



J&B MEDICAL

MEMBER PORTAL USER GUIDE

WWW.JANDBPORTAL.COM



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J&B MEDICAL

Member Portal User Guide

Welcome to the J&B Medical Member Portal!

Below is a user guide to assist in operating the J&B Member Portal.

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1. Access Requirements

To access the portal, click [HERE](#).

Recommended Web Browsers: Google Chrome or Microsoft Edge

Recommended Devices: Personal Computer (PC) or laptop

Using alternative web browsers or devices (smartphone or tablet) may result in lack of functionality in the Member Portal.

2. Activating a Web Portal Account

The member must already have an account with J&B Medical before registering for Web Portal access.

Select **“Activate your Web Portal.”**

<p>Are you new to J&B Medical? Click the link below to start receiving our supplies.</p> <p>Open an Account</p>	<p>Are you an existing J&B Medical customer? Click the link below to set up your online account access.</p> <p>Activate your Web Portal</p>
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Complete all the fields.



Sign Up : PLEASE LIST THE PATIENT'S INFORMATION BELOW Back

Each patient will need to register their own login

User Name No Special Characters are allowed, other than @

Password

Confirm password

Patient's Last Name

Patient's First Name

Email address

Patient's BirthDate 

Phone Type:

Phone Number

Zip

Who Are You
Patient, Caregiver etc..

- **Please note:** Each member must have their own Web Portal account.

Once the information is completed, select “**Register**”.

User Names & Passwords

User Names cannot contain any special characters other than “@”.
Passwords cannot contain spaces or special characters other than “@”.

Access Approval

Your portal account will be registered within 24 to 48 hours.

If you are having trouble registering for a Member Portal account, email websupport@jandbmedical.com or call at 1-800-737-0045 for assistance.

3. Logging In

Enter your **username** and **password** then select **“LOGIN.”**

FAQ | User Guide

English Spanish [My Account](#)

J&B MEDICAL

ORDERS | MESSAGES | HOME | ACCOUNT BILLING | FORMS

MEMBER LOGIN

[Forgot Password?](#)

Remember me

LOGIN

Are you new to J&B Medical? Click the link below to start receiving our supplies.
[Open an Account](#)

Are you an existing J&B Medical customer? Click the link below to set up your online account access.
[Activate your Web Portal](#)

contact@jandbmedical.com
Phone: 800-737-0045
Fax: 800-737-0012
Nondiscrimination and Accessibility

J&B Medical
50496 West Pontiac Trail
Wilcox, MI 48393

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4. Forgotten Password

If you have forgotten your password, select “**FORGOT PASSWORD?**”

- You will then be required to provide your e-mail address.
- You will receive your temporary password to the e-mail provided.
- Use the temporary password to log back in.
- Once logged in you must change your password as your temporary password will expire.

Note: For instructions on how to change your password, see the **My Account** section.

MEMBER LOGIN

 Username



[Forgot Password?](#)

Remember me

[LOGIN](#)

Are you new to J&B Medical? Click the link below to start receiving our supplies.

[Open an Account](#)

Are you an existing J&B Medical customer? Click the link below to set up your online account access.

[Activate your Web Portal](#)

5. Homepage

Once logged in, you will arrive to the portal's homepage.

The screenshot shows the J&B Medical portal homepage. At the top, there is a navigation bar with links for 'FAQ | User Guide', 'English', 'Spanish', 'My Account', and 'Log off'. The J&B Medical logo is centered. Below the logo is a blue navigation bar with five tabs: 'ORDERS Admin', 'MESSAGES Action', 'HOME', 'ACCOUNT BILLING', and 'FORMS'. The main content area features a central message: 'HAS YOUR INSURANCE CHANGED? If your insurance coverage has changed or you have a new provider, let us know!' accompanied by a medical shield icon. Below this are four interactive cards: 'ORDER CONFIRMATION' with a 'CONFIRM PRODUCT' button, 'ACCOUNT BILLING' with an 'ACCOUNT BILLING' button, 'FORMS' with a 'VIEW FORMS' button, and 'MESSAGE CENTER' with a 'VIEW MESSAGES' button.

FAQ | User Guide English Spanish My Account Log off

J&B MEDICAL

ORDERS Admin MESSAGES Action HOME ACCOUNT BILLING FORMS

HAS YOUR INSURANCE CHANGED?
If your insurance coverage has changed or you have a new provider, let us know!

ORDER CONFIRMATION

Your upcoming orders require your confirmation. Please click the button below and follow the steps to confirm your order.

CONFIRM PRODUCT

ACCOUNT BILLING

Make payments and request detailed receipts.

ACCOUNT BILLING

FORMS

Attach and download any necessary forms or documents by clicking on the button below.

VIEW FORMS

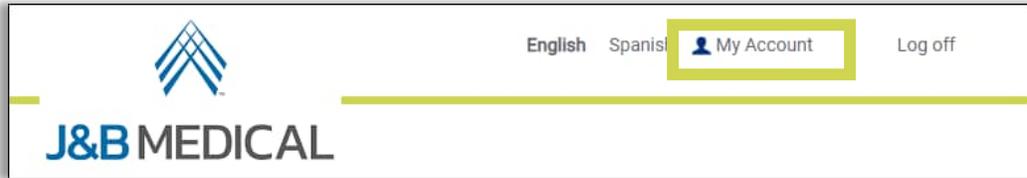
MESSAGE CENTER

Questions or concerns? Our Message Center offers secure messaging between you and our support team.

VIEW MESSAGES

6. My Account

To view or edit account details, select “MY ACCOUNT” in the upper right-hand corner.



Select “Edit” to update your information.

ACCOUNT INFORMATION

Information [Edit](#)

Account Number : 396225

Name : (First-Middle-Last) FIRST LAST Email : Test@jandbmedical.com

Birth Date : 02/01/1900 SSN :

Primary Phone : (800) 737-0045 Secondary Phone : (888) 896-5233

Doctor's Name : Clinic Phone :

Insurance [Edit](#)

Insurance Name : Policy Number :

Address [Edit](#)

HOME Address **Shipping Address**

Address : 50496 W PONTIAC TRL Address : DO NOT SHIP - TEST ACCOUNT

City : WIXOM State : MI City : State :

Zip : 48393 Zip :

Text Alert [Edit](#)

