



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](#).

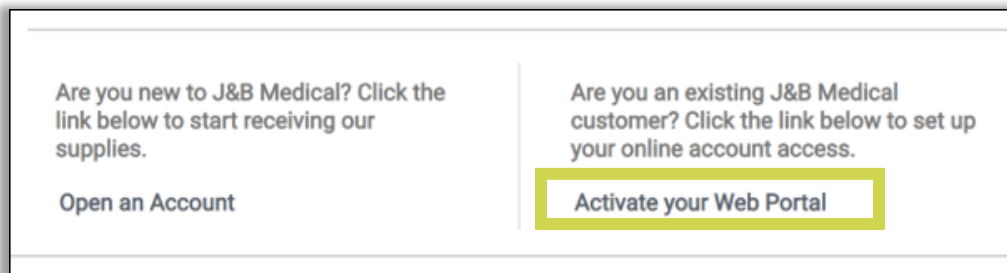
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1. Activating a Web Portal Account

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

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



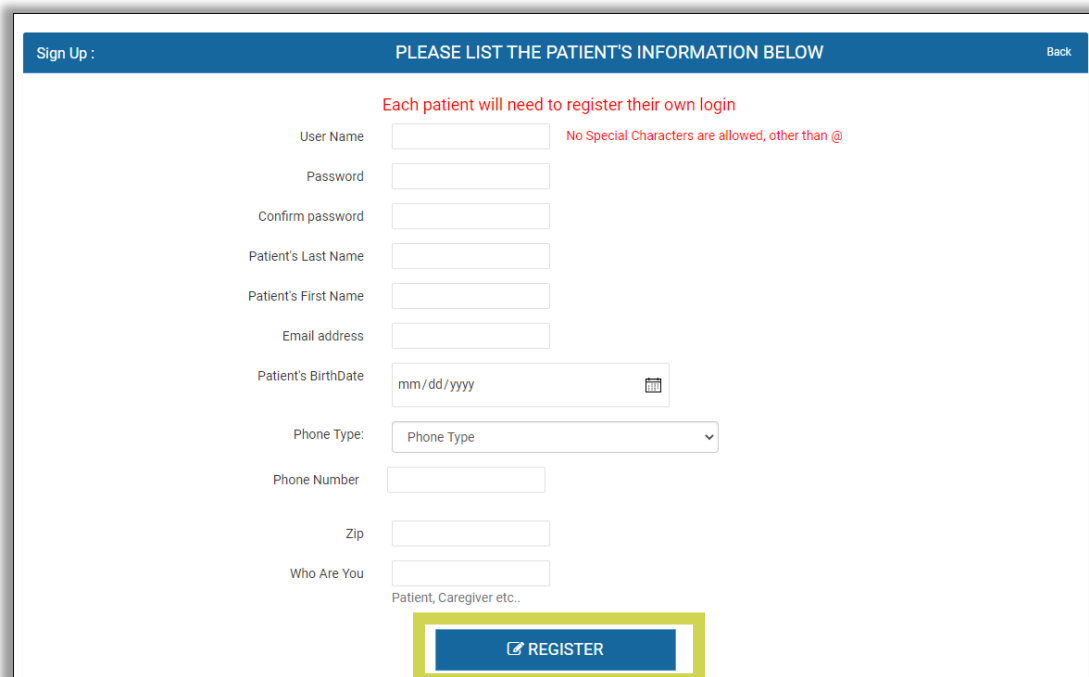
Are you new to J&B Medical? Click the link below to start receiving our supplies.

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.

Google Chrome or Microsoft Edge web browsers should be utilized 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](#)

