



J&B MEDICAL

MEMBER PORTAL USER GUIDE

WWW.JANDBPORTAL.COM



Revised:
September 2022



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.

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

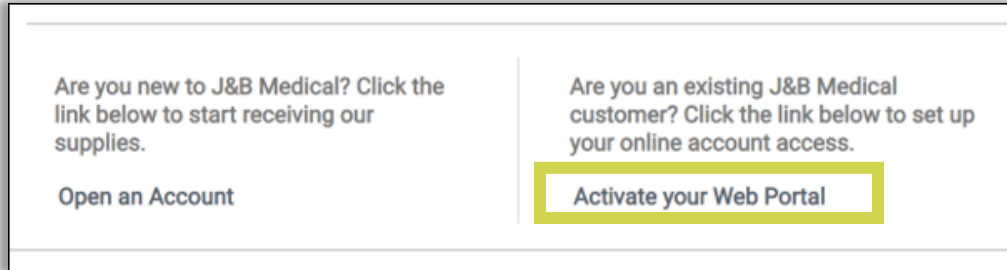
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1. Activating a Web Portal Account

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

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



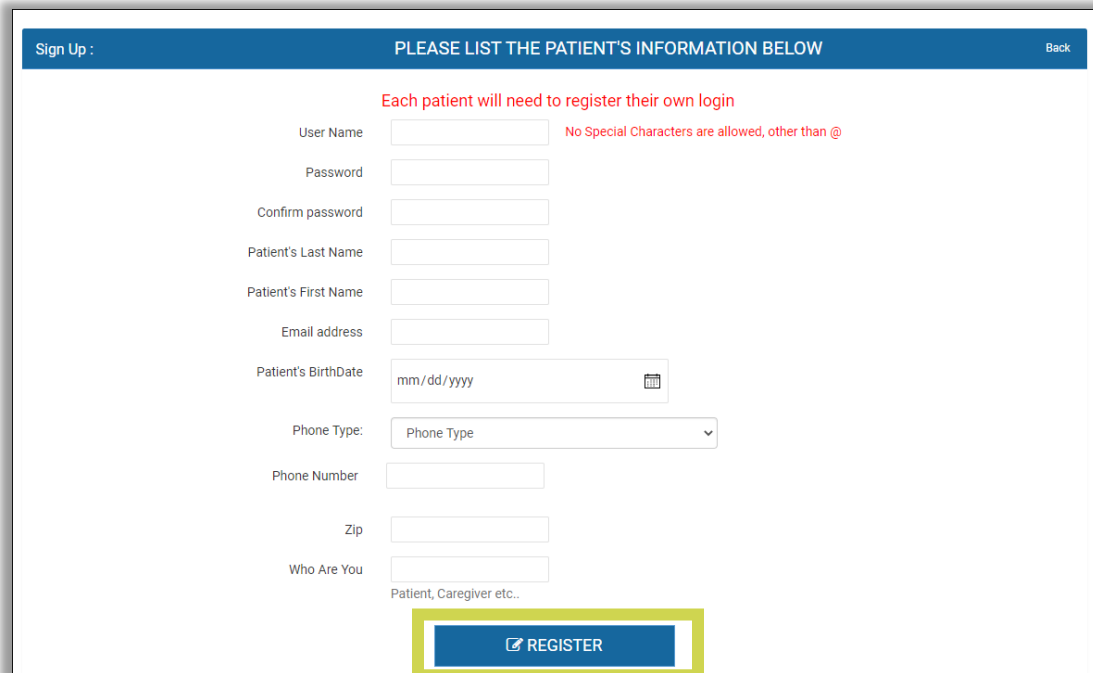
Are you new to J&B Medical? Click the link below to start receiving our supplies.

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

Complete all of 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..

REGISTER

- **Please note:** Web Portal accounts cannot be linked with more than one J&B Medical account. 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 ext 2151 for assistance.

Please note that the J&B Medical Member Portal may not be fully functional when using a smartphone or tablet and operates best when using a PC or laptop.

It is also highly recommended that Google Chrome or Microsoft Edge are utilized as the web browser when using the J&B Medical Member Portal.



2. 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](#)