Phone Number : Provider : T-Mobile

CHANGE PASSWORD

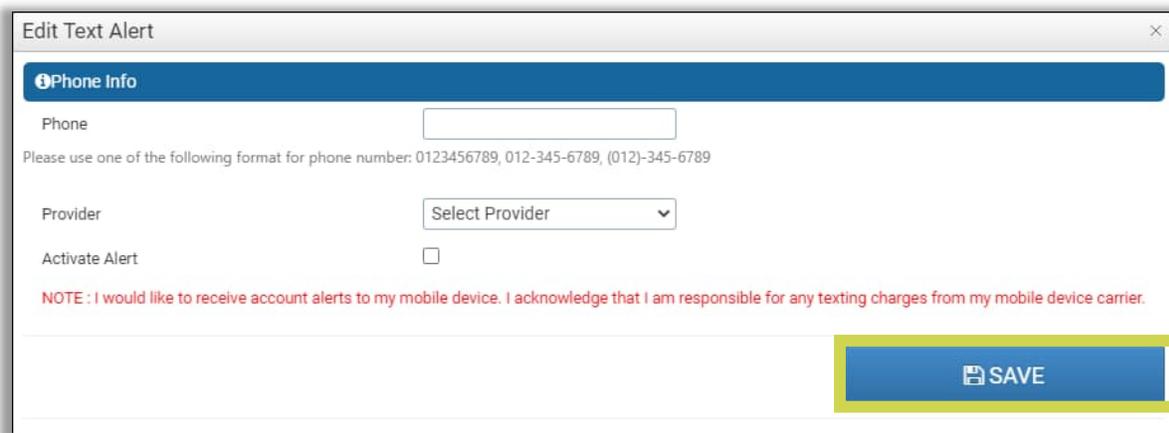
Text Alerts

To enroll in Text Alerts or to update your wireless provider, select **“Edit”**.



A screenshot of a web interface showing a list of text alerts. The first item is highlighted in light blue and contains the text "Text Alert". To the right of this item is a yellow button with a pencil icon and the word "Edit". Below the list, the text "Phone Number:" and "Provider: T-Mobile" is visible.

Complete the information including the “Activate Alert” checkbox and select **“SAVE”**.



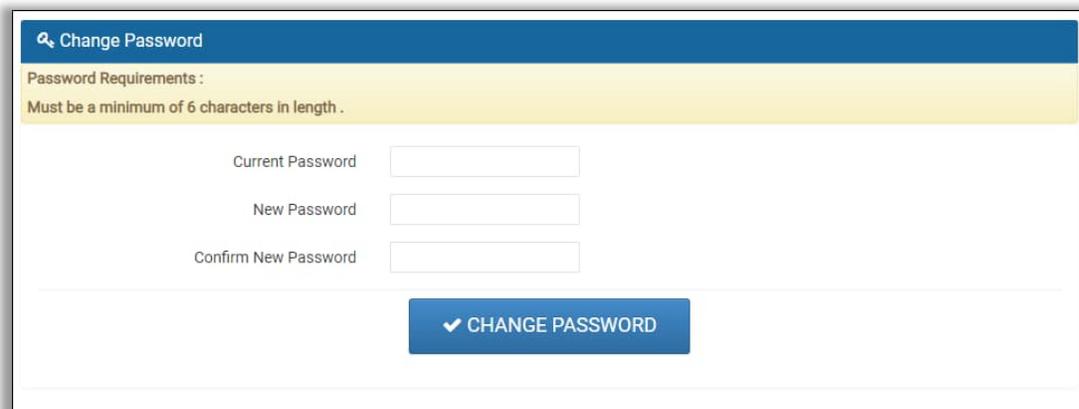
A screenshot of a web form titled "Edit Text Alert". The form has a blue header with a white information icon and the text "Phone Info". Below the header, there is a "Phone" label followed by a text input field. Underneath, a note reads: "Please use one of the following format for phone number: 0123456789, 012-345-6789, (012)-345-6789". There is a "Provider" label followed by a dropdown menu currently showing "Select Provider". Below that is an "Activate Alert" label followed by an unchecked checkbox. A red note at the bottom of the form reads: "NOTE: I would like to receive account alerts to my mobile device. I acknowledge that I am responsible for any texting charges from my mobile device carrier." At the bottom right of the form is a blue button with a white floppy disk icon and the word "SAVE".

Update Password

To update your password, select **“CHANGE PASSWORD”** in My Account.

- You will be required to enter your Current Password and then specify your new password.

Select **“CHANGE PASSWORD”** to save your changes.



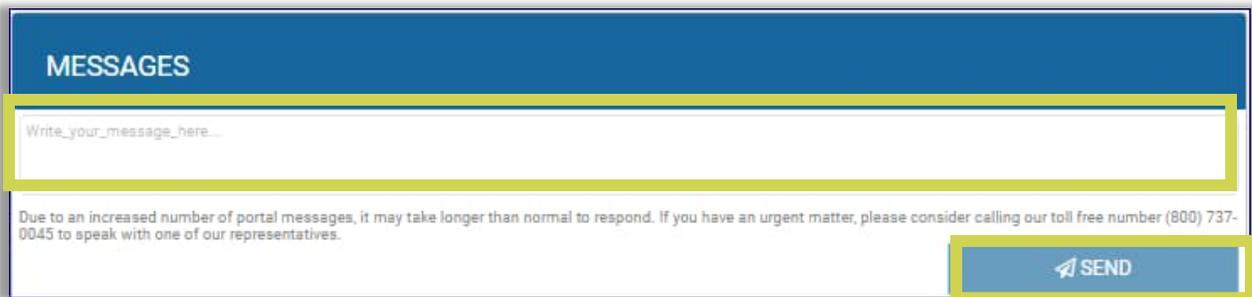
A screenshot of a web form titled "Change Password". The form has a blue header with a white magnifying glass icon and the text "Change Password". Below the header, there is a yellow box with the text "Password Requirements: Must be a minimum of 6 characters in length." Below this, there are three text input fields labeled "Current Password", "New Password", and "Confirm New Password". At the bottom of the form is a blue button with a white checkmark icon and the text "CHANGE PASSWORD".

7. Messages

To send a convenient and secure message to J&B Medical, select **“MESSAGES.”**



Add your message to the message box and select **“SEND”**.

A screenshot of the 'MESSAGES' form on the J&B Medical website. The form has a dark blue header with the word 'MESSAGES' in white. Below the header is a white text input field with the placeholder text 'Write_your_message_here...'. At the bottom of the form is a blue button with a white paper plane icon and the word 'SEND'. A yellow border highlights the input field and the 'SEND' button. Below the input field, there is a small disclaimer: 'Due to an increased number of portal messages, it may take longer than normal to respond. If you have an urgent matter, please consider calling our toll free number (800) 737-0045 to speak with one of our representatives.'

Response Timeframe:

- Our dedicated representatives will typically get back to you within 1-2 business days.
- You will receive an email alert once we have responded to your message.

