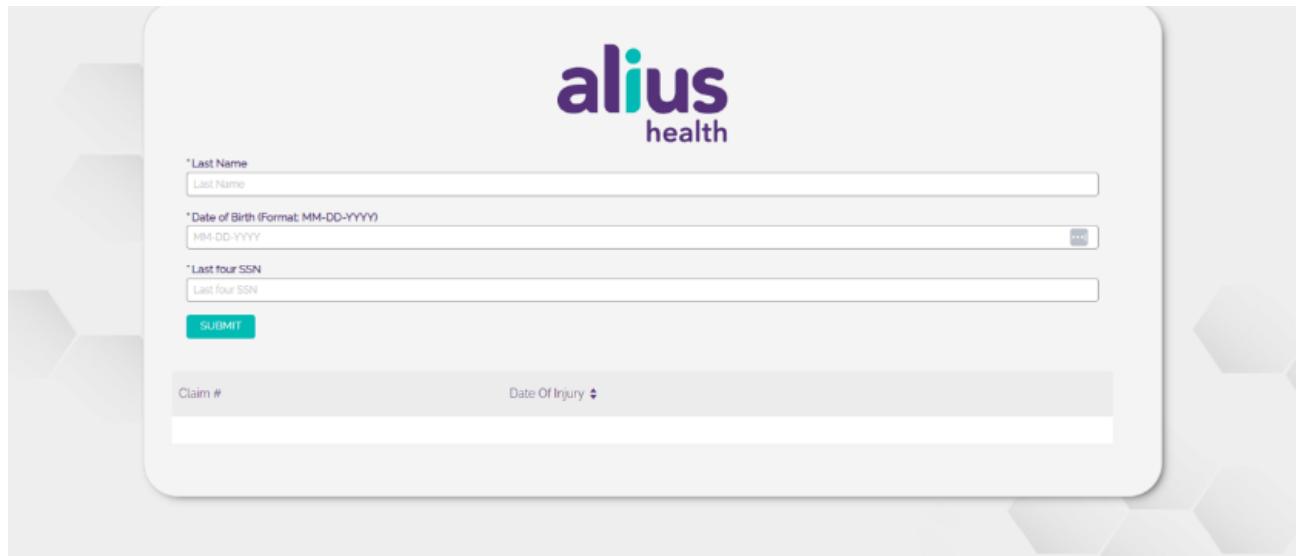


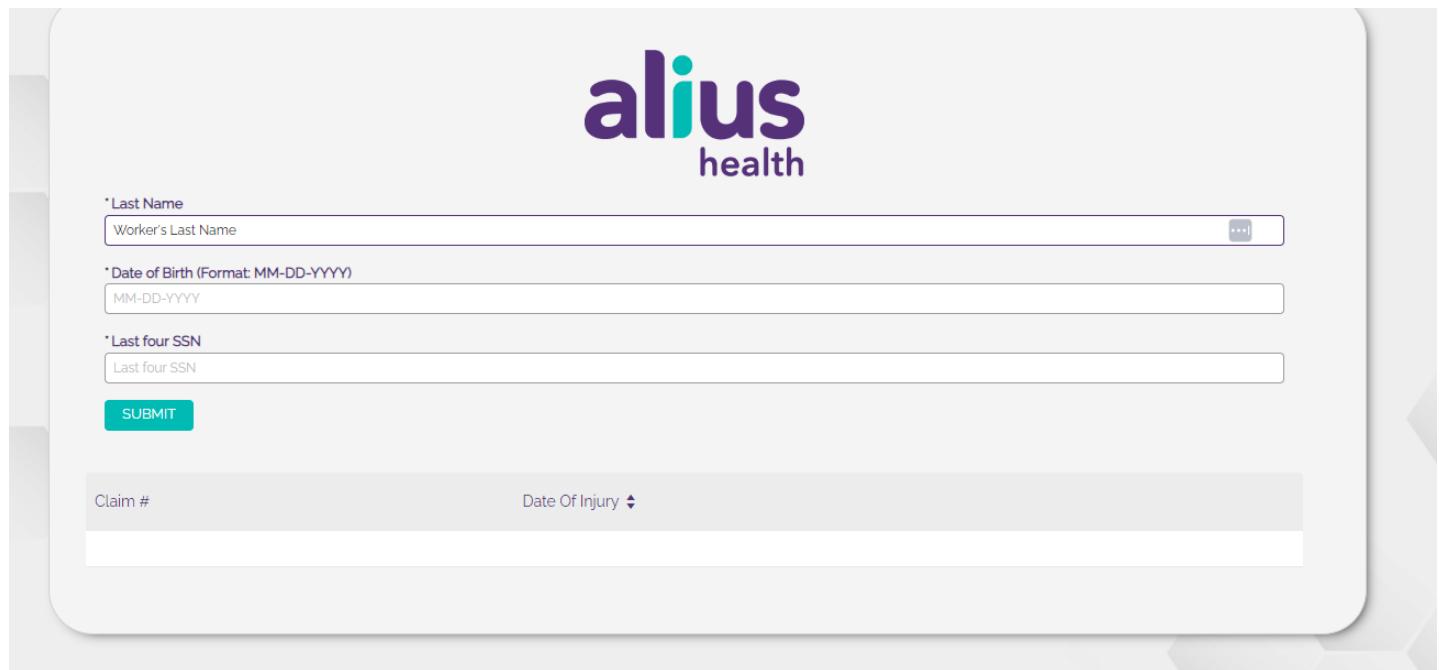
## Cómo solicitar tarjeta de farmacia

Inicie sesión en el