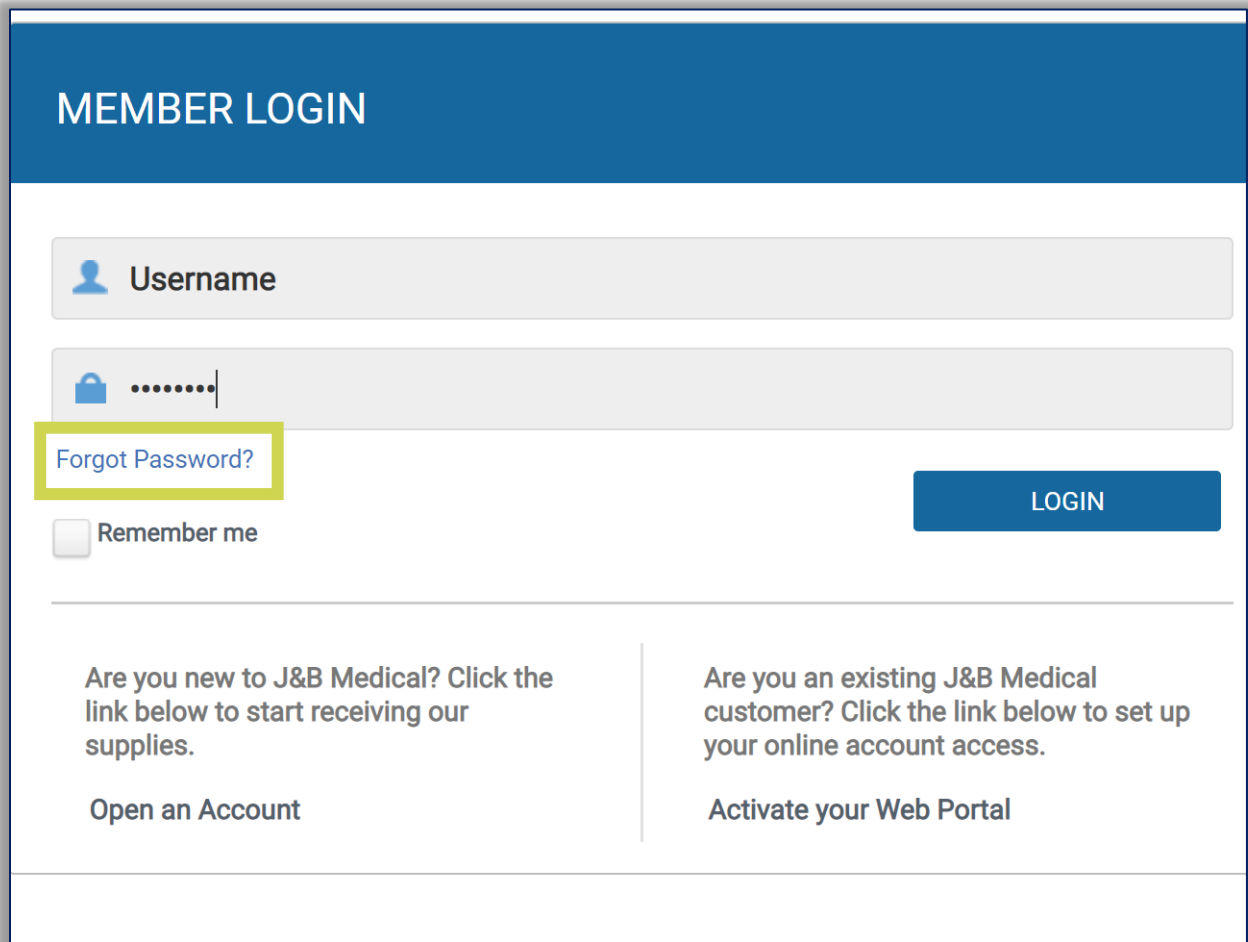
contact@jandbmedical.com
Phone: 800-737-0045
Fax: 800-737-0012
Nondiscrimination and Accessibility

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

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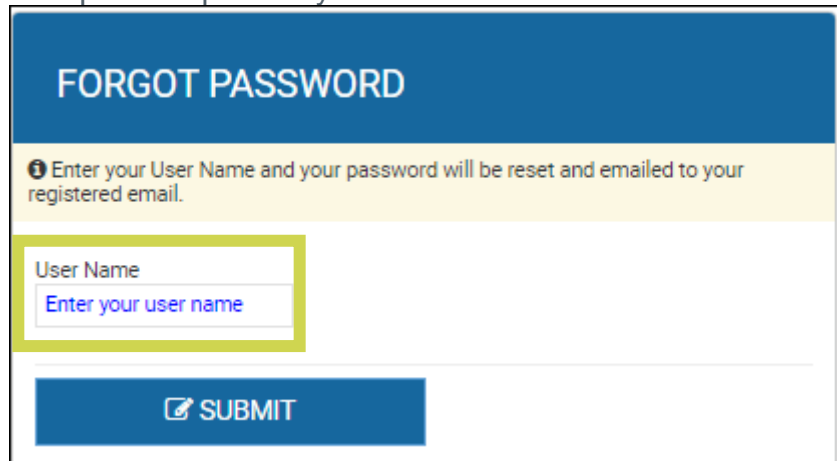
3. Forgotten Password

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



The screenshot shows the 'MEMBER LOGIN' page. It features a blue header with the text 'MEMBER LOGIN'. Below the header are two input fields: 'Username' with a person icon and a password field with a lock icon and masked characters. A yellow box highlights the 'Forgot Password?' link. To the right is a blue 'LOGIN' button. Below the login fields is a 'Remember me' checkbox. At the bottom, there are two columns of text: 'Are you new to J&B Medical? Click the link below to start receiving our supplies.' with a link 'Open an Account', and 'Are you an existing J&B Medical customer? Click the link below to set up your online account access.' with a link 'Activate your Web Portal'.

You will then be required to provide your Web Portal Username.



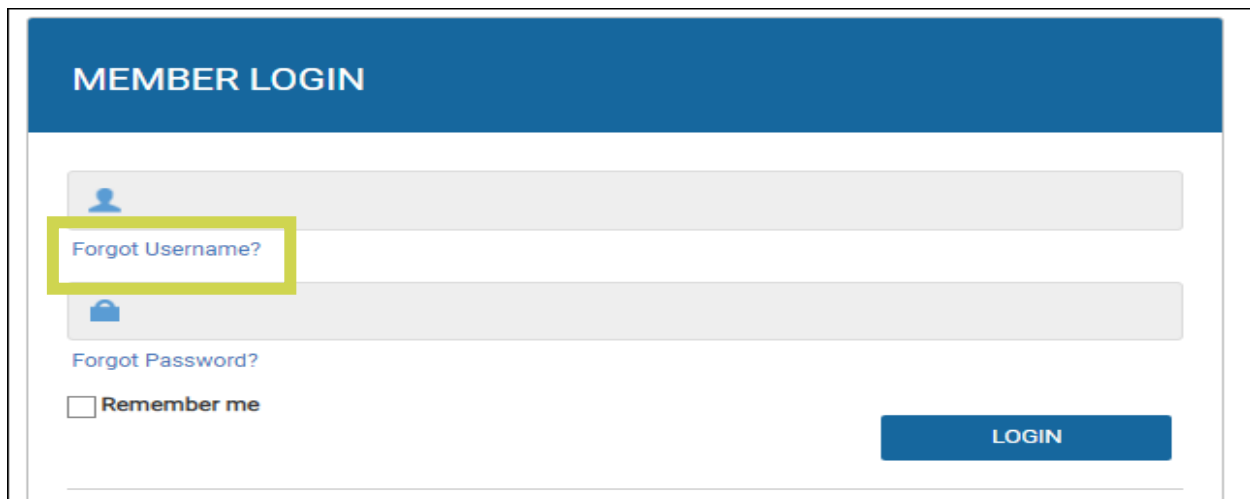
The screenshot shows the 'FORGOT PASSWORD' page. It has a blue header with the text 'FORGOT PASSWORD'. Below the header is a yellow banner with an information icon and the text: 'Enter your User Name and your password will be reset and emailed to your registered email.' Below this is a 'User Name' input field with a placeholder 'Enter your user name', which is highlighted with a yellow box. At the bottom is a blue 'SUBMIT' button with a checkmark icon.