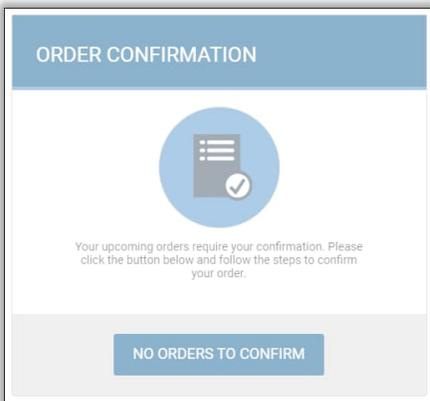
8. Orders

The Orders section of the portal provides access to confirm the need for an upcoming reorder, view details of the Next Scheduled Order, Modify Future Orders, and view Order History.

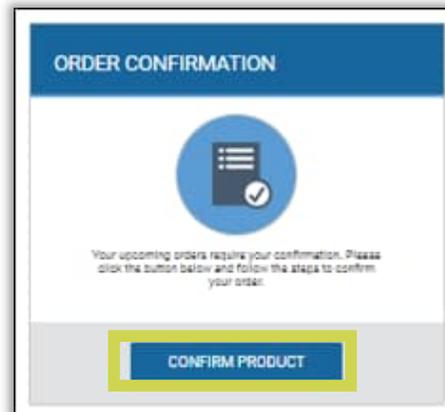
Order Confirmation

If your health plan requires confirmation before a reorder can be shipped the confirmation can be done through the portal.

If you do not have an order to confirm at this time, your Home page will state **“NO ORDERS TO CONFIRM.”**



If an order is eligible for confirmation, your Home page will give an option to confirm your order, select **“CONFIRM PRODUCT.”**



You can also confirm your order by selecting **“ORDERS”** in the Menu bar.



If there is an order that is eligible for confirmation, select “CONFIRM PRODUCTS NOW”.

The screenshot shows the J&B Medical website header with the logo and navigation links: ORDERS, MESSAGES, HOME, ACCOUNT BILLING, and FORMS. Below the header, a blue banner reads "Confirm your upcoming supply re-order". Underneath, a message states: "Some insurances require you to let us know which items you need to re-order. You have items that may need to be confirmed. Click here to get started." A button labeled "CONFIRM PRODUCTS NOW" is highlighted with a yellow border.

Note: If you do not have an order eligible for confirmation the **Next Scheduled Order** grid will be displayed & the “CONFIRM PRODUCTS NOW” button will **not** be available.

The screenshot shows the J&B Medical website header with the logo and navigation links: ORDERS, MESSAGES, HOME, ACCOUNT BILLING, and FORMS. Below the header, a blue banner reads "Next Scheduled Order". Underneath, a message states: "If you need to make changes to the Future Order, please click [HERE](#) to send us a message." Below this is a table with the following data:

Next Date	Qty	Package Type	Product Description	Confirmed Source	IsNeeded?
10/29/2022	1	Box	LANCET, 30G, AQUALANCE		No
08/29/2022	1	Box	PEN NEEDLE, INSULIN, 32G X 4MM, TECHLITE		No
08/29/2022	3	Bag	PULLON, ADULT, SMALL, 23-36 IN, BG/22, TRANQUILITY ESSENTIAL		No
07/29/2022	1	Bag	DIAPER, CHILD, SIZE 6, 35+ LBS, BG/23, CUTIES		No
07/29/2022	1	Box	STRIP, TEST, ARKRAY EXPRESSION		No
07/29/2022	1	Bag	UNDERPAD, 23 X 36 IN, BG/10, PLUS		No
07/29/2022	1	Each	INFUSION SET, DIABETIC, 43IN, 6MM, CLEAR, PARADIGM MIO		No
07/29/2022	3	Box	GLOVES, MEDIUM, POWDERFREE, VINYL, AMBITEX		No

At the bottom of the table, there are navigation arrows and a page indicator "1 - 8 of 8 items".

Answer each question (Yes/No & whomever is completing the confirmation) and select **“CONTINUE”**.

Confirm your upcoming supply re-order

Before we get started, please answer the following questions:

Questions

1. Are you currently in the hospital? * Yes No
2. Are you currently in a skilled nursing facility? * Yes No
3. Are you currently receiving hospice care? * Yes No
4. Do you have a Home Health Nurse coming to your home to provide nursing care? * Yes No
5. Person completing this confirmation? * Account Holder Other

Check the **“Supply Needed?”** checkbox for any supplies needed.

- If a supply is not needed, just skip over that item.

Add the amount remaining to the **“Quantity Left”** field.

- Check **“Each”** if you have partial/open boxes of the supply left.
- Check **“Box”** if you have full boxes or bags of the supply left.
- If there are no remaining supplies, enter zero (0) as the Quantity Left.

Add any questions or comments regarding your order to the **“Comments/Questions”** box.

- If you do not have any questions or comments leave this field blank.

Select **“SUBMIT.”**

Comments/Questions:

You will receive a response to your question/comment through the message center in 1-2 business days, during regular business hours. You will also receive an email alerting you that you have received a message.

CONFIRM ORDERS (for each item that you need, check the box and tell us how many you have left over from your last orders.)

Next Date	Product	Quantity	UOM	Supply Needed?	Quantity Left	
08/20/2020	STRIP, TEST, ARKRAY EXPRESSION	2	Box	<input checked="" type="checkbox"/>	10	<input checked="" type="checkbox"/> Each (Cada) <input type="checkbox"/> Box/ (Caja)
08/20/2020	CONTROL SOLUTION, ARKRAY EXPRESSION	1	Each	<input type="checkbox"/>		<input checked="" type="checkbox"/> Each (Cada) <input type="checkbox"/> Box/ (Caja)
08/20/2020	LANCET, 30G, AQUALANCE	1	Box	<input checked="" type="checkbox"/>	10	<input checked="" type="checkbox"/> Each (Cada) <input type="checkbox"/> Box/ (Caja)

A final confirmation question for the order will appear.

Review the items listed.

- Select “**NO**” to make any necessary changes.
- Select “**YES**” to submit your order confirmation.

Are you sure you only need the items listed below?

Next Date	Product	Package Type	Qty Left
09/16/2022	POUCH, OSTOMY, 1.75 IN, 2PC, DRNBL, NEW IMAGE	Each	0 Each
09/16/2022	BARRIER, 1.75 IN, STOMA 1 IN, 2PC, CONVEX, NEW IMAGE	Each	0 Each

Once your confirmation is submitted you will receive a “Order Confirmed Successfully” message.

The screenshot shows the J&B Medical website interface. At the top right, there are language options for "English" and "Spanish". The main navigation bar is blue and contains the following links: "ORDERS Admin", "MESSAGES Action", "HOME", "ACCOUNT BILLING", and "FORMS". The J&B Medical logo is centered at the top. A confirmation message is displayed in a white box with a green border, stating "Order Confirmed Successfully" and "Click Here to go to the Home page".

