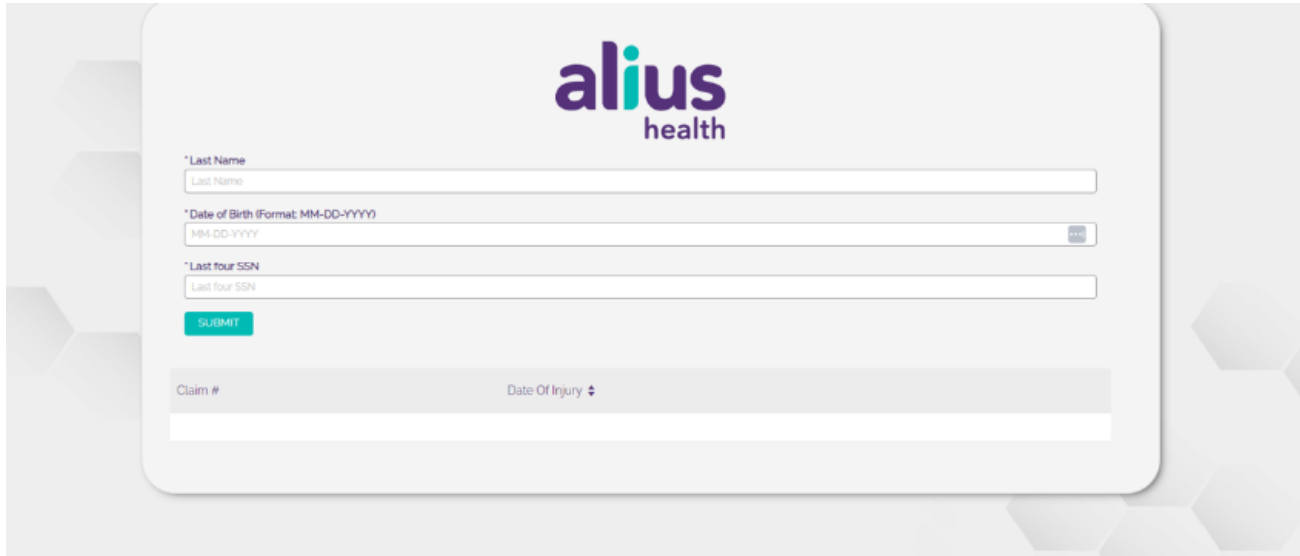


## How to request Pharmacy Card

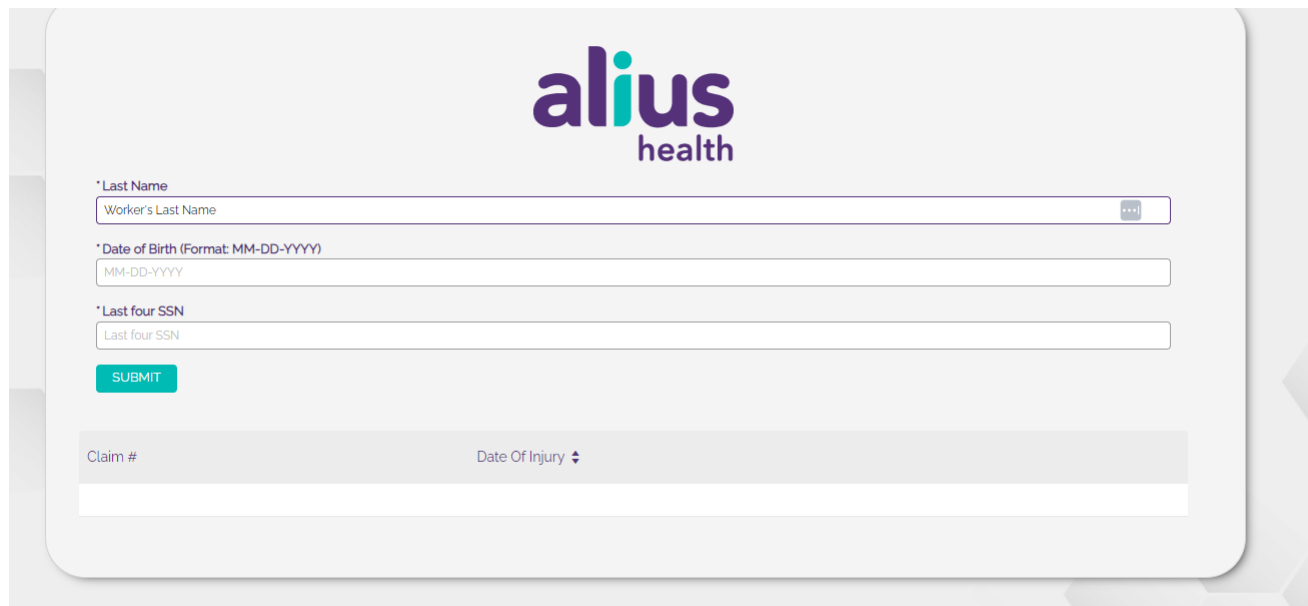
Login to the Alius Website: <https://claims.aliushealth.com/iw-claim-search>



