENCE SURGERY CENTER LLC State ID : S-023-002
 Address : 1112 WEST 6TH STREET Federal Provider : 171048
 City : LAWRENCE, KS 66044-2215 Telephone : (785) 832-0588
 Administrator : JOAN M SHEARER Fax : (785) 832-2029
 Area : KS
 Accrediting Organization: AAAHC County : DOUGLAS

Name : THE ENDOSCOPY CENTER OF LAWRENCE State ID : S-023-003
 Address : 4525 WEST 6TH STREET SUITE 100 Federal Provider : 171068
 City : LAWRENCE, KS 66049 Telephone : (785) 843-5160
 Administrator : MARY ANN ICE Fax : (785) 843-2524
 Area : KS
 Accrediting Organization: County : DOUGLAS

Name : DISCOVER VISION SURGERY & LASER CENTER L State ID : S-046-022
 Address : 11705 ROE AVENUE Federal Provider : 171062
 City : LEAWOOD, KS 66211-2605 Telephone : (816) 350-6906
 Administrator : JIM DENNING Fax : (816) 350-6989
 Area : KS
 Accrediting Organization: AAAHC County : JOHNSON

Name : SKIN & MOHS SURGERY CENTER State ID : S-046-023
 Address : 11550 GRANADA ST Federal Provider : 171060
 City : LEAWOOD, KS 66206 Telephone : (913) 451-7546
 Administrator : GLENN GOLDSTEIN Fax : (913) 663-2411
 Area : KS
 Accrediting Organization: AAAHC County : JOHNSON

Name : SURGERY CENTER OF LEAWOOD LLC State ID : S-046-016
 Address : 11413 ASH STREET SUITE 100 Federal Provider : 171051
 City : LEAWOOD, KS 66211 Telephone : (913) 661-9977
 Administrator : THOMAS C BOLDRY Fax : (913) 661-9577
 Area : KS
 Accrediting Organization: County : JOHNSON

Name : THE HEADACHE & PAIN CENTER State ID : S-046-025
 Address : 11120 TOMAHAWK CREEK PARKWAY Federal Provider : 176025
 City : LEAWOOD, KS 66211 Telephone : (913) 387-3101
 Administrator : STEVEN WALDMAN Fax : (913) 387-3113
 Area : KS
 Accrediting Organization: AAAHC County : JOHNSON

Name : THE HEADACHE AND PAIN CENTER State ID : S-046-003
 Address : 4801 COLLEGE BLVD Federal Provider : 171005
 City : LEAWOOD, KS 66211 Telephone : (913) 387-3101
 Administrator : STEVEN D WALDMAN Fax : (913) 387-3113
 Area : KS
 Accrediting Organization: AAAHC County : JOHNSON

Name : OLATHE MEDICAL CENTER ASC State ID : S-046-024
 Address : 21080 WEST 151ST STREET Federal Provider : 171063
 City : OLATHE, KS 66061 Telephone : (913) 791-4300
 Administrator : FRANK H DEVOCELLE Fax : (913) 791-4313
 Area : KS
 Accrediting Organization: AAAHC County : JOHNSON

Name : ADS AMBULATORY SURGERY CTR State ID : S-046-013
 Address : 6901 WEST 121 STREET Federal Provider : 171044
 City : OVERLAND PARK, KS 66209 Telephone : (913) 661-1755
 Administrator : TIMOTHY PARKER Fax : (913) 661-9260
 Area : KS
 Accrediting Organization: County : JOHNSON

Name : COLLEGE PARK FAMILY CARE CENTER PA State ID : S-046-007
 Address : 11725 WEST 112TH STREET Federal Provider : 171020
 City : OVERLAND PARK, KS 66210-2761 Telephone : (913) 469-5579
 Administrator : CHUCK CHAMBERS Fax : (913) 469-6480
 Area : KS
 Accrediting Organization: County : JOHNSON

Name : COMPREHENSIVE HEALTH OF P P K M INC State ID : S-046-001
 Address : 4401 W 109TH ST, STE 100 Federal Provider :
 City : OVERLAND PARK, KS 66211 Telephone : (913) 312-5100
 Administrator : PETER BROWNLIE Fax : (913) 312-3170
 Area : KS
 Accrediting Organization: County : JOHNSON