- A temporary password will be sent to the e-mail address attached to your Web Portal account.
- 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.

4. Forgotten Username

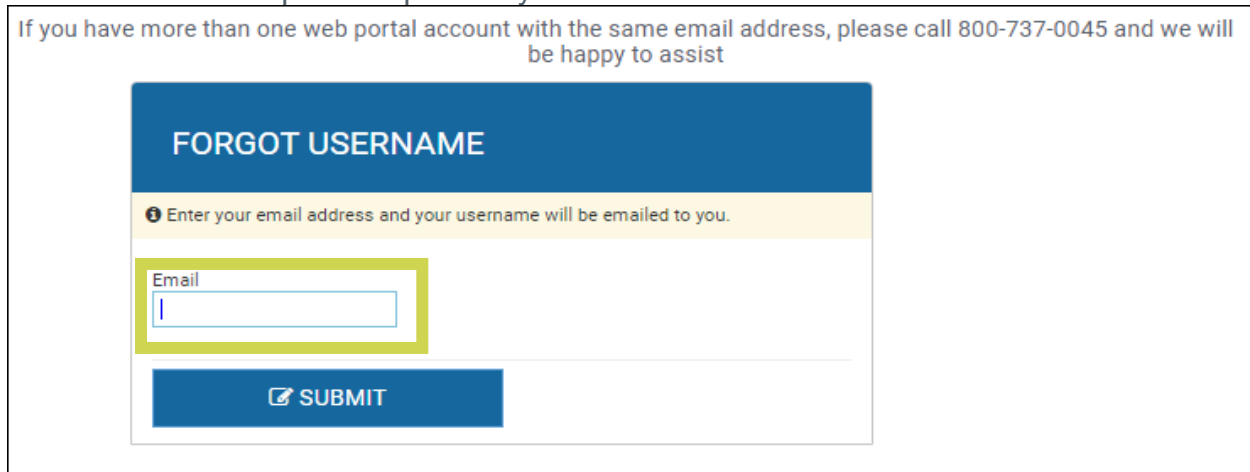
If you have forgotten your username, select “**FORGOT USERNAME?**”



The screenshot shows the 'MEMBER LOGIN' page. It features a blue header with the text 'MEMBER LOGIN'. Below the header, there are two input fields: the first is for the username, with a person icon on the left, and the second is for the password, with a lock icon on the left. A link labeled 'Forgot Username?' is positioned to the left of the password field and is highlighted with a yellow box. Below the password field, there is a link labeled 'Forgot Password?' and a checkbox labeled 'Remember me'. A blue 'LOGIN' button is located at the bottom right of the form area.

You will then be required to provide your e-mail address.

If you have more than one web portal account with the same email address, please call 800-737-0045 and we will be happy to assist



The screenshot shows the 'FORGOT USERNAME' page. It has a blue header with the text 'FORGOT USERNAME'. Below the header, there is a yellow banner with an information icon and the text 'Enter your email address and your username will be emailed to you.'. Below the banner, there is an 'Email' input field, which is highlighted with a yellow box. At the bottom of the form, there is a blue 'SUBMIT' button with a checkmark icon.

- You will receive a message that indicates your Username has been emailed to you
- Go to the email to obtain the Username

5. Homepage

Once logged in, you will automatically be directed to the homepage.

The screenshot displays the J&B Medical 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 navigation bar. A secondary navigation bar contains five main categories: 'ORDERS Admin', 'MESSAGES Action', 'HOME', 'ACCOUNT BILLING', and 'FORMS'. Below this, a central message asks 'HAS YOUR INSURANCE CHANGED?' and provides instructions for users whose insurance coverage has changed. To the right of this message is a medical shield icon. The main content area is divided into four quadrants, each with a blue header and a corresponding icon: 'ORDER CONFIRMATION' (document with checkmark), 'ACCOUNT BILLING' (bill with envelope), 'FORMS' (document with checkmark), and 'MESSAGE CENTER' (envelope). Each quadrant includes a brief description and a prominent blue button for the respective action.

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

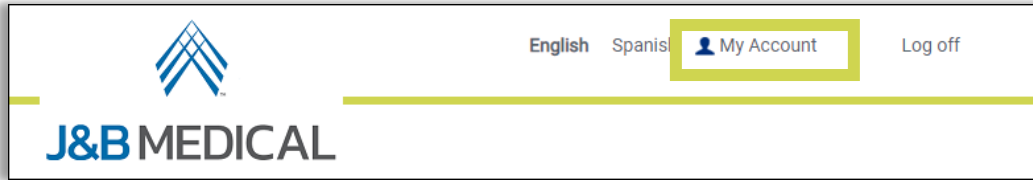
ACCOUNT BILLING
Make payments and request detailed receipts.
ACCOUNT BILLING

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.