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 green "SUBMIT" button is located below these fields. At the bottom of the form, there are two more fields: "Claim #" and "Date Of Injury" (with a dropdown arrow).

Enter Required Fields:

1. Last Name



This screenshot is identical to the one above, showing the Alius Health login form. The "Last Name" input field is highlighted with a purple border, indicating it is the first required field to be entered.

**2. Date of Birth (Using Drop Down Box)**

**alius health**


\* Last Name  
Worker's Last Name

\* Date of Birth (Format: MM-DD-YYYY)  
MM-DD-YYYY

November 2023  
November 2023

Su	Mo	Tu	We	Th	Fr	Sa
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

Date Of Injury

**3. Last four numbers of Social Security Number, then click 'SUBMIT'**

**alius health**

\* Last Name  
Worker's Last Name

\* Date of Birth (Format: MM-DD-YYYY)  
00000000

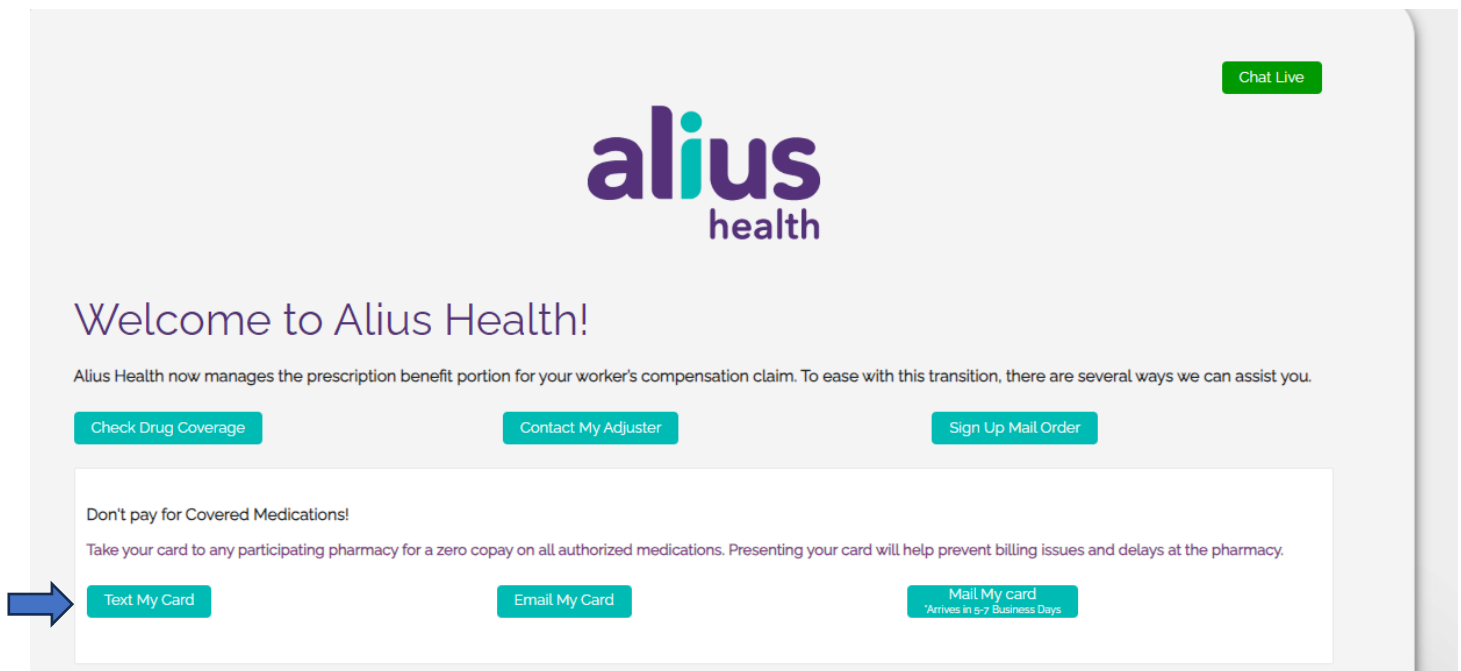
\* Last four SSN  
0000

**SUBMIT**

Claim #

Date Of Injury

Choose how you would like to receive your Prescription Card



**Chat Live**

# alius health

## Welcome to Alius Health!

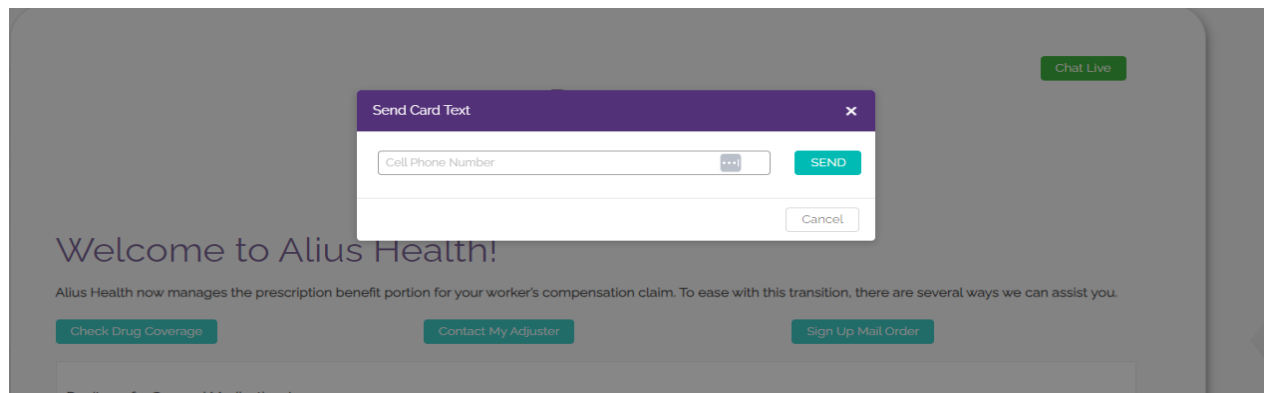
Alius Health now manages the prescription benefit portion for your worker's compensation claim. To ease with this transition, there are several ways we can assist you.

[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.

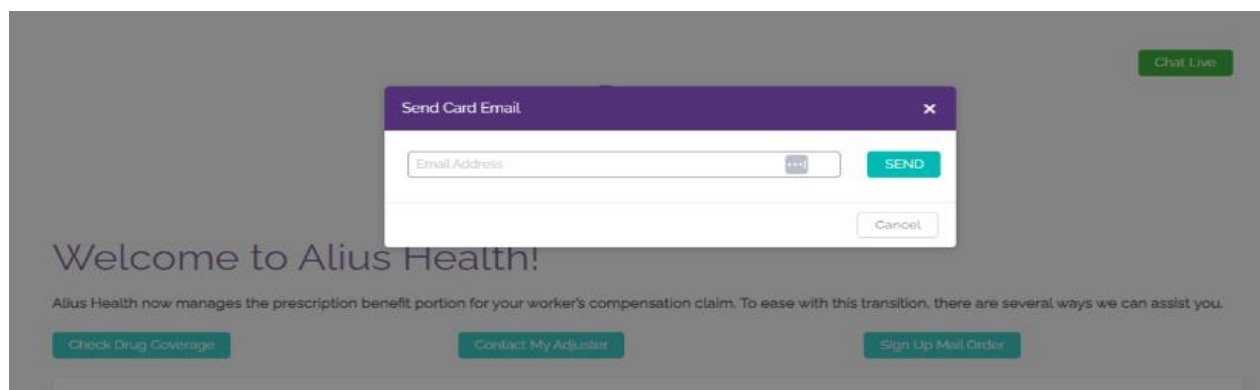
[Text My Card](#) [Email My Card](#) [Mail My card  
\\*Arrives in 5-7 Business Days](#)

Based off Selection, Provide Information on how to receive your Prescription Card



**Send Card Text** [X]

Cell Phone Number [ ] [SEND] [Cancel]



**Send Card Email** [X]

Email Address [ ] [SEND] [Cancel]