Name : DEER CREEK SURGERY CENTER LLC State ID : S-046-031
 Address : 7220 WEST 129TH STREET Federal Provider : 17-1074
 City : OVERLAND PARK, KS 66213 Telephone : (913) 897-0022
 Administrator : MICHELLE SULLIVAN Fax : (913) 402-7354
 Area : KS
 Accrediting Organization: County : JOHNSON

Name : ENDOSCOPIC IMAGING CENTER LLC State ID : S-046-017
 Address : 10200 W 105TH STREET Federal Provider : 171052
 City : OVERLAND PARK, KS 66212 Telephone : (913) 492-0800
 Administrator : KARI LORENZEN Fax : (913) 492-2432
 Area : KS
 Accrediting Organization: JCAHO County : JOHNSON

Name : METRO SPINE PAIN CENTER LLC State ID : S-046-035
 Address : 10777 NALL AVENUE SUITE 130 Federal Provider : 17-1079
 City : OVERLAND PARK, KS 66211-1231 Telephone : (913) 387-2800
 Administrator : JOSEPH GALATE Fax : (913) 387-2970
 Area : KS
 Accrediting Organization: County : JOHNSON

Name : MID AMERICA SURGERY State ID : S-046-032
 Address : 5525 WEST 119TH STREET SUITE 100 Federal Provider :
 City : OVERLAND PARK, KS 66208 Telephone : (913) 906-0837
 Administrator : MARY SCHNEIDER Fax : (913) 906-0840
 Area : KS
 Accrediting Organization: County : JOHNSON

Name : NEWHOPE KC LLC State ID : S-046-036
 Address : 10787 NALL Federal Provider :
 City : OVERLAND PARK, KS 66211-1231 Telephone : (913) 312-3710
 Administrator : DAVID CRANE Fax : (913) 312-3715
 Area : KS
 Accrediting Organization: County : JOHNSON

Name : NOVAMED EYE SURGERY CENTER OF OVERLA State ID : S-046-005
 Address : 5520 COLLEGE BLVD SUITE 200 Federal Provider : 171010
 City : OVERLAND PARK, KS 66211-1600 Telephone : (913) 491-3040
 Administrator : CORI JONES Fax : (913) 491-3640
 Area : KS
 Accrediting Organization: AAAHC County : JOHNSON

Name : OVERLAND PARK SURGERY CENTER State ID : S-046-030
 Address : 10601 QUIVIRA ROAD SUITE 100 Federal Provider : 17-1070
 City : OVERLAND PARK, KS 66215 Telephone : (913) 894-7260
 Administrator : BRAD ERVIN Fax : (913) 894-7261
 Area : KS
 Accrediting Organization: County : JOHNSON

Name : SAINT LUKE'S SOUTH SURGERY CENTER State ID : S-046-033
 Address : 12541 FOSTER STREET SUITE 120 Federal Provider : 17-1078
 City : OVERLAND PARK, KS 66213 Telephone : (913) 378-1410
 Administrator : MARY LEE FORTIN Fax : (913) 378-1401
 Area : KS
 Accrediting Organization: County : JOHNSON

Name : SOUTH KANSAS CITY SURGICAL CENTER LLC State ID : S-046-019
 Address : 10730 NALL AVE SUITE 100 Federal Provider : 171056
 City : OVERLAND PARK, KS 66211 Telephone : (913) 901-9000
 Administrator : JOYCE SWENSON Fax : (913) 901-9030
 Area : KS
 Accrediting Organization: AAAHC County : JOHNSON

Name : SURGICENTER OF JOHNSON CO State ID : S-046-004
 Address : 8800 BALLENTINE ST Federal Provider : 171011
 City : OVERLAND PARK, KS 66214-1985 Telephone : (913) 894-4050
 Administrator : JAY SEBELIEN Fax : (913) 894-0384
 Area : KS
 Accrediting Organization: County : JOHNSON

Name : THE SURGERY CENTER OF BLUE VALLEY, INC State ID : S-046-034
 Address : 7230 WEST 129TH STREET Federal Provider : 171077
 City : OVERLAND PARK, KS 66213-2624 Telephone : (913) 338-4440
 Administrator : DAVID LAHA Fax : (913) 338-1712
 Area : KS
 Accrediting Organization: County : JOHNSON