sitio web de Alius: <https://claims.aliushealth.com/iw-claim-search>

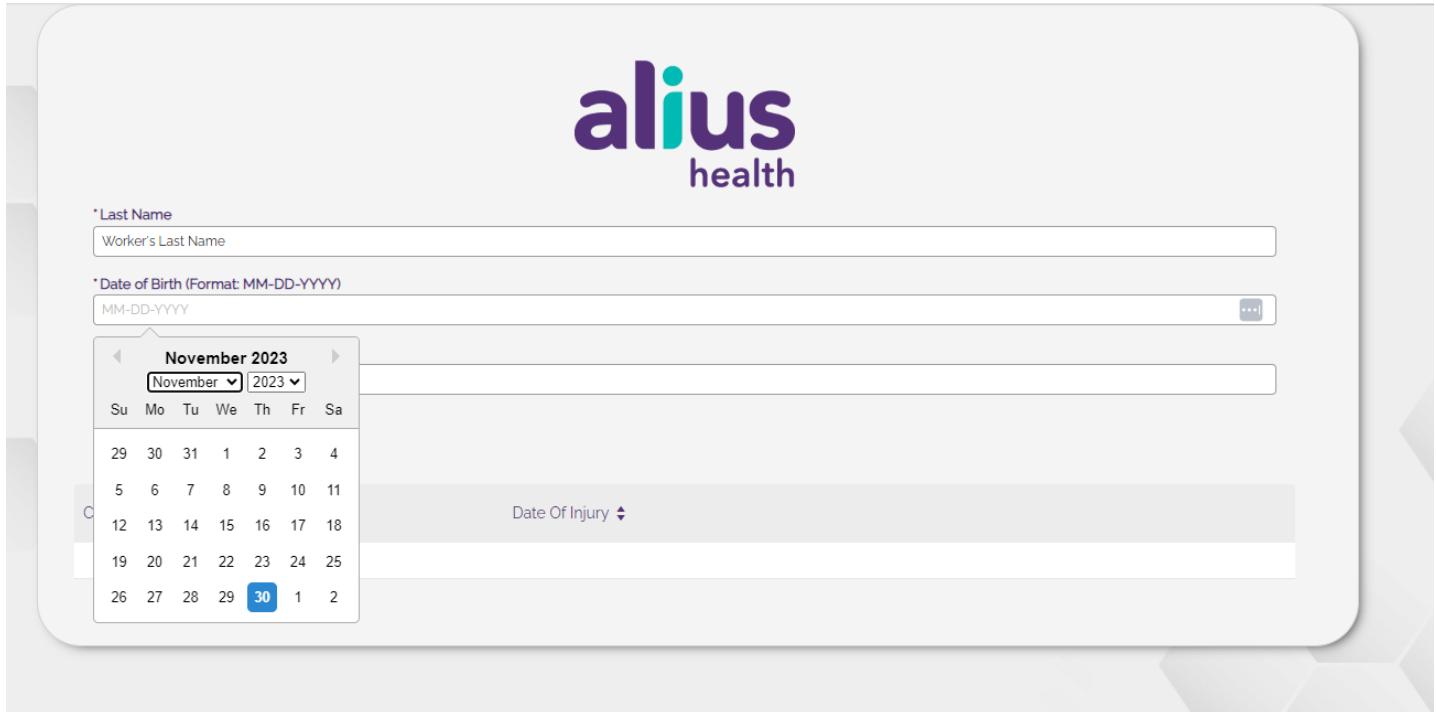


Ingrese los espacio requeridos:

