

Medical Records Fax Cover Sheet

ATTN: CLAIMS PUR

Provider Information

Provider Name:	PULSE MEDICAL SUPPLIES LLC
NPI:	1891653093
Tax ID:	413616231
Phone:	346-852-5132
Fax:	(281) 822-1030
Address:	13700 Veterans Memorial Dr. SUITE 101 Houston, TX, 77014

Patient Information

Patient Name:	DANA ACEVEDO
Date of Birth:	3/5/1985
Member ID:	01197373201
Insurance:	US Family Health Plan of Texas and Louisiana (USFHP)
Date of Service:	01/30/2026
Account Number:	4195695920
Total Charge Amount:	\$4,850.00