Name : WEIGHT LOSS HEALTHCARE CENTERS OF AMER State ID : S-046-029
 Address : 8101 WEST 135TH STREET Federal Provider : 170107
 City : OVERLAND PARK, KS 66223-1111 Telephone : (913) 492-0160
 Administrator : DOUGLAS PALZER Fax : (913) 239-0372
 Area : KS
 Accrediting Organization: County : JOHNSON

Name : CENTURY SURGICAL ASSOCIATES INC State ID : S-019-001
 Address : 100 NORTH PINE Federal Provider : 171045
 City : PITTSBURG, KS 66762-1568 Telephone : (620) 231-9072
 Administrator : KEVIN PATTERSON Fax : (620) 231-1199
 Area : KS
 Accrediting Organization: AAAHC County : CRAWFORD

Name : PHYSICIANS SURGERY CENTER State ID : S-046-015
 Address : 3840 W 75TH ST Federal Provider : 171047
 City : PRAIRIE VILLAGE, KS 66208 Telephone : (913) 384-9600
 Administrator : MARC WHITACARE Fax : (913) 384-0242
 Area : KS
 Accrediting Organization: County : JOHNSON

Name : HEARTLAND SURGERY CENTER State ID : S-085-002
 Address : 520 S SANTA FE SUITE 200 A Federal Provider : 171059
 City : SALINA, KS 67401 Telephone : (785) 309-0900
 Administrator : DAVID HENDRICK Fax : (785) 823-1017
 Area : KS
 Accrediting Organization: County : SALINE

Name : LASER CENTER State ID : S-085-001
 Address : 1518A E IRON AVE Federal Provider : 171008
 City : SALINA, KS 67401-0763 Telephone : (785) 825-6016
 Administrator : BRIAN E. CONNER MD Fax : (785) 823-8151
 Area : KS
 Accrediting Organization: County : SALINE

Name : SALINA UROLOGY CARE CENTER LLC State ID : S-085-003
 Address : 501 S SANTA FE SUITE 360 Federal Provider : 171065
 City : SALINA, KS 67422 Telephone : (785) 827-9635
 Administrator : WILLIAM MAUCH Fax : (785) 827-6697
 Area : KS
 Accrediting Organization: County : SALINE

Name : KU MEDWEST AMBULATORY SURGERY CENTER State ID : S-046-011
 Address : 7405 RENNER RD Federal Provider : 171042
 City : SHAWNEE, KS 66217-9414 Telephone : (913) 588-8403
 Administrator : DAVID GRANTHAM Fax : (913) 588-8432
 Area : KS
 Accrediting Organization: AAAHC County : JOHNSON

Name : THE WESTGLEN ENDOSCOPY CENTER State ID : S-046-009
 Address : 16663 MIDLAND DR #200 Federal Provider : 171035
 City : SHAWNEE, KS 66217 Telephone : (913) 248-8800
 Administrator : EVELYN CHESHIRE Fax : (913) 248-8858
 Area : KS
 Accrediting Organization: JCAHO County : JOHNSON

Name : AMBULATORY SURGERY CENTER OF KC INC State ID : S-046-012
 Address : 9385 W 75TH ST Federal Provider : 171043
 City : SHAWNEE MISSION, KS 66204-2231 Telephone : (913) 383-8346
 Administrator : JAY RICHARDSON Fax : (913) 383-0503
 Area : KS
 Accrediting Organization: County : JOHNSON

Name : SHAWNEE MISSION SURGERY CENTER State ID : S-046-018
 Address : 9100 WEST 74TH STREET SOUTH BUILDING Federal Provider : 170105
 City : SHAWNEE MISSION, KS 66204 Telephone : (913) 676-2151
 Administrator : SAM TURNER Fax : (913) 789-1886
 Area : KS
 Accrediting Organization: JCAHO County : JOHNSON

Name : COTTON-O'NEIL CLINIC ENDOSCOPY CTR State ID : S-089-005
 Address : 720 SW LANE STREET Federal Provider : 170102
 City : TOPEKA, KS 66606 Telephone : (785) 270-4855
 Administrator : DEBRA YOCUM Fax : (785) 270-4852
 Area : KS
 Accrediting Organization: JCAHO County : SHAWNEE

Name : EXCELLENT SURGERY CENTER LLC State ID : S-089-008
 Address : 920 LANE Federal Provider : 17-1080
 City : TOPEKA, KS 66606 Telephone : (785) 233-0500
 Administrator : B. J. MCCASKEY Fax : (785) 231-1899
 Area : KS
 Accrediting Organization: County : SHAWNEE