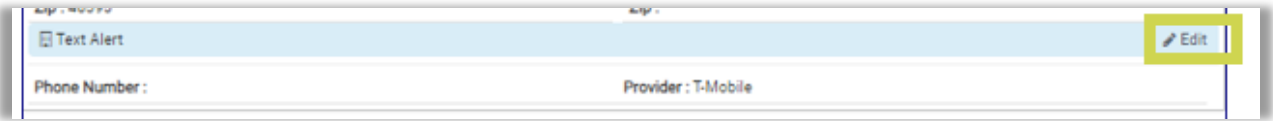


Select “Edit” to update your information.

| ACCOUNT INFORMATION | |
|--------------------------------------|--|
| Information Edit | |
| Account Number : 316562 | |
| Name : (First-Middle-Last) JB MEMBER | Email : TEST@JANDBMEDICAL.COM |
| SSN : | Birth Date : 07/25/1943 |
| Secondary Phone : | Primary Phone : (248) 896-6201 |
| Doctor's Name : Doctor FAKE | Mobile : (248) 555-1212 |
| | Clinic Phone : (800) 737-0045 |
| Insurance Edit | |
| Insurance Name : | Policy Number : |
| HURON VALLEY-PACE | TEST123 |
| Group Number : | Subscriber Name : MEMBER JB |
| Phone Number : | Effective Date : 10/20/2021 |
| Expiration Date : | Insurance Name : |
| Policy Number : | MEDICARE PART B JURISDICTION B CGS DO NOT LOAD WHEN PART A |
| | Group Number : |
| Subscriber Name : MEMBER JB | Phone Number : |
| Effective Date : 08/16/2022 | Expiration Date : |
| Address Edit | |
| HOME Address | |
| Address : 50496 PONTIAC TRAIL | DO NOT SHIP - TEST ACCOUNT |
| City : WIXOM | State : MI |
| Zip : 48393 | |
| Shipping Address | |
| Address : | |
| City : | State : |
| Zip : | |
| Text Alert Edit | |
| Phone Number : | Provider : |

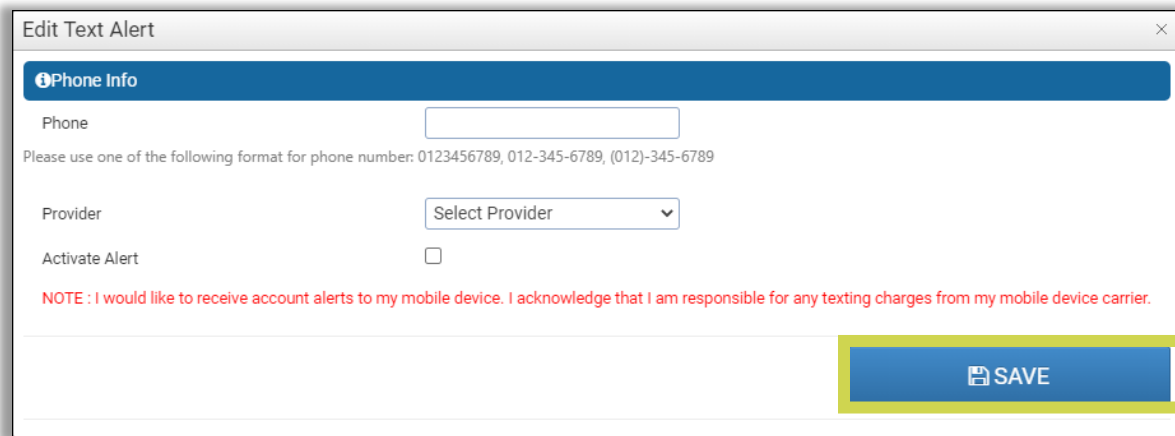
Text Alerts

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”**.



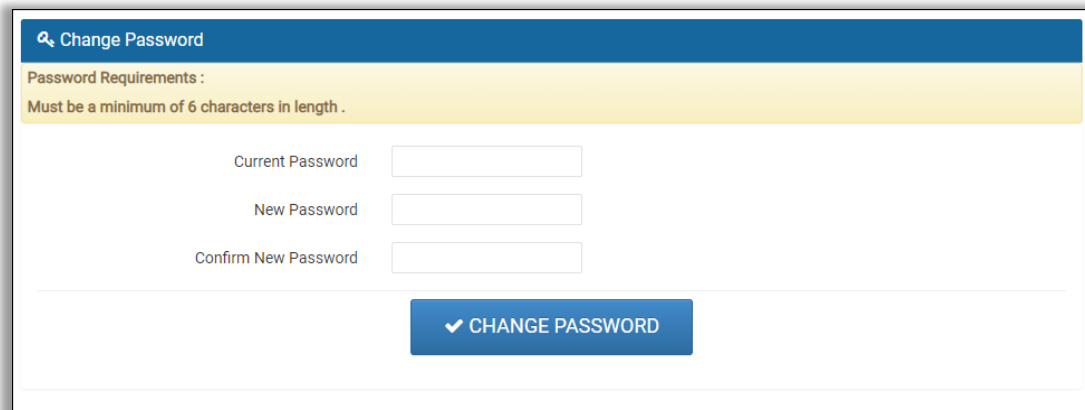
A screenshot of a form titled "Edit Text Alert". The form has a blue header with a white information icon and the text "Phone Info". Below the header, there is a "Phone" field with a text input box. Underneath, a note reads: "Please use one of the following format for phone number: 0123456789, 012-345-6789, (012)-345-6789". There is a "Provider" field with a dropdown menu currently showing "Select Provider". Below that is an "Activate Alert" checkbox, which is currently unchecked. A red note below the checkbox 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.



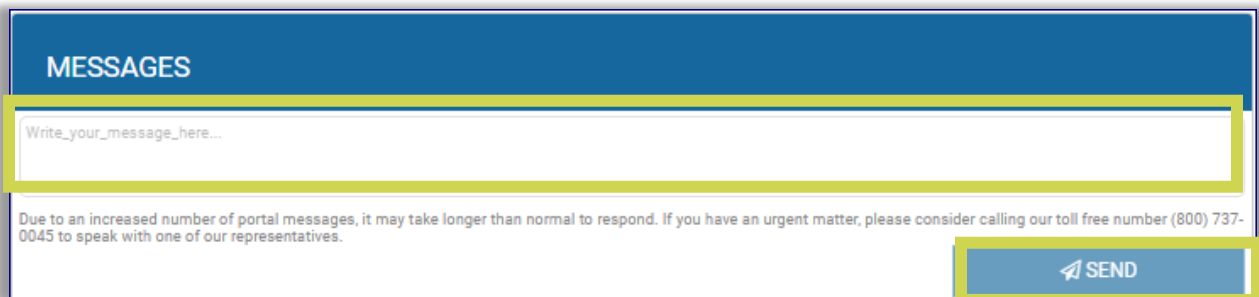
A screenshot of a form titled "Change Password". The form has a blue header with a white magnifying glass icon and the text "Change Password". Below the header, there is a yellow box with the text "Password Requirements : Must be a minimum of 6 characters in length .". There are three text input fields: "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**”.



