

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. Otherwise, it will be delivered the following day (except Friday, it would be delivered Monday).
- ❖ If you need a refill, please call 24 hours in advance so we can be sure to have the medication in stock and ensure a timely delivery.
- ❖ Please opt out of the automated phone system (by pressing option #2) when calling in a refill and speak to a pharmacy representative to let them know you need delivery to health center.
- ❖ 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!

Wegmans
pharmacy

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

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"

Wegmans

Contact Information

ADDRESS:

4287 Genesee Valley Plaza
Geneseo, NY 14454

PHONE:

585-243-9020

WEBSITE:

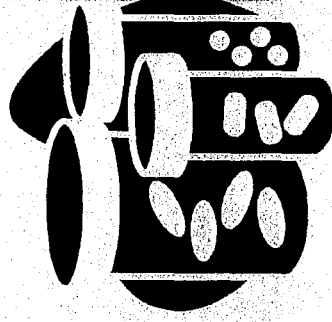
WWW.WEGMANS.COM/PHARMACY

PHARMACY HOURS:

MONDAY - FRIDAY
8:30 AM - 9:00 PM

SATURDAY AND SUNDAY
8:30 AM - 5:00 PM

Wegmans pharmacy



Now Offering!

A prescription and over-the-counter
delivery service available to all

SUNY Geneseo students!

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 before 2:30 pm to be delivered by 3:30 pm
- ❖ All prescriptions will be delivered to the Lauderdale Health Center on campus.
- ❖ Prescriptions can be refilled online, by phone, in the store, or you can sign up for automatic refills

Frequently Asked Questions:

How do automatic refills work (Customers with Medicaid not eligible for automatic refills)?

Prescriptions enrolled in the automatic refill program will be filled 3 days before the prescription is due to be filled. It will be automatically delivered to college unless you tell us otherwise.

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

The pharmacy will automatically contact your Dr. for a refill on the medication, if it is on automatic refill. When we hear back from the Dr. we will process the prescription and deliver to you when it's 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 the Health Center.

Do you also pick up paper prescriptions or will you stop by my Dr. office to pick up a prescription?

Yes! With your permission, we are able to stop by local Dr. 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 when I pick up my prescription?

You only need 3 pieces of information when you pick up your prescription. These include 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 (Customers with Medicaid not eligible for prescription transfer)?

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 (EVEN if we are only able to transfer 1 refill at a time, so it is easiest to get a new prescription from your Dr.)



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

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: _____