Name : TALLGRASS SURGICAL CENTER State ID : S-089-006
 Address : 6001 SW 6TH AVE SUITE 100 Federal Provider : 171057
 City : TOPEKA, KS 66615 Telephone : (785) 228-4714
 Administrator : NANCY HENRY Fax : (785) 228-4733
 Area : KS
 Accrediting Organization: County : SHAWNEE

Name : THE ENDOSCOPY & SURGERY CENTER OF TOPE State ID : S-089-004
 Address : 2200 SW 6TH AVE STE 103 Federal Provider : 171018
 City : TOPEKA, KS 66606-1787 Telephone : (785) 354-1254
 Administrator : JENNIFER WALKER Fax : (785) 354-1598
 Area : KS
 Accrediting Organization: County : SHAWNEE

Name : TOPEKA SINGLE-DAY SURGERY State ID : S-089-003
 Address : 823 SW MULVANE ST STE 101 Federal Provider : 171012
 City : TOPEKA, KS 66606-1679 Telephone : (785) 354-8737
 Administrator : CAROL WHEELER Fax : (785) 354-1440
 Area : KS
 Accrediting Organization: County : SHAWNEE

Name : TOPEKA SURGERY CENTER INC State ID : S-089-007
 Address : 3630 SW FAIRLAWN ROAD Federal Provider : 171061
 City : TOPEKA, KS 66614-3966 Telephone : (785) 273-8282
 Administrator : ANTHONY BARELLI Fax : (785) 273-8105
 Area : KS
 Accrediting Organization: County : SHAWNEE

Name : WASHBURN SURGERY CENTER, LLC State ID : S-089-001
 Address : 619 SW CORPORATE VIEW Federal Provider : 171003
 City : TOPEKA, KS 66615 Telephone : (785) 235-3322
 Administrator : JOHN MARSH Fax : (785) 235-1217
 Area : KS
 Accrediting Organization: County : SHAWNEE

Name : ASSOCIATED EYE SURGICAL CENTER State ID : S-087-002
 Address : 1100 N TOPEKA STREET Federal Provider : 171023
 City : WICHITA, KS 67214-2810 Telephone : (316) 263-6273
 Administrator : BRUCE OCHSNER Fax : (316) 263-5568
 Area : KS
 Accrediting Organization: AAAHC County : SEDGWICK

Name : COSMETIC & RECONSTRUCTIVE SURGERY CEN State ID : S-087-016
 Address : 1700 WATERFRONT PARKWAY Federal Provider : 171073
 City : WICHITA, KS 67206-6603 Telephone : (316) 681-2227
 Administrator : MATTHEW CONRAD Fax : (316) 684-5250
 Area : KS
 Accrediting Organization: AAAASF County : SEDGWICK

Name : CYPRESS SURGERY CENTER State ID : S-087-014
 Address : 9300 EAST 29TH STREET NORTH SUITE 100 Federal Provider : 171050
 City : WICHITA, KS 67226 Telephone : (316) 634-0404
 Administrator : JUDY GRAHM Fax : (316) 634-2995
 Area : KS
 Accrediting Organization: County : SEDGWICK

Name : ENDOSCOPIC SERVICES PA State ID : S-087-008
 Address : 1431 BLUFFVIEW ST STE 215 Federal Provider : 171026
 City : WICHITA, KS 67218-3000 Telephone : (316) 687-0234
 Administrator : JACE HYDER Fax : (316) 687-0360
 Area : KS
 Accrediting Organization: JCAHO County : SEDGWICK

Name : KANSAS ENDOSCOPY LLC State ID : S-087-012
 Address : 848 N ST FRANCIS SUITE 2901 Federal Provider : 171038
 City : WICHITA, KS 67214-3814 Telephone : (316) 219-2828
 Administrator : ESTEPHEN ZAYAT Fax : (316) 261-3140
 Area : KS
 Accrediting Organization: County : SEDGWICK

Name : MIDWEST SURGERY CENTER LLC State ID : S-087-013
 Address : 825 NORTH HILLSIDE SUITE100 Federal Provider : 171039
 City : WICHITA, KS 67214 Telephone : (316) 683-3937
 Administrator : RODNEY JONES Fax : (316) 683-1030
 Area : KS
 Accrediting Organization: County : SEDGWICK