Response Timeframe:

- Our dedicated representatives answer secure messages in the order received. We typically strive to answer within 2 business days but higher volume can impact the response time.
- You will receive an email alert once we have responded to your message.

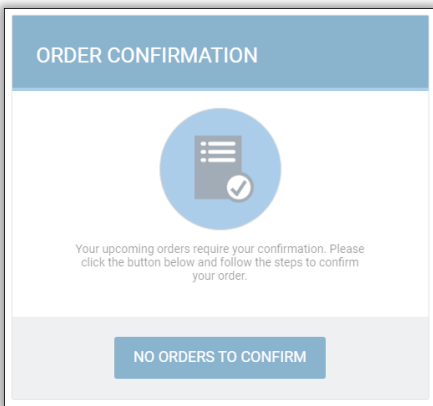
8. Orders

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.

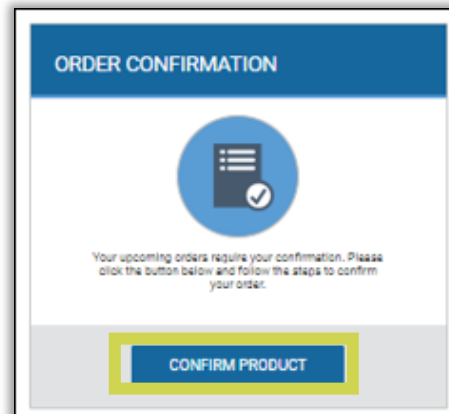
Order Confirmation

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 for English, Spanish, and My Account. Below the header is a blue navigation bar with links for ORDERS, MESSAGES, HOME, ACCOUNT BILLING, and FORMS. A central blue box contains the text "Confirm your upcoming supply re-order" and a sub-message: "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 and navigation bar. Below the navigation bar is a blue box titled "Next Scheduled Order" with a link: "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 we recommend that you leave this field blank so that the systematic processing of the order will not be interrupted.

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"/> | <input type="text" value="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"/> | <input type="text" value="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, there is a logo and language options for English and Spanish. Below the logo is a navigation bar with buttons for ORDERS (Admin), MESSAGES (Action), HOME, ACCOUNT BILLING, and FORMS. A confirmation message is displayed in a yellow box: "Order Confirmed Successfully" followed by a link "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.

Modify Future Orders

To modify a future order(s) go to the **Modify Future Orders** grid.

In the “**Action**” column, select the following that applies:

- **Hold Product:** Select if the item will be needed in the future, but not at this time
- **Increase Product:** Select if more of an item is needed
- **Reduce Product:** Select if less of an item is needed
- **Cancel Product:** Select if the item is no longer used or needed
- **Change Product:** Select if a change is needed to an item (size or brand)
- **Request Sample:** Select if an item needs to be sampled before being added to an order

| Modify Future Orders | | | | | | |
|----------------------|----------|--------------|--|-----------|--|----------------------------|
| Next Order Date | Quantity | Package Type | Product Description ▲ | Frequency | Action ▲ | Pending Request |
| 07/29/2022 | 1 | Bag | DIAPER, CHILD, SIZE 6, 35+ LBS, BG/23, CUTIES | M | Hold Product Increase Product Reduce Product Cancel Product Change Product Request Sample | Increase Product : Pending |
| 07/29/2022 | 3 | Box | GLOVES, MEDIUM, POWDERFREE, VINYL, AMBITEX | M | Hold Product Increase Product Reduce Product Cancel Product Change Product Request Sample | Change Product : Pending |
| 07/29/2022 | 1 | Each | INFUSION SET, DIABETIC, 43IN, 6MM, CLEAR, PARADIGM MIO | M | Hold Product Increase Product Reduce Product Cancel Product Change Product Request Sample | |
| 10/29/2022 | 1 | Box | LANCET, 30G, AQUALANCE | M | Hold Product Increase Product Reduce Product Cancel Product Change Product Request Sample | |
| 08/29/2022 | 1 | Box | PEN NEEDLE, INSULIN, 32G X 4MM, TECHLITE | M | Hold Product Increase Product Reduce Product Cancel Product Change Product | |

Hold Product

When “**Hold Product**” is selected additional questions will appear.

Answer “**the reason for the product hold**” question.

Add any additional comments to the “**Add Comments**” field.

Select the number of months (up to 6 months) that the item will not be needed in the “**Hold period in months**” dropdown.

Select “**HOLD PRODUCT**”.

| Next Order Date | Quantity | Package Type | Product Description |
|-----------------|----------|--------------|--|
| 07/29/2022 | 1 | Box | PEN NEEDLE, INSULIN, 32G X 4MM, TECHLITE |

1 - 1 of 1 items

What is the reason for the product hold:

I am getting too many each month
 My product needs have changed

Add Comments:

Hold period in months:

HOLD PRODUCT

The following popup will appear, select “**SUBMIT**”.

Change Order

You are placing ARK234132 on hold for 1 months. Please confirm this action by clicking the “Confirm” button below.

SUBMIT

The following popup will appear & the requested update will also appear in the **Order Modification Request** grid:

Change Order

Order Modified successfully

OK

| Product | Change Type | Next Order Date ^ | Status ^ |
|---|--------------|-------------------|-----------|
| POUCH, OSTOMY, 1.75 IN, 2PC, DRNBL, NEW IMAGE | Hold Product | 11/16/2022 | Completed |

Increase Product

When “**Increase Product**” is selected additional questions will appear.

Answer “**the reason for the increased quantity**” question.

Add any additional comments to the “**Add Comments**” field.

Add the new quantity needed in the “**Enter new quantity (Each)**” field.