Confirmation Restrictions: We cannot ship accessories (e.g. gloves, wipes, lancets, solutions, or lubricant) individually without a primary product (Diaper, Pullon, Test Strips, or Catheters) on file.

Order History

Order History will display all previously shipped orders.

This is also where tracking information can be obtained for orders still in transit.

To view order details, select the arrow (▶) to the left of the Order Number.

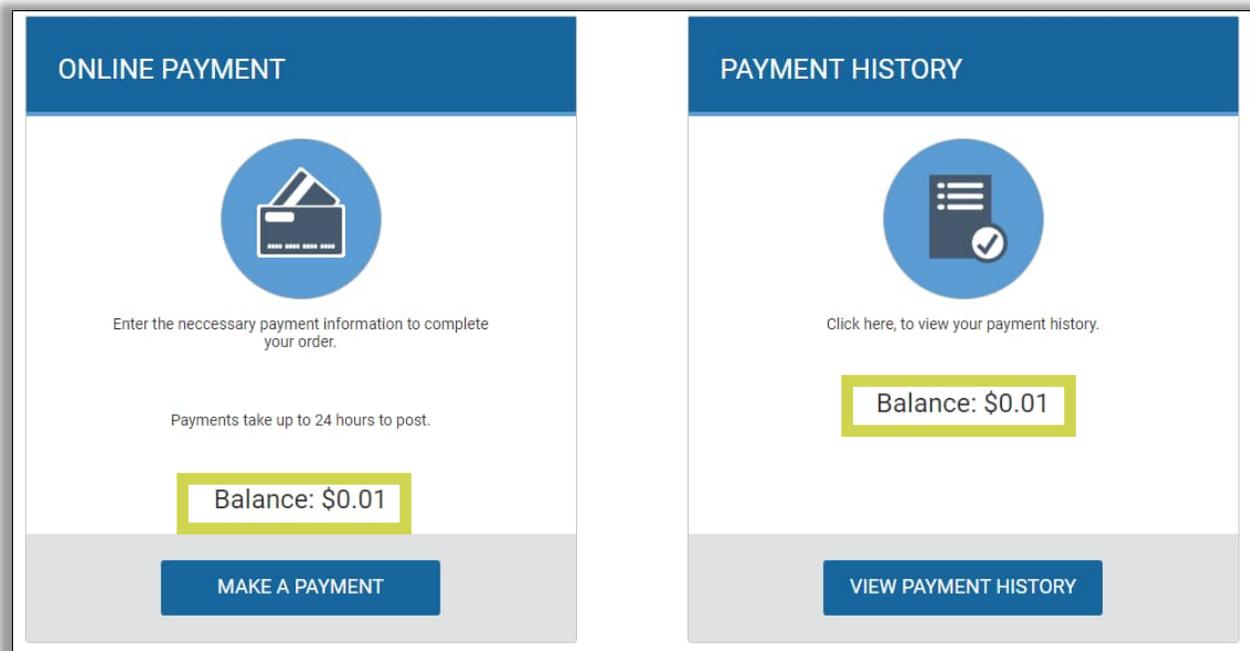
ORDER HISTORY <small>Click the small arrow next to the order number to see the details.</small>																														
Order Number	Request Date	Completed	Status	FedEx Tracking Number	Cancel Reason																									
▶ 10288205	11/18/2021		Cancelled		TEST ACCOUNT	▲																								
▶ 10381105	12/18/2021		Cancelled		TEST ACCOUNT																									
▶ 10465803	01/18/2022		Cancelled		TEST ACCOUNT																									
▶ 10556914	02/18/2022		Cancelled		TEST ACCOUNT																									
▶ 0637277	03/18/2022		Cancelled		TEST																									
<table border="1"><thead><tr><th>Package Type</th><th>Qty_Shipped</th><th>Product Code</th><th>Description</th></tr></thead><tbody><tr><td>Each</td><td>0</td><td>HOL18163</td><td>POUCH, OSTOMY, 2.25 IN, 2PC, DRNBL, W/FLTR, NEW IMAGE</td></tr><tr><td>Each</td><td>0</td><td>HOL7906</td><td>POWDER, OSTOMY, 1 OZ</td></tr><tr><td>Box</td><td>0</td><td>HOL7917</td><td>WIPES, PROTECTIVE, SKIN GEL</td></tr><tr><td>Pkg</td><td>0</td><td>HOL7760</td><td>WIPES, ADHESIVE REMOVER</td></tr><tr><td>Each</td><td>0</td><td>HOL8805</td><td>BARRIER RING, 2 IN, WIDTH 4.5MM, ADAPT CERARING</td></tr></tbody></table>							Package Type	Qty_Shipped	Product Code	Description	Each	0	HOL18163	POUCH, OSTOMY, 2.25 IN, 2PC, DRNBL, W/FLTR, NEW IMAGE	Each	0	HOL7906	POWDER, OSTOMY, 1 OZ	Box	0	HOL7917	WIPES, PROTECTIVE, SKIN GEL	Pkg	0	HOL7760	WIPES, ADHESIVE REMOVER	Each	0	HOL8805	BARRIER RING, 2 IN, WIDTH 4.5MM, ADAPT CERARING
Package Type	Qty_Shipped	Product Code	Description																											
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Each	0	HOL7906	POWDER, OSTOMY, 1 OZ																											
Box	0	HOL7917	WIPES, PROTECTIVE, SKIN GEL																											
Pkg	0	HOL7760	WIPES, ADHESIVE REMOVER																											
Each	0	HOL8805	BARRIER RING, 2 IN, WIDTH 4.5MM, ADAPT CERARING																											
▶ 10717701	04/18/2022		Cancelled		TEST ACCOUNT																									
▶ 10733684	04/22/2022		Cancelled		DUPLICATE ORDER																									
▶ 10733685	04/22/2022		Cancelled		test account																									
▶ 10812694	05/22/2022		Cancelled		BACK ORDER																									
▶ 10895920	06/22/2022		Cancelled		TEST ACCOUNT	▼																								

9. Account Billing

To view your account balance, make payments and add or edit payment methods, select “**ACCOUNT BILLING**.”

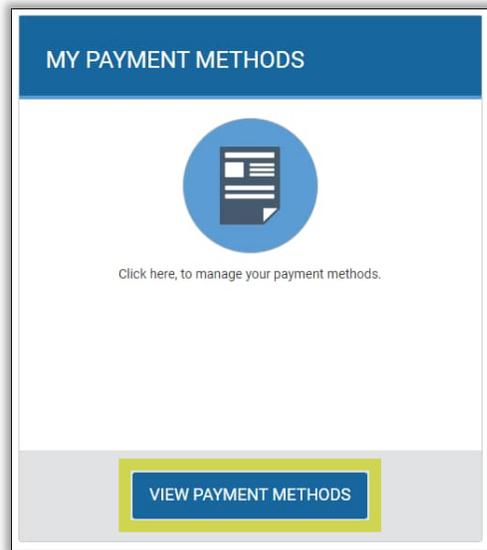


If your account has a private balance (out-of-pocket expenses applied to your account after your health plan has made payment) it will display in the **ONLINE PAYMENT** and **PAYMENT HISTORY** boxes.