Name : PLASTIC SURGERY CENTER State ID : S-087-010
 Address : 1861 NORTH WEBB ROAD Federal Provider : 171037
 City : WICHITA, KS 67206 Telephone : (316) 688-7500
 Administrator : BRUCE G FERRIS Fax : (316) 688-7543
 Area : KS
 Accrediting Organization: County : SEDGWICK

Name : RIDGEWOOD SURGERY AND ENDOSCOPY CENT State ID : S-087-018
 Address : 4013 NORTH RIDGE ROAD SUITE 100 Federal Provider : 171076
 City : WICHITA, KS 67205 Telephone : (316) 768-4220
 Administrator : GRACE FURR Fax : (316) 768-4222
 Area : KS
 Accrediting Organization: County : SEDGWICK

Name : SURGERY CENTER OF KANSAS State ID : S-087-006
 Address : 7550 WEST VILLAGE CIRCLE SUITE 2 Federal Provider : 171022
 City : WICHITA, KS 67205-9364 Telephone : (316) 838-8388
 Administrator : STEVEN HOWELL Fax : (316) 838-2999
 Area : KS
 Accrediting Organization: County : SEDGWICK

Name : SURGICARE OF WICHITA INC State ID : S-087-001
 Address : 810 NORTH LORRAINE STREET Federal Provider : 171000
 City : WICHITA, KS 67214-4841 Telephone : (316) 685-2207
 Administrator : ROBERT KOZICKI Fax : (316) 685-2861
 Area : KS
 Accrediting Organization: AAHC County : SEDGWICK

Name : TEAM VISION SURGERY CENTER EAST State ID : S-087-004
 Address : 6100 E CENTRAL ST STE 5 Federal Provider : 171014
 City : WICHITA, KS 67208-4237 Telephone : (316) 651-7491
 Administrator : TERRIA WINN Fax : (316) 691-4408
 Area : KS
 Accrediting Organization: County : SEDGWICK

Name : TEAM VISION SURGERY CENTER WEST State ID : S-087-009
 Address : 834 N SOCORA STE 1 Federal Provider : 171028
 City : WICHITA, KS 67212-3238 Telephone : (316) 681-2020
 Administrator : SUSAN WADE Fax : (316) 684-4939
 Area : KS
 Accrediting Organization: County : SEDGWICK

Name : THE CENTER FOR SAME DAY SURGERY State ID : S-087-007
 Address : 818 NORTH EMPORIA STREET STE 108 Federal Provider : 171024
 City : WICHITA, KS 67214-3710 Telephone : (316) 262-7263
 Administrator : R. LARRY BEAMER Fax : (316) 262-6253
 Area : KS
 Accrediting Organization: County : SEDGWICK

Name : WEST WICHITA SURGERY CENTER State ID : S-087-020
 Address : 8200 WEST CENTRAL SUITE 3 Federal Provider :
 City : WICHITA, KS 67212-9503 Telephone : (316) 721-4398
 Administrator : LORI WARD Fax : (316) 721-8307
 Area : KS
 Accrediting Organization: County : SEDGWICK

Name : WICHITA CLINIC DAYSURGERY State ID : S-087-003
 Address : 3311 E MURDOCK ST Federal Provider : 171006
 City : WICHITA, KS 67208-3054 Telephone : (316) 689-9349
 Administrator : KIMBERLY SHANK Fax : (316) 689-9676
 Area : KS
 Accrediting Organization: AAHC County : SEDGWICK

Name : WICHITA CLINIC FOUNDERS CIRCLE SURGERY C State ID : S-087-015
 Address : 1947 FOUNDERS CIRCLE Federal Provider : 171067
 City : WICHITA, KS 67206 Telephone : (316) 613-4831
 Administrator : KIMBERLY SHANK Fax :
 Area : KS
 Accrediting Organization: County : SEDGWICK

Name : WICHITA ENDOSCOPY CENTER LLC State ID : S-087-017
 Address : 9050 EAST 29TH STREET NORTH SUITE 100 Federal Provider : 171072
 City : WICHITA, KS 67226 Telephone : (316) 219-9651
 Administrator : YOOSAF ARBAHAM Fax : (316) 219-9655
 Area : KS
 Accrediting Organization: County : SEDGWICK

Total No. of Accredited ASCs: **21** Total No. of licensed ASCs: **66**