Select “**SUBMIT**”.

| Next Order Date | Quantity | Package Type | Product Description |
|-----------------|----------|--------------|--|
| 09/16/2022 | 20 | Each | BARRIER, 1.75 IN, STOMA 1 IN, 2PC, CONVEX, NEW IMAGE |

1. What is the reason for the increased quantity:

I am not getting enough each month
 My product needs have changed

Add Comments:

Enter new quantity (Each)

The following popup will appear & the requested update will also appear in the **Order Modification Request** grid:

Change Order

Your request to increase this product has been sent for review based on insurance guidelines. We may need to request a new prescription from your doctor for the increase in supplies. If we are unable to increase your item, we will contact you.

| Product | Change Type | Next Order Date ▲ | Status ▲ |
|--|------------------|-------------------|----------|
| BARRIER, 1.75 IN, STOMA 1 IN, 2PC, CONVEX, NEW IMAGE | Increase Product | 09/16/2022 | Pending |

Reduce Product

When “Reduce Product” is selected additional questions will appear.

Enter the lesser quantity needed into the “Enter new quantity” field.

- **Note:** Orders cannot be reduced to zero (0). If an item is not needed, select “Cancel Product”.

Answer “the reason for the product reduction” question.

Add any additional comments to the “Add Comments” field.

Select “SUBMIT”.

| Next Order Date | Quantity | Package Type | Product Description |
|-----------------|----------|--------------|--|
| 07/29/2022 | 4 | Bag | PULLON, ADULT, SMALL, 23-36 IN, BG/22, TRANQUILITY ESSENTIAL |

1 - 1 of 1 Items

Enter new quantity:

Alert: This action will affect the quantity on all future orders unless you request an increase

What is the reason for the product reduction:

I am getting too many each month
 My product needs have changed

Add Comments:

The following popup will appear & the requested update will also appear in the **Order Modification Request** grid:

Change Order

Your request to reduce this product has been accepted. This will affect the quantity on all future orders unless you request an increase.

OK

| Product | Change Type * | Next Order Date | Status |
|--|----------------|-----------------|-----------|
| BARRIER, 1.75 IN, STOMA 1 IN, 2PC, CONVEX, NEW IMAGE | Reduce Product | 09/16/2022 | Completed |

Cancel Product

When “**Cancel Product**” is selected additional questions will appear.

Answer “**the reason for the product cancellation**” question.

Add any additional comments to the “**Add Comments**” field.

Select “**CANCEL PRODUCT**”.

| Next Order Date | Quantity | Package Type | Product Description |
|-----------------|----------|--------------|-----------------------------------|
| 07/29/2022 | 1 | Bag | UNDERPAD, 23 X 36 IN, BG/10, PLUS |

Alert: This action will cancel this item on all future orders

What is the reason for the product cancellation:

I no longer use this product
 My product needs have changed
 Other

Add Comments:

The following popup will appear & the requested update will also appear in the **Order Modification Request** grid:

Change Order

Your request to cancel this product has been received. This will affect all future orders.

OK

| Product | Change Type ^ | Next Order Date | Status |
|--|----------------|-----------------|---------|
| BARRIER, 1.75 IN, STOMA 1 IN, 2PC, CONVEX, NEW IMAGE | Cancel Product | 09/16/2022 | Pending |

Change Product

When “**Change Product**” is selected additional questions will appear.

Answer “**the reason for the product change request**” question.

Add any additional comments to the “**Add Comments**” field.

Select “**CHANGE PRODUCT**”.

Change Product

| Next Order Date | Quantity | Package Type | Product Description |
|-----------------|----------|--------------|--|
| 07/29/2022 | 3 | Box | GLOVES, MEDIUM, POWDERFREE, VINYL, AMBITEX |

1 - 1 of 1 Items

What is the reason for the product change request:

My product is too big

My product is too small

My product doesn't work well for my needs

Add Comments:

✓ CHANGE PRODUCT

The following popup will appear & the requested update will also appear in the **Order Modification Request** grid:

Change Order

Your request to change this product has been sent for review by our product specialists. We may need to request a new prescription from your doctor for the change in supplies. We will contact you for any additional information that may be needed to fulfill this request.

OK

Order Modification Requests

| Product | Change Type ^ | Next Order Date | Status |
|--|----------------|-----------------|---------|
| BARRIER, 1.75 IN, STOMA 1 IN, 2PC, CONVEX, NEW IMAGE | Cancel Product | 09/16/2022 | Pending |
| BARRIER, 1.75 IN, STOMA 1 IN, 2PC, CONVEX, NEW IMAGE | Change Product | 09/16/2022 | Pending |

Request Sample

When “Request Sample” is selected additional questions will appear.

Answer “the reason for the sample request” question.

Add any additional comments to the “Add Comments” field.

Select “REQUEST SAMPLE”.

| Next Order Date | Quantity | Package Type | Product Description |
|-----------------|----------|--------------|--|
| 07/29/2022 | 4 | Bag | PULLON, ADULT, SMALL, 23-36 IN, BG/22, TRANQUILITY ESSENTIAL |

1 - 1 of 1 items

What is the reason for the sample request:

My product is too big
 My product is too small
 Other

Add Comments:

The following popup will appear & the requested update will also appear in the **Order Modification Request** grid:

Change Order

Your request for samples has been sent for review by our product specialists. We will contact you for any additional information that may be needed to fulfill this request.

OK

| Product | Change Type | Next Order Date | Status |
|---|----------------|-----------------|---------|
| POUCH, OSTOMY, 1.75 IN, 2PC, DRNBL, NEW IMAGE | Request Sample | 11/16/2022 | Pending |

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.