- If you have questions about your balance, please send us a message by selecting “**Messages**” on the menu bar.

To add or edit your payment methods, select **“VIEW PAYMENT METHODS.”**



To add a payment method, select **“ADD NEW PAYMENT METHOD.”**

To add a credit or debit card, select **“Credit Card.”**

Note: Health Savings Account (HRA) cards can also be added as long as the card has a major credit card logo such as MasterCard, Visa, American Express, or Discovery.

Complete each field, including if this will be your default payment method and select **“SAVE.”**

To add a bank account as a payment method, select “**Bank Account.**”

The screenshot shows a form titled "Add Payment Method" with two tabs: "Credit Card" and "Bank Account". The "Bank Account" tab is selected and highlighted in yellow. The form contains the following fields:

- Name on Bank Account (text input)
- Bank Routing Number (text input)
- Bank Account Number (text input)
- Bank Name (text input)
- Radio buttons for "Checking" and "Savings"
- Email (text input)
- Set as default payment method (dropdown menu)
- First Name (text input)
- Last Name (text input)
- Address (text input)
- City (text input)
- State (dropdown menu)
- Zip Code (text input)

At the bottom of the form are two buttons: "BACK" and "SAVE".

Complete each field, including if this will be your default payment method and select “**SAVE.**”

Default Payment Method: This is the payment method that will be charged if you elect for “Auto Pay” or if you provide J&B Medical the authorization to make payments over the phone. You can change your preferred payment method anytime.

Once a payment method has been added you can opt into Auto Pay by agreeing to the following Terms and Conditions:

The screenshot shows the "ADD NEW PAYMENT METHOD" button at the top left. Below it is a section titled "My Payment Methods" containing a table with the following data:

Card/Account number	Payment Type	Is Default Method	Card Type	Action
XXXX0015	CreditCard	Yes	MasterCard	EDIT DELETE

Below the table, there is a section for "Auto-pay" with a toggle switch that is currently turned on.

AutoPay - Terms & Conditions

THIS PAYMENT SERVICE IS SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS

J&B Medical reserves the right to amend these Terms and Conditions at any time upon notification to me and any such amendments shall be effective immediately. By enrolling in AutoPay, I

1. Authorize J&B Medical to electronically withdraw from the preferred payment method indicated in my web portal account,
2. Warrant that I am the primary account holder or have authorization to withdraw as an authorized user from the preferred payment method indicated in my web portal account,
3. Acknowledge that these withdrawals will take place when my order is due to ship or on the Friday after my health plan has applied out-of-pocket expenses,
4. Acknowledge that if the payment is for a previous balance, I will receive a payment email on the Tuesday prior to the payment being processed,
5. Acknowledge that if the payment is for a current order, my notice will be the order confirmation I complete through J&B Medical's IVR (Interactive Voice Response System), text confirmation, web portal confirmation, or any other chosen confirmation method with J&B Medical, and
6. I agree to the following Terms and Conditions:

COMPLIANCE

I represent, warrant and certify that my usage of AutoPay shall not in any way, directly or indirectly violate any of these Terms and Conditions of use. When required by applicable law, violations will be reported to federal, state, local or foreign authorities. I acknowledge that all the information provided by me is accurate and complete and it can be subjected for further validations. I am responsible to J&B Medical for any costs that result from inaccuracy of information that I provide.

METHODS OF PAYMENT

With the authorization I am providing to J&B Medical, the preferred payment method indicated in my web portal will be debited (via J&B Medical's electronic payment system). My agreement with my financial institution governs the use of my bank account or credit card, and I must refer to that agreement to ascertain my rights and liabilities as an account holder.

FEES AND PAYMENT

Timing of Payments: Withdrawals will be debited from my preferred payment method indicated in my web portal account on the date my order ships or the due date specified in my payment notice email.

Fees: There are no fees associated with using J&B Medical AutoPay.

Minimum Payment Amount: There is a \$5.00 minimum payment amount.

NSF (Non-Sufficient Funds), Returned/Rejected Payments: I agree that if there are insufficient funds in my bank account to cover a requested payment, or if my financial

institution rejects a debit for any reason, my order may be delayed, the payment will be cancelled and I am responsible to make alternate arrangements to pay my J&B Medical bill. If this occurs, I may be liable for late fees, a returned check fee and any other charges from J&B Medical, to the extent permitted by law. I may also be liable for any fees charged by the financial institution where I have my bank account.

Dispute: I agree AutoPay service will be suspended until the dispute is resolved.

AUTHORIZATION, REVOCATION OR CANCELLATION

While I am enrolling into AutoPay, I understand that my AutoPay activation depends on the approval from my financial institution. If rejected, I understand that my AutoPay will not be activated and I am responsible to resolve my balance and/or make payment on my order before it ships. However, my enrollment into notification preferences will continue and I will receive notifications pertaining to my bills and payments.

I understand that while I am on AutoPay, if for any reason the account becomes ineligible (including, but not limited to: getting more than one (1) returned/rejected payment in last twelve months, when electric account becomes inactive) J&B Medical can cancel my AutoPay service and I am responsible to pay all remaining or future balances before the applicable due date.

Cancellations of my payments and/or J&B Medical AutoPay enrollment may be cancelled through my web portal account at least one (1) business day before the payment is scheduled to be withdrawn or one (1) business day before my order is due to ship.

To cancel: I must log into my web portal account, select ACCOUNT BILLING, select MY PAYMENT METHODS, and unselect the AutoPay button.

To remove a payment method: I must log into my web portal account, select ACCOUNT BILLING, select MY PAYMENT METHODS, locate the payment method that I would like removed and select "DELETE".

MODIFICATIONS

I understand that I may update my AutoPay information with sufficient notice of at least one (1) business day prior to a scheduled withdrawal or one (1) business day before my order is due to ship.

To modify my preferred payment method: I must log into my web portal account, select ACCOUNT BILLING, select MY PAYMENT METHODS, select the payment method that I would like to set as my preferred method, select "EDIT" and then select "Yes" to "Set as default payment method".

DETAILED RECEIPTS

Once my payment has processed, I will receive a notice by email or text message that the payment has been processed and the amount that was processed.

