



**NEW MEXICO
MUTUAL**

PO BOX 27810
Albuquerque New Mexico 87125

505.343.7777
800.788.8851

NewMexicoMutual.com

Cómo solicitar tarjeta de farmacia

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

The screenshot shows the Alius Health login interface. At the top center is the "alius health" logo. Below it are three input fields: "* Last Name" with a placeholder "Last Name", "* Date of Birth (Format: MM-DD-YYYY)" with a placeholder "MM-DD-YYYY" and a calendar icon, and "* Last four SSN" with a placeholder "Last four SSN". A teal "SUBMIT" button is positioned below these fields. At the bottom, there are two more input fields: "Claim #" and "Date Of Injury" with a dropdown arrow.

Ingresa los espacio requeridos:

1. Apellido

This is a more detailed screenshot of the same Alius Health login form. The "Worker's Last Name" field is now populated with the text "Worker's Last Name". The "Date of Birth" field is still empty with the placeholder "MM-DD-YYYY". The "Last four SSN" field is empty with the placeholder "Last four SSN". The teal "SUBMIT" button remains below the input fields. The "Claim #" and "Date Of Injury" fields are at the bottom.



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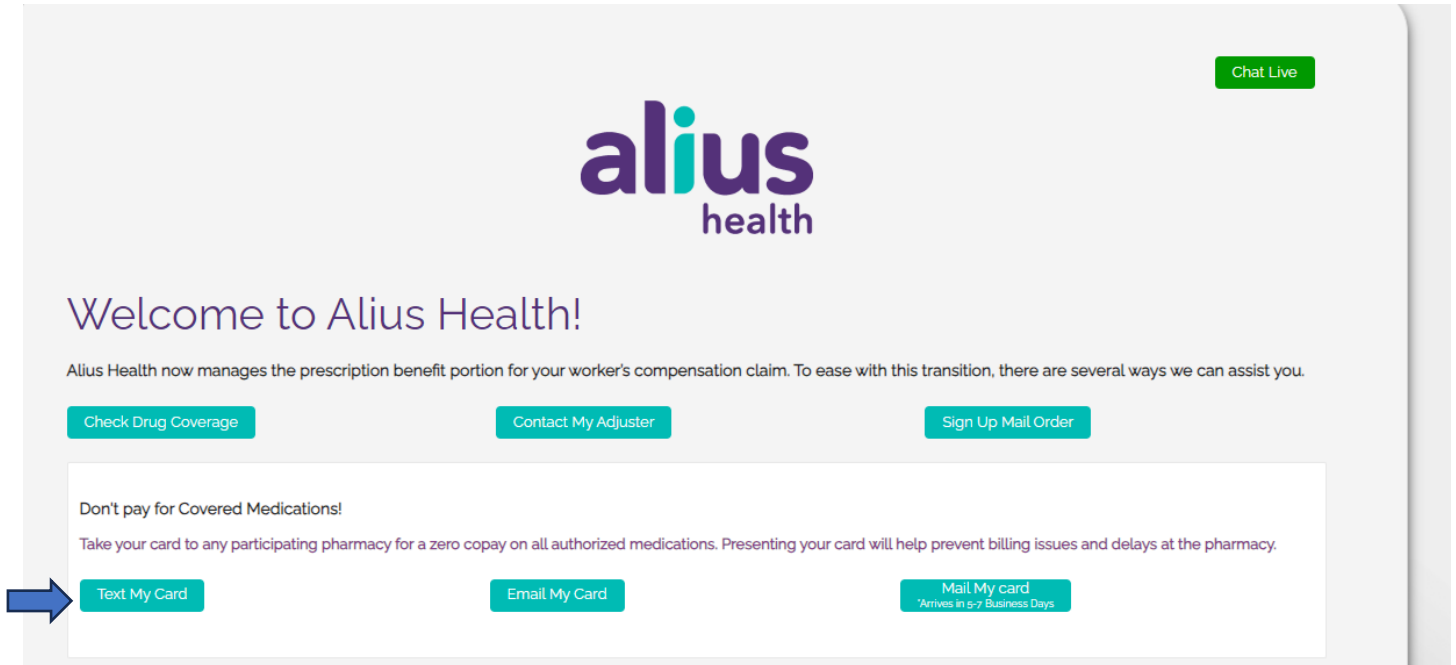
2. Ingrese su fecha de nacimiento (Usando la tabla desplegable)

The screenshot shows the 'alius health' logo at the top. Below it, there are three input fields: '* Last Name' with placeholder text 'Worker's Last Name', '* Date of Birth (Format: MM-DD-YYYY)' with placeholder text 'MM-DD-YYYY', and '* Date Of Injury' with a dropdown arrow. A calendar widget is open for November 2023, showing the days of the week (Su, Mo, Tu, We, Th, Fr, Sa) and the dates (29, 30, 31, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 1, 2). The date 30 is highlighted.