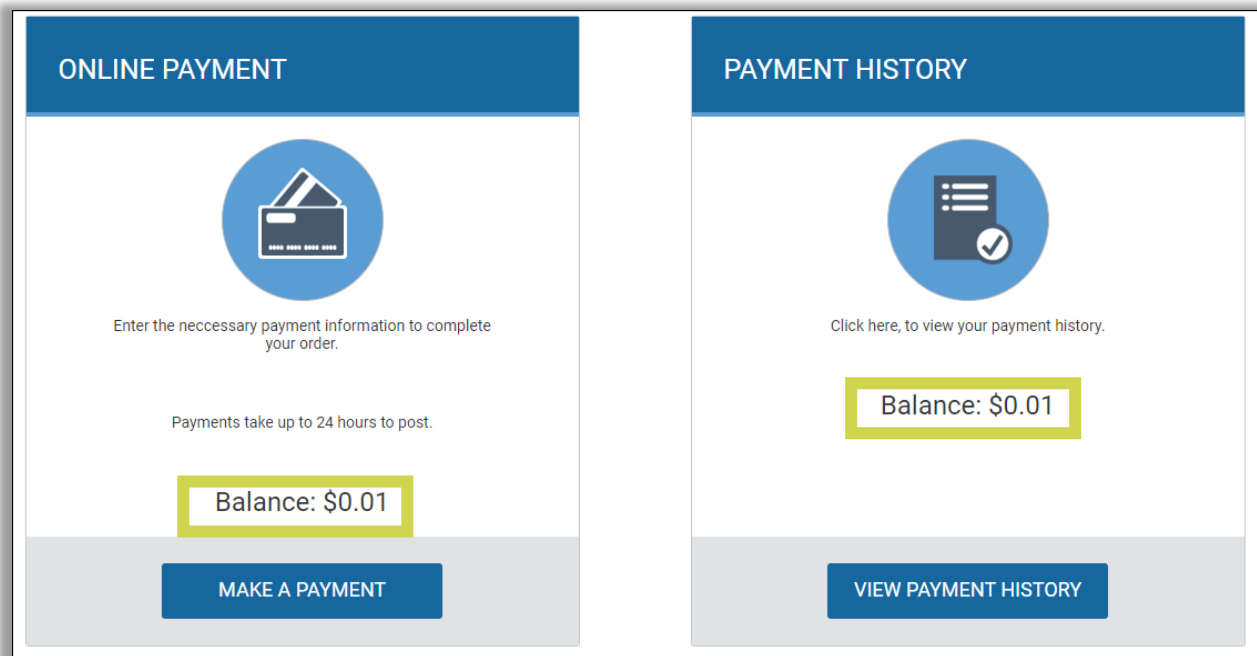
| ORDER HISTORY <small>Click the small arrow next to the order number to see the details.</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------|--------------|---|-----------------------|-----------------|---|--------------|-------------|--------------|-------------|------|---|----------|---|------|---|---------|----------------------|-----|---|---------|-----------------------------|-----|---|---------|-------------------------|------|---|---------|---|
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ▶ 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**.”

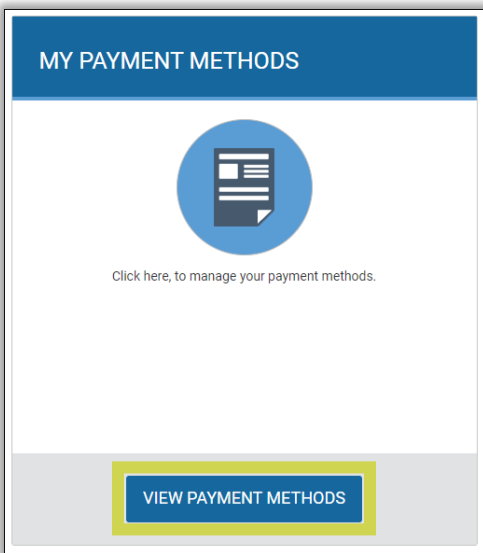


If your account has a private balance (out-of-pocket expenses applied to your account after your health plan has made payment) it will display in the **ONLINE PAYMENT** and **PAYMENT HISTORY** boxes.



- 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.**”

Add Payment Method

Credit Card **Bank Account**

Name on Bank Account

Bank Routing Number

Bank Account Number

Bank Name

Checking Savings

Email

Set as default payment method

First Name

Last Name

Address

City

State

Zip Code

BACK **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:

ADD NEW PAYMENT METHOD

My Payment Methods

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

You are currently participating in: Auto-pay

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

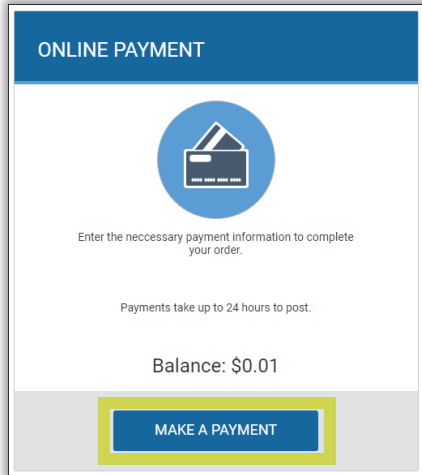
Information, Protection and handling my personal information is subject to the applicable Privacy Policy set forth below:

Privacy Policy



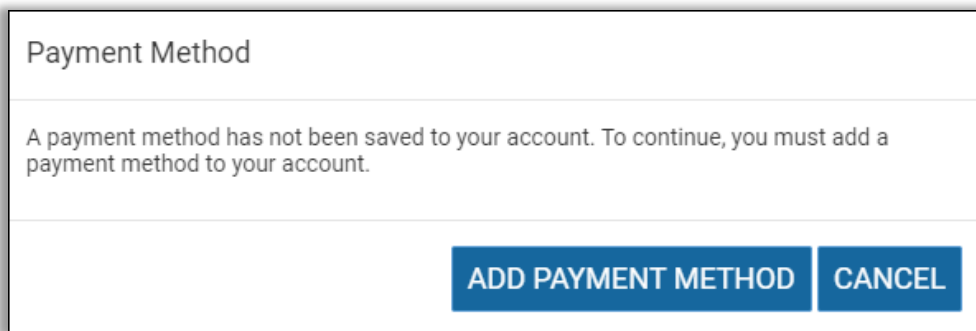
Once a payment method is added to your account you can also make a one-time payment.