To receive a detailed receipt regarding my payments I must log into my web portal account, select ACCOUNT BILLING, select REQUEST DETAILED INVOICE, and select

the transmission method of my choice (mail or email). My detailed receipt will be sent once my health plan provides J&B Medical with an Explanation of Benefits for my claim.

PAYMENT HISTORY

To view my payment history with J&B Medical I must log into my web portal account, select ACCOUNT BILLING, select PAYMENT HISTORY.

ALERTS AND NOTIFICATIONS

I understand by enrolling into AutoPay service, I am also subscribed to J&B Medical's Billing and Payment Alerts Service. I agree to receive all notifications relating to the service in electronic form delivered by email to the email address listed for my account, or to my mobile phone or device as an SMS message per my Communication Preferences. It is my sole responsibility to ensure that the email address and mobile phone number listed for my account are current and accurate.

SECURITY AND PRIVACY POLICY

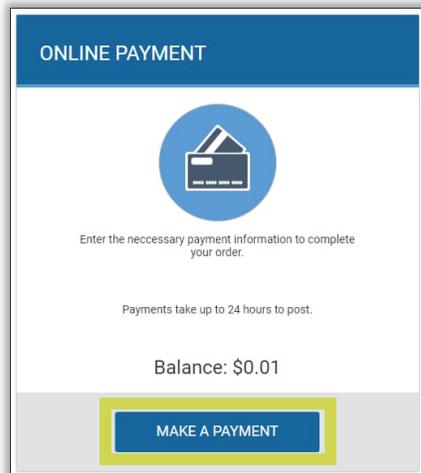
Information, Protection and handling my personal information is subject to the applicable Privacy Policy set forth below:

Privacy Policy



Once a payment method is added to your account you can also make a one-time payment.

To make a one-time payment, select **“MAKE A PAYMENT.”**



ONLINE PAYMENT

Enter the necessary payment information to complete your order.

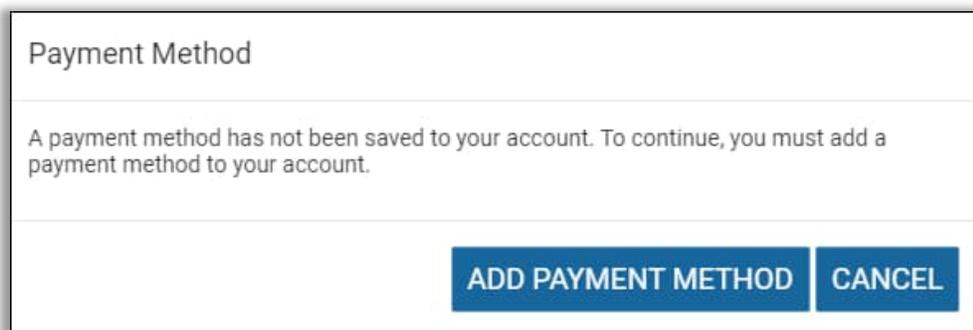
Payments take up to 24 hours to post.

Balance: \$0.01

MAKE A PAYMENT

Note: You cannot make a payment until a Payment Method has been added to your account.

Selecting **“CANCEL”** will not allow you to proceed until a Payment Method has been added to your account:



Payment Method

A payment method has not been saved to your account. To continue, you must add a payment method to your account.

ADD PAYMENT METHOD CANCEL

Note: Once your payment is processed your payment method can be deleted from your account.

Select your payment method, enter your payment amount (your current account balance will automatically populate, but can be adjusted).

Select one of the following options:

- If you are making a proactive payment on an order due to ship within the next 7-10 days: **This is a payment for my upcoming order, please process my order**
- If you are making a payment due to a statement and/or account balance: **This is a payment of my private balance for an order that I have already received**
- If you are making a payment on your account balance and also a proactive payment on an order due to ship within the next 7-10 days: **This is a payment for both an upcoming order and my private balance, please process my order**

Select **“SUBMIT.”** You will receive an email confirmation of your payment.

Payments may take 24 hours to post to your account.

ENTER PAYMENT INFORMATION

Payment Method

\$ Amount

Billing Address

First Name

Last Name

Address

City

State

Zip

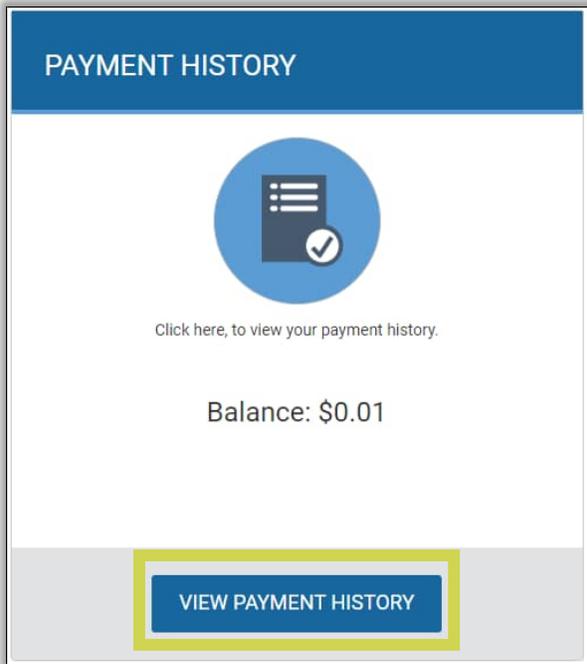
This is a payment for my upcoming order, please process my order

This is a payment of my private balance for an order that I have already received

This is a payment for both an upcoming order and my private balance, please process my order

Payments take up to 24 hours to post.

To view your web payment history, select **“VIEW PAYMENT HISTORY.”**



The History will list the Amount Paid, Payment Source, Payment Type, and Payment Date.

Columns can be sorted by clicking on the column heading.

Payment History			
Amount Paid	Payment Source	Payment Type	Payment Date
\$6.00	Visa XXXX0027	CreditCard	02/01/2021
\$6.00	AmericanExpress XXXX0002	CreditCard	02/01/2021
\$5.00	AmericanExpress XXXX0002	CreditCard	02/01/2021
\$0.01	MasterCard XXXX0015	CreditCard	12/30/2020
\$0.01	MasterCard XXXX0015	CreditCard	12/30/2020
\$0.01	MasterCard XXXX0015	CreditCard	12/30/2020
\$0.01	MasterCard XXXX1321	CreditCard	12/16/2020
\$0.01	MasterCard XXXX1321	CreditCard	12/16/2020
\$0.01	MasterCard XXXX1321	CreditCard	12/02/2020
(\$0.01)			12/03/2020

Detailed Invoice

To receive a detailed receipt or invoice, select “**DETAILED INVOICE**”.