1. Apellido

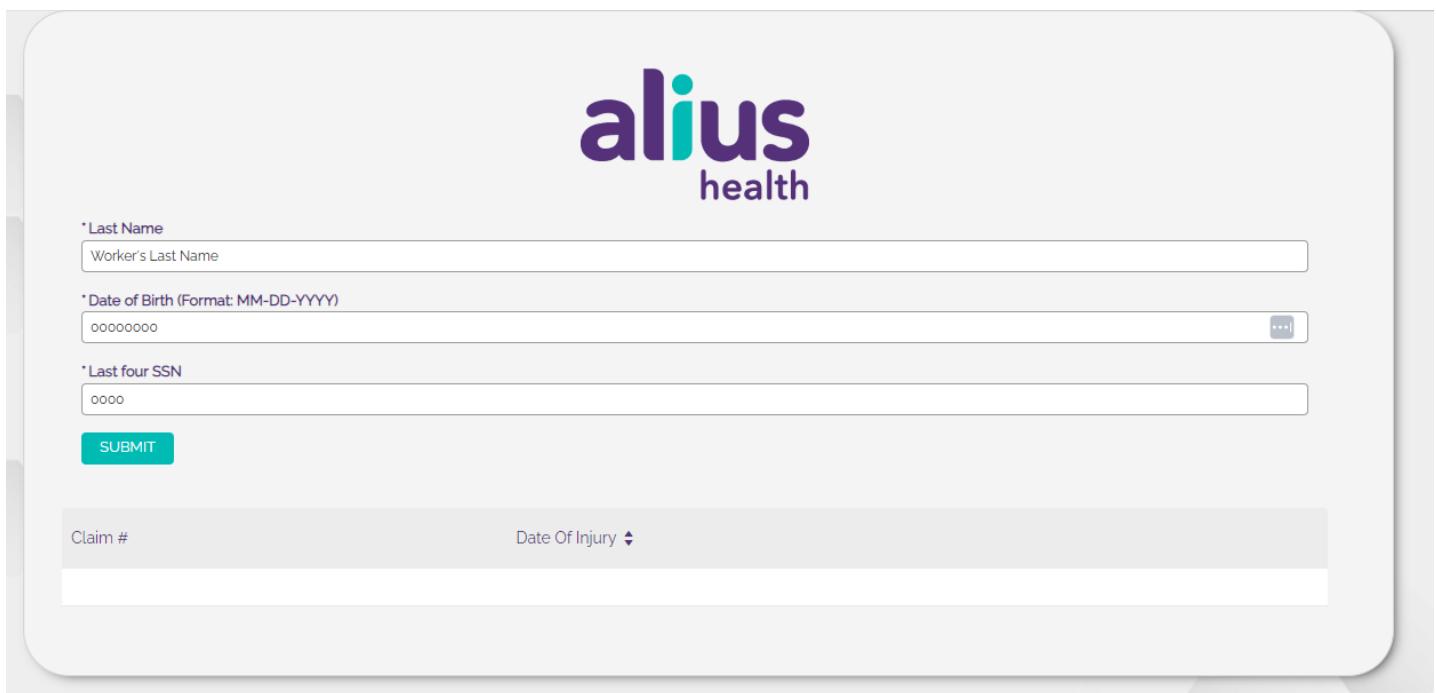


2. Ingrese su fecha de nacimiento (Usando la tabla desplegable)



The screenshot shows a web form for alius health. At the top is the alius health logo. Below it are two input fields: one for "Last Name" and one for "Date of Birth (Format: MM-DD-YYYY)". A date picker calendar is open, showing the month of November 2023. The date "30" is selected, highlighted in a blue box. The days of the week are labeled Su, Mo, Tu, We, Th, Fr, Sa.

3. Ingrese los últimos cuatro números de su número de Seguro Social, Luego haga clic en 'SUBMIT'



The screenshot shows the same alius health website form. The "Last Name" and "Date of Birth" fields are present. A new field "Last four SSN" is added below them. A "SUBMIT" button is located at the bottom left. Below the form, there are two empty input fields for "Claim #" and "Date Of Injury".



PO BOX 27810  
Albuquerque New Mexico 87125

505.343.7777  
800.788.8851

[NewMexicoMutual.com](http://NewMexicoMutual.com)

Elija cómo desea recibir su Tarjeta de Prescripción

[Chat Live](#)



## Welcome to Alius Health!

Alius Health now manages the prescription benefit portion for your worker's compensation claim. To ease with this transition, there are several ways we can assist you.

[Check Drug Coverage](#)

[Contact My Adjuster](#)

[Sign Up Mail Order](#)

Don't pay for Covered Medications!

Take your card to any participating pharmacy for a zero copay on all authorized medications. Presenting your card will help prevent billing issues and delays at the pharmacy.

[Text My Card](#)

[Email My Card](#)

[Mail My Card](#)

\*Arrives in 5-7 Business Days

Basado en la selección que escogió, Proporcione información sobre cómo recibir su tarjeta de recetas

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[Send Card Text](#)

Cell Phone Number

[SEND](#)

[Cancel](#)

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