

What Wegmans Pharmacy Can Do For You!

- \$4 and \$10 Prescription Pricing Program
- FREE Prescription and Over-the-Counter Delivery
- Automatic Refills
- Easy Prescription Transfers
- Flavor Liquid Medication for only \$1.99
- Get Your Annual Flu Shot offered at Wegmans
- Incredible Customer Service

When and Where Will My Prescription Be Delivered?

Prescriptions will be delivered Monday-Friday at 3:30 pm.

- Prescriptions should be ordered before 2:00 pm in order to be delivered that day (all prescriptions ordered after 2:00 pm will be delivered the next business day).
- All prescriptions will be delivered to Student Health and Counseling on campus.
- Prescriptions can be refilled online, by phone, in the store, or you can sign up for automatic refills, but be sure to call to confirm College delivery.

Frequently Asked Questions

How do automatic refills work?

Prescriptions enrolled in the automatic refill program will be filled 3 days before the prescription is due to be filled. You will receive an automated phone call that day to let you know the prescription is ready. If you want delivery, you'll need to call to confirm College delivery for the script. (Customers with Medicaid are not eligible for automatic refills.)

What happens if I don't have any more refills on the prescription?

The pharmacy will automatically contact your doctor for a refill on the medication, if it is an automatic refill. When we hear back from the doctor, we will process the prescription and call you when it is ready.

How do I pay for my prescription?

Credit card information is kept in the pharmacy in a secure lock box. Before prescriptions are delivered to the college, your credit card will be charged for the prescription. This way, you will be able to quickly and easily pick up your prescription from Student Health and Counseling.

Do you also pick up paper prescriptions or will you stop by my doctor's office to pick up a prescription?

Yes! With your permission, we are able to stop by local doctors' offices to pick up your prescription to be delivered the next business day (did you know- prescriptions can also be mailed to the pharmacy by physicians not in the area?!)

What information do I need to bring or have when I pick up my prescription?

You only need 3 pieces of information when you pick up your prescription- a photo ID (license or college ID card), the phone number on file with the pharmacy, and the address on file with the pharmacy.

How do I transfer prescriptions from another pharmacy?

Prescriptions with refills can be transferred from any other pharmacy to Wegmans pharmacy easily. Simply drop off your old prescription bottle or package, or call the pharmacy to have it transferred (FYI- we are only able to transfer 1 refill at a time, so it is easiest to get a new prescription from your doctor). (Customers with Medicaid are not eligible for prescription transfers.)

What We Believe

At Wegmans, we believe that good people, working toward a common goal, can accomplish anything they set out to do.

In this spirit, we set our goal to be the very best at serving the needs of our customers. Every action we take should be made with this in mind.

We also believe that we can achieve our goal only if we fulfill the needs of our own people. To our customers and our people we pledge continuous improvement, and we make the commitment:

**"Every Day You
Get Our Best"**



CONTACT INFORMATION

ADDRESS:

4287 Genesee Valley Plaza
Geneseo, NY 14454

PHONE:

585-243-9020

WEBSITE:

www.wegmans.com/pharmacy

PHARMACY HOURS:

Monday-Friday
8:30am-9:00pm

Saturday and Sunday
8:30am-6:00pm

health.geneseo.edu

SUNY Geneseo
1 College Circle
Geneseo, New York 14454
585-245-5736



**Wegmans
Pharmacy**

Now offering a prescription
and over-the-counter
delivery available to all
SUNY Geneseo students!

GENESEO

DEPARTMENT OF
Student Health and Counseling
DIVISION OF STUDENT AND CAMPUS LIFE

WELCOME GENESEO STUDENTS!