REQUEST DETAILED INVOICE

Click here, ONLY if you have paid out of pocket and need a receipt for (FSA) Flexible Spending Accounts, (HSA) Health Savings Accounts, Co-insurance or Deductible.

Note: This will not provide an instantaneous receipt. Our billing department will send the detailed receipt once your insurance company has provided us with the Explanation of Benefits for your claim.

DETAILED INVOICE

Then, select the preferred method (Mail or E-Mail) to receive the receipt.

Receipt

Item 1	1.00
Item 2	2.00
Item 3	3.00
Total	6.00

Send me detailed receipts for shipments

SEND BY US-MAIL

SEND BY E-MAIL

Note: This option does not produce an instant receipt. Once enrolled, detailed receipts will be sent on the 15th of each month IF your health plan has processed the claim and applied any out-of-pocket expenses.

To stop receiving receipts, select “**DO NOT SEND**”.

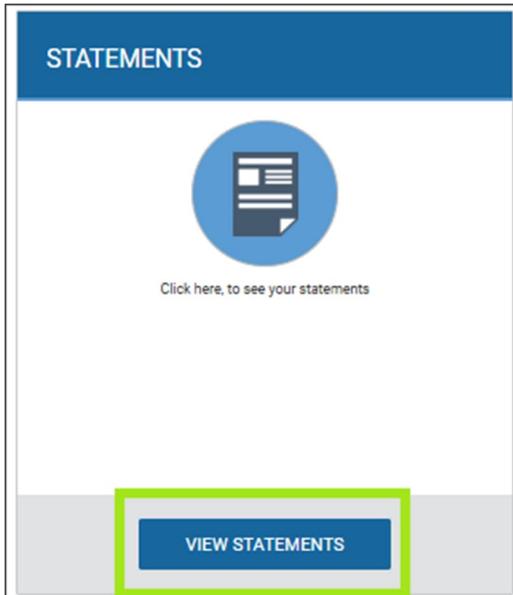
Receipt

Stop sending me detailed receipts for shipments

DO NOT SEND

Statements

To view unresolved statements, select “VIEW STATEMENTS”.



Then, select “VIEW STATEMENT”

User Guide  English Spanish  My Account

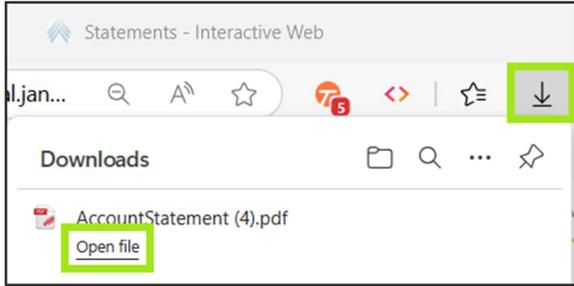
J&B MEDICAL

ORDERS | MESSAGES | HOME | ACCOUNT BILLING | FORMS

Date of Service	Claim ID	Member Responsibility
06/05/2025	: [REDACTED]	\$0.50
06/05/2025		\$0.50
06/05/2025	[REDACTED]	\$0.50
06/05/2025	: [REDACTED]	\$0.50
05/09/2025	: [REDACTED]	\$0.50
05/09/2025		\$0.50
05/09/2025	[REDACTED]	\$0.50
05/09/2025		\$0.50
04/09/2025	[REDACTED]	\$0.50
04/09/2025	: [REDACTED]	\$0.50
04/09/2025	: [REDACTED]	\$0.50
04/09/2025		\$0.50
Total Member Responsibility:		\$6.00

VIEW STATEMENT **MAKE PAYMENT**

A PDF statement will be available in your Downloads, select “Open file”



STATEMENT

Statement Date: 07/17/2025

Account Number:

J & B Medical Supply Inc
50496 Pontiac Trail
Wixom, MI 48393-2088
(800) 737-0045

Please Include Security Code from Back of Card	
MasterCard Visa Discover American Express	
CARD NUMBER	EXP. DATE
CARDHOLDER NAME	
SIGNATURE	AMOUNT

Remit To:
J and B Medical Supply, Inc
PO BOX 775782
CHICAGO, IL 60677-5782

PLEASE RETURN THIS PORTION WITH PAYMENT

Billing Date	Claim Number	Description	Patient Balance
06/05/2025	22686731	LINER, 4 X 12 IN, BG/25, NATURAL	\$0.50
06/05/2025	22686731	UNDERPAD, 23 X 36 IN, BG/10, SECURE PERSONAL CARE	\$0.50
06/05/2025	22686731	GLOVES, LARGE, POWDERFREE, VINYL, AMBITEX	\$0.50
06/05/2025	22686731	PULLON, ADULT, WOMEN, XLARGE, 58-68IN, BG/14, PREVAL PER-FIT	\$0.50
05/09/2025	22587246	LINER, 4 X 12 IN, BG/25, NATURAL	\$0.50
05/09/2025	22587246	UNDERPAD, 23 X 36 IN, BG/10, SECURE PERSONAL CARE	\$0.50
05/09/2025	22587246	GLOVES, LARGE, POWDERFREE, VINYL, AMBITEX	\$0.50
05/09/2025	22587246	PULLON, ADULT, WOMEN, XLARGE, 58-68IN, BG/14, PREVAL PER-FIT	\$0.50
04/09/2025	22478883	LINER, 4 X 12 IN, BG/25, NATURAL	\$0.50
04/09/2025	22478883	UNDERPAD, 23 X 36 IN, BG/10, SECURE PERSONAL CARE	\$0.50
04/09/2025	22478883	GLOVES, LARGE, POWDERFREE, VINYL, AMBITEX	\$0.50
04/09/2025	22478883	PULLON, ADULT, WOMEN, XLARGE, 58-68IN, BG/14, PREVAL PER-FIT	\$0.50
Total			\$6.00

Primary Insurance:

Note: This option will produce a single statement that encompasses all unresolved statement balances.