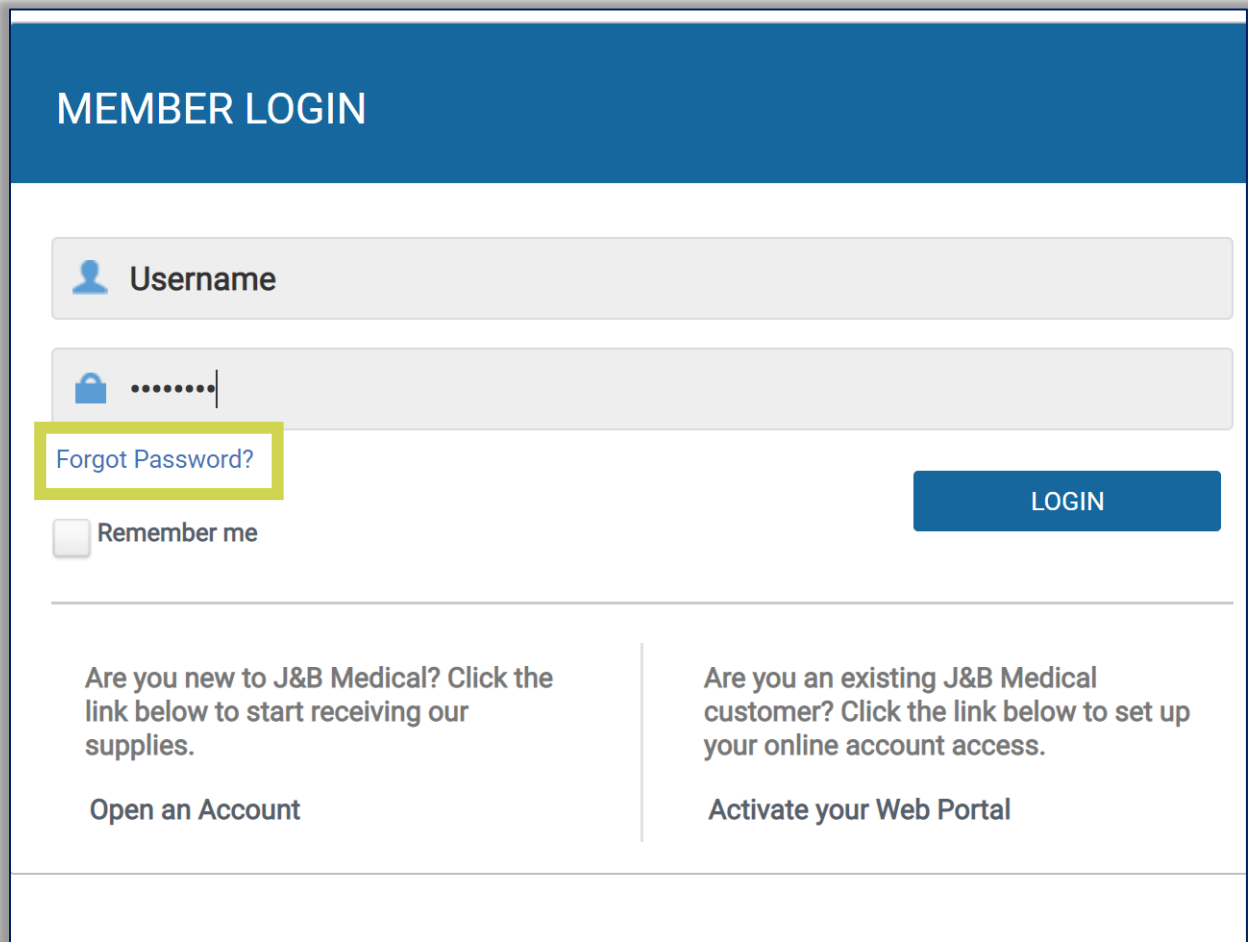
contact@jandbmedical.com
Phone: 800-737-0045
Fax: 800-737-0012
Nondiscrimination and Accessibility

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

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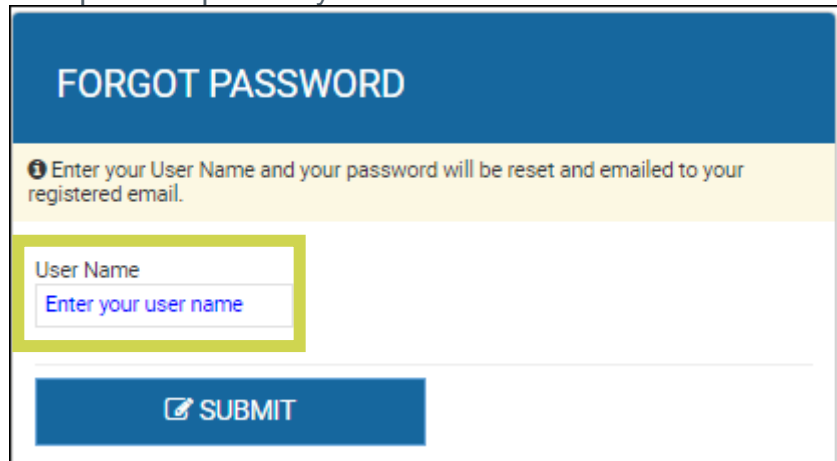
3. Forgotten Password