- ❖ We deliver Monday through Friday during normal Lauderdale Health Center hours.
- ❖ Any new prescriptions must be received by 2pm to be delivered that day.
- ❖ You will receive a text when the prescription is ready and a **second text when it is delivered to the college.**
- ❖ It is the student's responsibility to inform Wegmans when they do not want their prescriptions filled over breaks.
- ❖ We must have a credit card on file to ring out your prescriptions.
- ❖ Credit card information cannot be faxed to us! It must be called in, mailed, or delivered in person.
- ❖ Patients are responsible for informing the pharmacy of any insurance or credit card changes!
- ❖ **Prescriptions cannot be returned once they leave the pharmacy and we do not refund the credit card once the prescriptions are delivered.**



4287 Genesee Valley Plaza
Geneseo, NY 14454
Phone: 585-243-9020
Fax: 585-243-9516



Wegmans Pharmacy 26
4287 Genesee Valley Plaza
Geneseo, NY 14454
Phone: 585-243-9020
Fax: 585-243-9516
Email: Pharmacy.Store026@wegmans.com
In the event of an emergency, please do not use email

Authorization for Release of Medication

I authorize Wegmans Food Markets, Inc. to release my prescription medication to the Lauderdale Student Health Center. The Health Center will hold my prescription until I pick it up or for 7 days, whichever is less.

Wegmans Pharmacy is unable to take prescription medication back once it has left the Wegmans Pharmacy counter.

Patient Information (please print clearly)

Student Name

Last

First

MI

Date of Birth

Month

Day

Year

Contact Information

Cell Phone Number

Other Phone Number

email

Signature

X

Date

Auto Delivery? Yes / No

Wegmans Pharmacy #26
4287 Genesee Valley Plaza
Phone: 585-243-9020
Fax: 585-243-9516

Email: Pharmacy.Store026@wegmans.com
In the event of an emergency, please do not use email.



Patient Information (please print clearly)

Student Name

Last First MI

Gender ☐ Female ☐ Male

Date of Birth

Month Day Year

Medication Allergies _____

Home Address (For insurance purposes)

Street

City

Preferred Contact Information

Cell Phone Number

email (if hearing impaired only)

Insurance Information

Name of Insurance

RX ID Number

RX Bin Number

RX PCN Number (if Provided)

RX Group Number

1-800 number on back of insurance card

Wegmans Pharmacy Delivery Service Credit Card Authorization

- This form authorizes the use of a credit card to perform transactions that result in delivery to patients from the store.
- If you wish to fill prescriptions for multiple patients, please fill out multiple forms

Patient Information:

First Name	MI	Last Name	Suffix	Date of Birth (MM/DD/YYYY)
				/ /
Permanent Address				Gender: <input type="radio"/> Male <input type="radio"/> Female
City				State Zip Code
Email Address (for shipping notification)				Preferred Phone Number
				()
				Check one: <input type="radio"/> Home <input type="radio"/> Cell

Delivery Information (if different from address above):

Delivery Address (only if different than permanent address)				
City				State Zip Code

Payment Information:

Credit Card Number	Expiration (MM/YY)	Card Type:		
	/	<input type="radio"/> American Express® <input type="radio"/> Discover® <input type="radio"/> MasterCard® <input type="radio"/> Visa®		
Card Holder's First Name	MI	Card Holder's Last Name	Suffix	Date of Birth (MM/DD/YY)
				/ /
Billing Address				
City				State Zip Code

Please choose **one** of the following options:

- ☐ Place the credit card information above on file for recurrent use for **only the patient associated with this order.**
- ☐ Place the credit card information above on file for the recurrent use for the **patient associated with this order and future orders for additional patients.** (List additional patients below)

Additional Patients:

First Name	MI	Last Name	Suffix	Date of Birth (MM/DD/YYYY)
				/ /
First Name	MI	Last Name	Suffix	Date of Birth (MM/DD/YYYY)
				/ /
First Name	MI	Last Name	Suffix	Date of Birth (MM/DD/YYYY)
				/ /

By signing below, I authorize Wegmans to charge the credit card identified above for this order and all future orders associated with this patient and additional patient(s) listed above, and that at my verbal request; Wegmans may update my billing address and/or credit card expiration date on file.

Cardholder Signature _____ Date: _____