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

The screenshot shows the 'alius health' logo at the top. Below it, there are three input fields: '* Last Name' with placeholder text 'Worker's Last Name', '* Date of Birth (Format: MM-DD-YYYY)' with placeholder text '00000000', and '* Last four SSN' with placeholder text '0000'. A green 'SUBMIT' button is located below the SSN field. At the bottom, there are two input fields: 'Claim #' and 'Date Of Injury' with a dropdown arrow.

Elija cómo desea recibir su Tarjeta de Prescripción



Chat Live

alius health

Welcome to Alius Health!

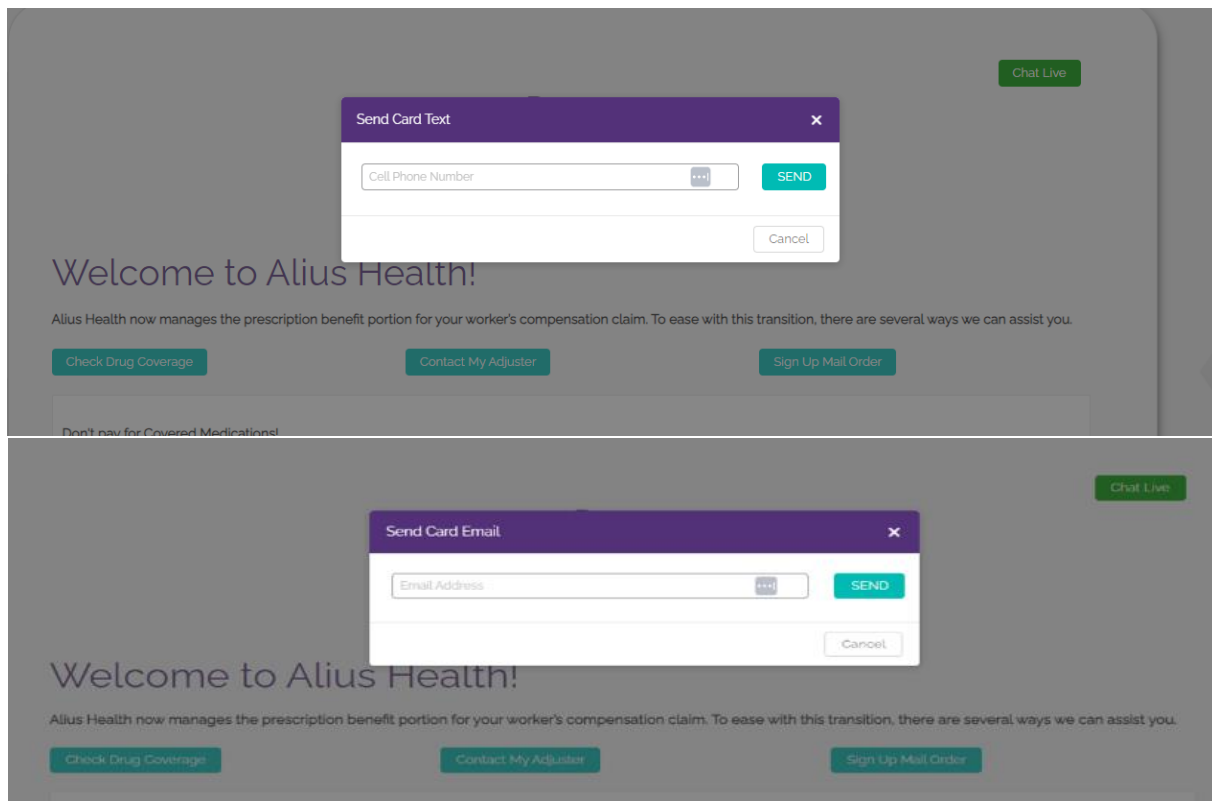
Alius Health now manages the prescription benefit portion for your worker's compensation claim. To ease with this transition, there are several ways we can assist you.

[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



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!

Send Card Text

Cell Phone Number

[SEND](#) [Cancel](#)

Send Card Email

Email Address

[SEND](#) [Cancel](#)