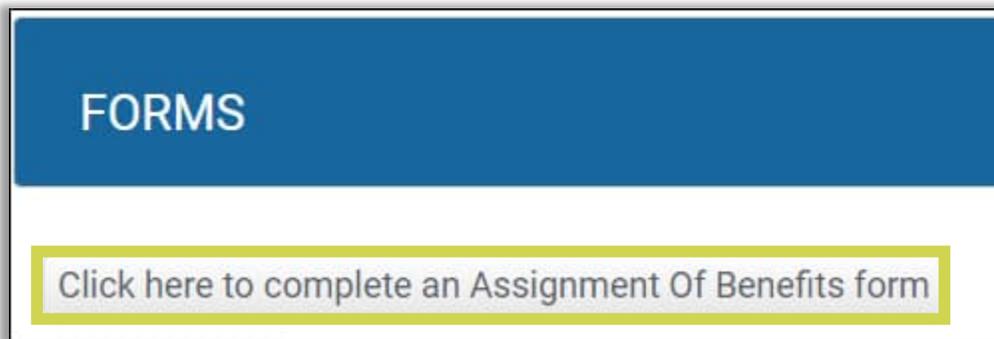
10. Forms

To sign J&B Medical’s electronic Assignment of Benefits (AOB) Form or upload a document (such as a prescription, medical record, or signed form to be returned to J&B Medical), select “**FORMS.**”

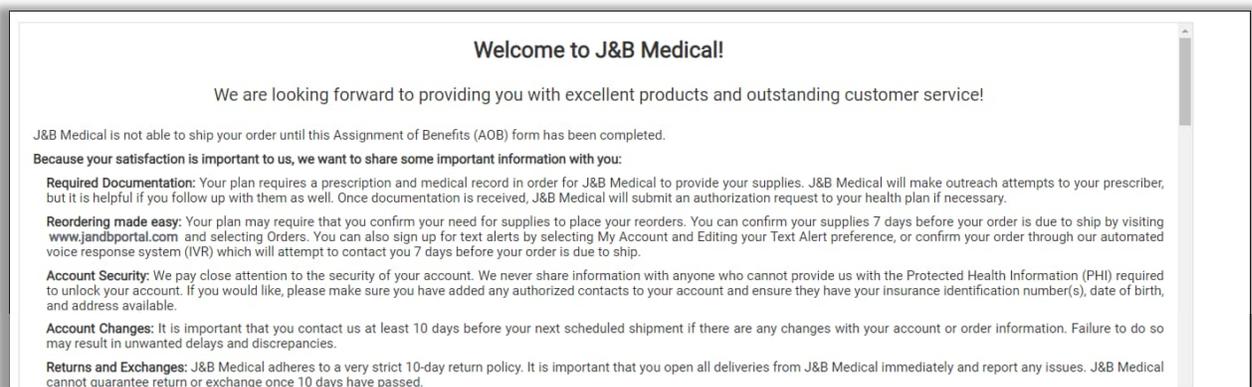
Please note: This form must be completed by the member, parent or guardian. It cannot be completed by health care professionals on behalf of the member.



To sign the electronic AOB, select “**Click here to complete an Assignment of Benefits form.**”



Review the information and select “**I ACCEPT**” at the bottom of the form.



A new box will popup. Review the information carefully and correct or update any demographic information populated.

PLEASE READ CAREFULLY AND CHECK THE CHECK BOX AT THE END TO ACCEPT THIS FORM ELECTRONICALLY

Customer Name: * _____

Address: * _____

City: * _____

State: * _____

ZipCode: * _____

Thank you for your interest in receiving your medical supplies (including incontinence, urological, ostomy, wound care, TENS units, enteral feeding and/or diabetics) through J&B Medical. We are honored to serve as your provider of choice for home medical equipment and supplies. Our billing department will conveniently submit all claims for you to ensure appropriate coverage of the products and services we provide. Please sign this Assignment of Benefits (AOB) form so that we may submit your claims to Medicare and/or your private health insurance provider.

1. I understand that signing this form authorizes J&B Medical to submit claims on my behalf directly to Medicaid, Medicare and/or my private health insurance provider. J&B Medical will accept assignment of these benefits. This means that J&B Medical will receive direct payment for the supplies and services provided. I agree to cooperate fully to secure such payment. I acknowledge that I am responsible for payment of copay, deductibles, and items not offered as a benefit.
2. I also understand that signing this form authorizes the release of medical or other information to the Centers for Medicare & Medicaid Services, my health insurance provider, J&B Medical Co., Inc., and the affiliates of J&B Medical.
3. I further understand that I must return this signed AOB form to J&B Medical in order for J&B Medical to continue to provide me with durable medical equipment products and services. If I choose not to sign and return this form, J&B Medical will not be able to continue to provide me with durable medical equipment products and services.
4. I have also received the Notice of Privacy Practices & Patients Rights & Responsibilities, CMS supplier standards, Complaint process, Warranty Information .

Check the checkbox and complete the e-signature popup box and select “**I CERTIFY.**”

Electronic Submission

By checking this box, I certify that I am the person accessing this web page, and submitting the AOB Form to J&B Medical. By checking this box and typing my name, I certify that all information on this form is true and correct, and I understand that providing false or misleading information is unlawful. I understand that by checking the box and typing my name will be used as my electronic signature.

Complete the e-signature popup box by entering the name of the person signing the form and select “**I CERTIFY.**”

If someone other than the member (e.g.: caregiver, guardian, parent) is completing the AOB on the members’ behalf, they must have the legal authority to do so.

Additional documentation, such as Power of Attorney documentation, may be required and can be uploaded separately following the “Add Attachment” instructions below.

The signing individual must include their name (not the members) and then check off the “YES” box below the signature and then document their relationship to the member (e.g.: caregiver, guardian, parent) and the reason they are signing on the members behalf (e.g.: member is incapacitated, member is a minor, member is under a conservatorship).

Note: Signing on behalf of another without proper authorization or authority is considered a form of fraud or forgery and will not be accepted.

Electronic Submission Close

Name: _____

Signature of Patient or Patient's Representative: _____

If you are not the patient, please check this box and complete the below information Yes

DateTime: _____
1/4/2021 4:24:56 PM

Instructions: By clicking I Certify, that an electronic signature will be created on my behalf.

I CERTIFY

The following confirmation will appear:

Thank you for submitting the Assignment of Benefit to us!

If you would like an AOB mailed to you, select the “**mail me Assignment of Benefits document**” and select “**SUBMIT.**”

FORMS

Click here to complete an Assignment Of Benefits form

Add Attachment

Name	Description
Hospital Discharge Form.docx	hkjkh

1

Mail me Assignment of Benefits document

SUBMIT

To upload documents (such as a prescription, medical record, or signed form to be returned to J&B Medical), select “**Add Attachment.**”

FORMS

Click here to complete an Assignment Of Benefits form

Add Attachment

Name	Description	Uploaded	View File
No items to display			

Select **“Choose File”** and select the document from your files.

Add Attachment

Attachment: **Choose File** No file chosen

Description:

Reset Save

Add a Description:

Add Attachment

Attachment: No file chosen

Description:

Reset Save

Select **“Save.”**



Add Attachment ×

Attachment No file chosen

Description

Uploaded documentation can be viewed here:

Name	Description	Uploaded	View File
Hospital Discharge Form.docx	hkjhk	01/04/2021	View

1 - 1 of 1 items

We hope this guide is helpful to navigate the J&B Medical Member Portal!

If you have any questions regarding your portal account, please contact our Web Team directly at **(800) 737-0045** and ask for the Web Support Team.