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

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



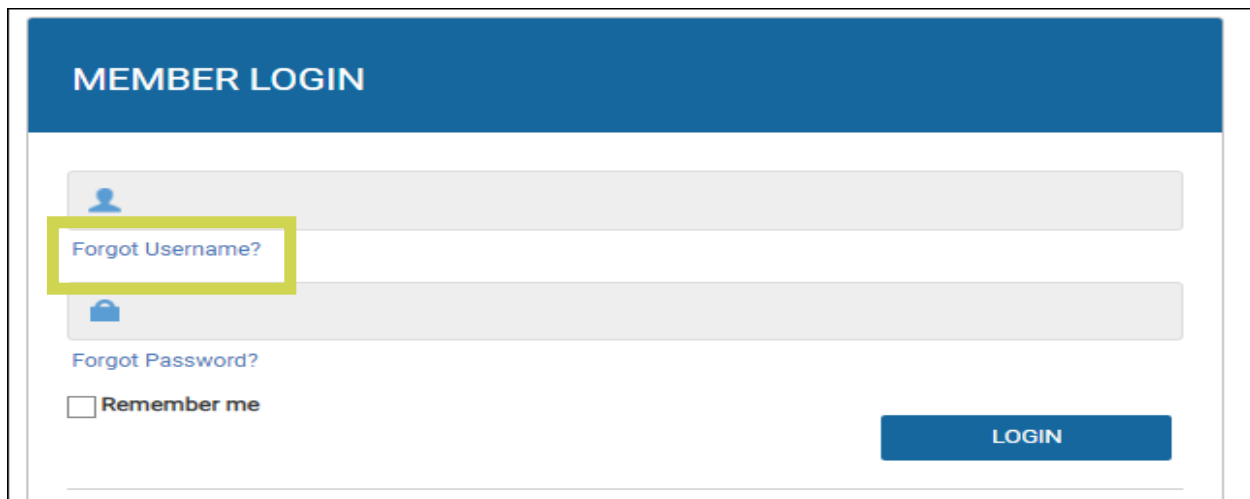
The screenshot shows the 'FORGOT PASSWORD' page. It has a blue header with the text 'FORGOT PASSWORD'. Below the header is a yellow banner with an information icon and the text: 'Enter your User Name and your password will be reset and emailed to your registered email.' Below the banner is a 'User Name' input field with a yellow border and the placeholder text 'Enter your user name'. At the bottom of the page 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?**”



MEMBER LOGIN

Forgot Username?

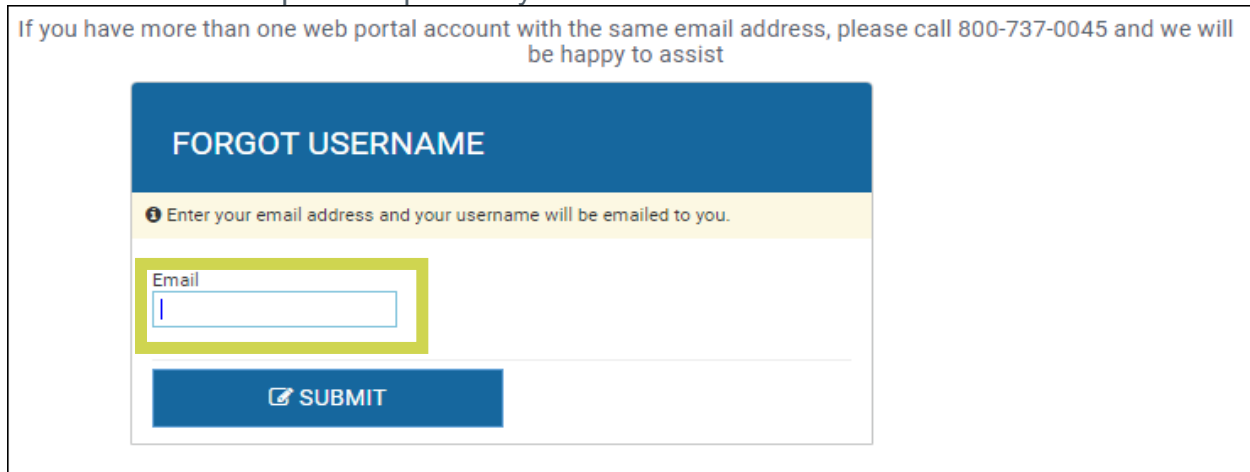
Forgot Password?

Remember me

LOGIN

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



FORGOT USERNAME

Enter your email address and your username will be emailed to you.

Email

SUBMIT

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

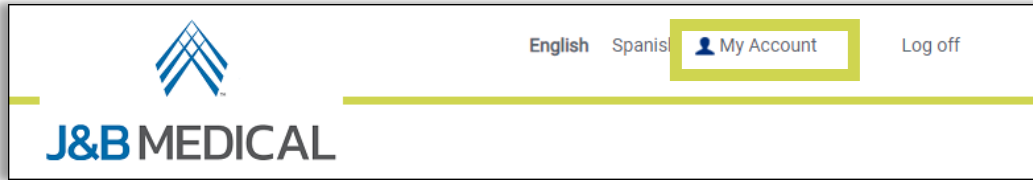
5. Homepage

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 is a large white banner with the heading 'HAS YOUR INSURANCE CHANGED?' and a sub-heading 'If your insurance coverage has changed or you have a new provider, let us know!'. To the right of the text is a medical shield icon. The main content area is divided into four blue-tiled sections, each with an icon, a brief description, and a call-to-action button: 1. 'ORDER CONFIRMATION' with a checklist icon and a 'CONFIRM PRODUCT' button. 2. 'ACCOUNT BILLING' with a credit card icon and an 'ACCOUNT BILLING' button. 3. 'FORMS' with a document icon and a 'VIEW FORMS' button. 4. 'MESSAGE CENTER' with an envelope icon and a 'VIEW MESSAGES' button.