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



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:



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

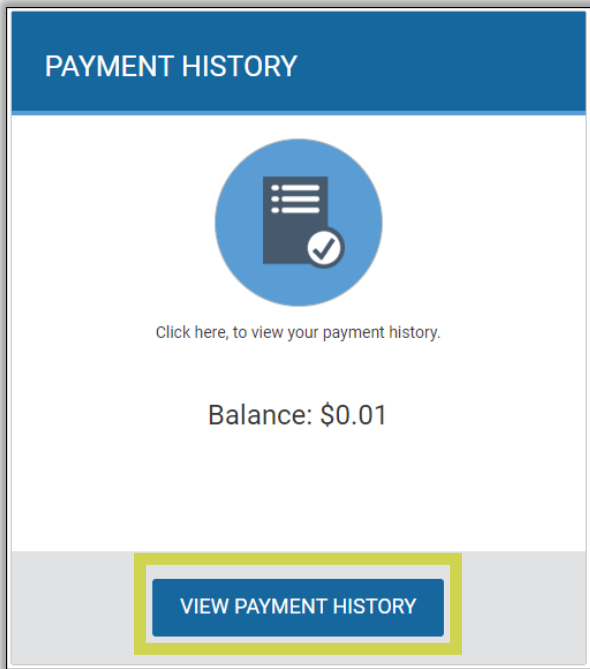
This is a payment for my upcoming order, please process my order

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

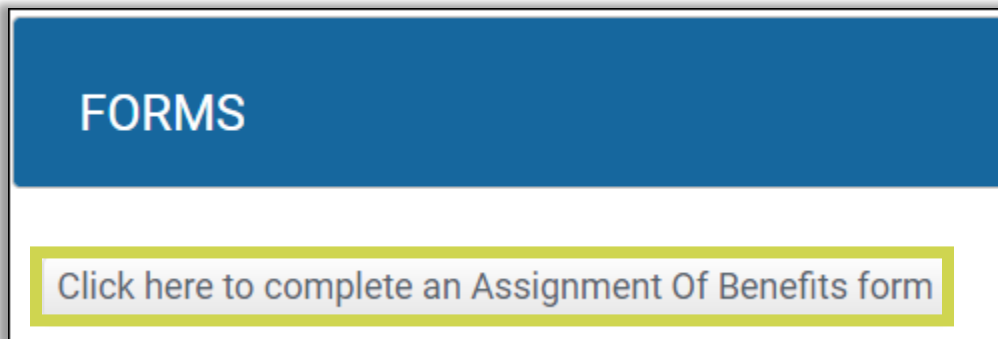
10. Forms

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."**

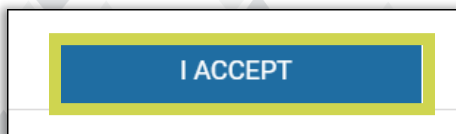
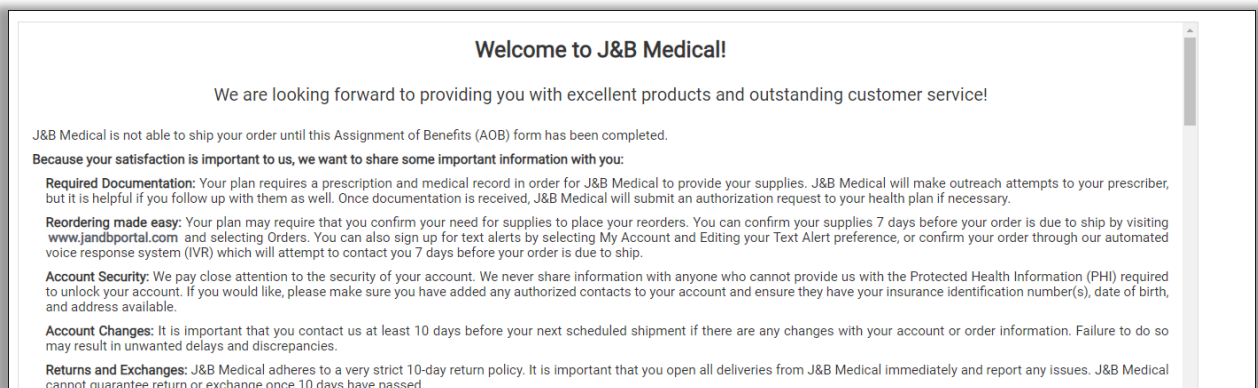
Please note: This form must be completed by the member, parent or guardian. It cannot be completed by health care professionals on behalf of the member.



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.

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 you are a caregiver/legal guardian signing on the member's behalf, you will sign your name then check off the "YES" box below the signature and document what your relationship to the member is and why you are signing on the member's behalf (why the member cannot sign the form).

Electronic Submission Close

Name: _____ **Your Signature**

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.**”

The screenshot shows a web interface with a blue header labeled 'FORMS'. Below the header, there is a button that says 'Click here to complete an Assignment Of Benefits form'. Underneath that is another button labeled 'Add Attachment'. Below the buttons is a table with two columns: 'Name' and 'Description'. The table contains one row with the text 'Hospital Discharge Form.docx' under 'Name' and 'hkjhk' under 'Description'. Below the table are navigation arrows and a page indicator '1'. At the bottom of the screenshot, there is a checkbox labeled 'Mail me Assignment of Benefits document' and a blue button labeled 'SUBMIT'. A yellow box highlights the checkbox and the 'SUBMIT' button.

| Name | Description |
|------------------------------|-------------|
| Hospital Discharge Form.docx | hkjhk |

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

The screenshot shows the same 'FORMS' section as the previous one. The 'Add Attachment' button is highlighted with a yellow box. Below the table, there are navigation arrows and a page indicator '0'. The text 'No items to display' is visible at the bottom right of the table area.

| Name | Description | Uploaded | View File |
|---------------------|-------------|----------|-----------|
| No items to display | | | |

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

Add Attachment

Attachment No file chosen

Description

Add a Description:

Add Attachment

Attachment No file chosen

Description

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 Ext 2151**.