6. My Account

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

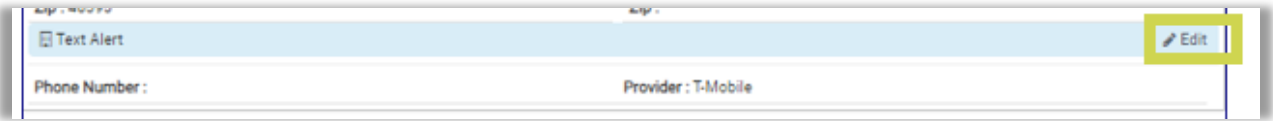


Select “Edit” to update your information.

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 :

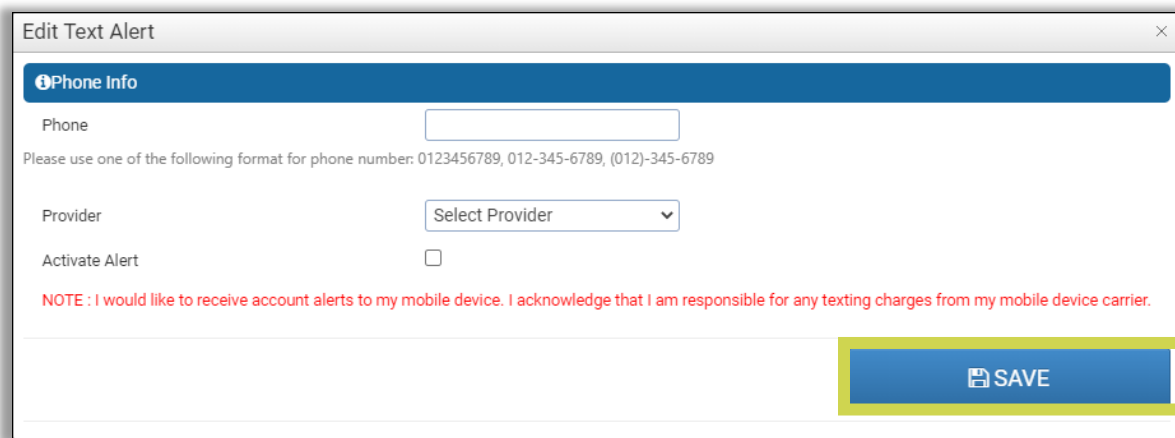
Text Alerts

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



A screenshot of a web interface showing a list item for a Text Alert. The item is highlighted in light blue and contains the text "Text Alert" on the left and an "Edit" button with a pencil icon on the right. Below the list item, the text "Phone Number:" and "Provider: T-Mobile" is visible.

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



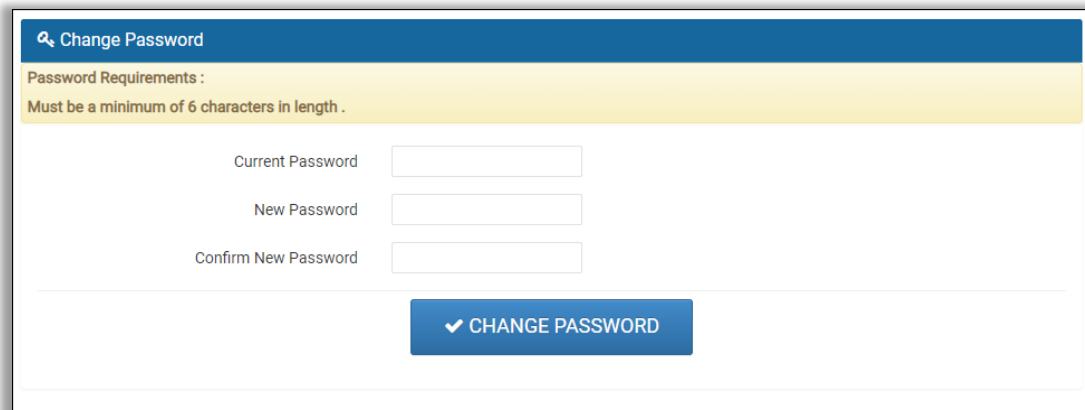
A screenshot of the "Edit Text Alert" form. The form has a blue header with "Phone Info" and an information icon. Below the header, there is a "Phone" field with a text input box. Underneath, a note reads: "Please use one of the following format for phone number: 0123456789, 012-345-6789, (012)-345-6789". 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 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 "SAVE" button with a floppy disk icon.

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.



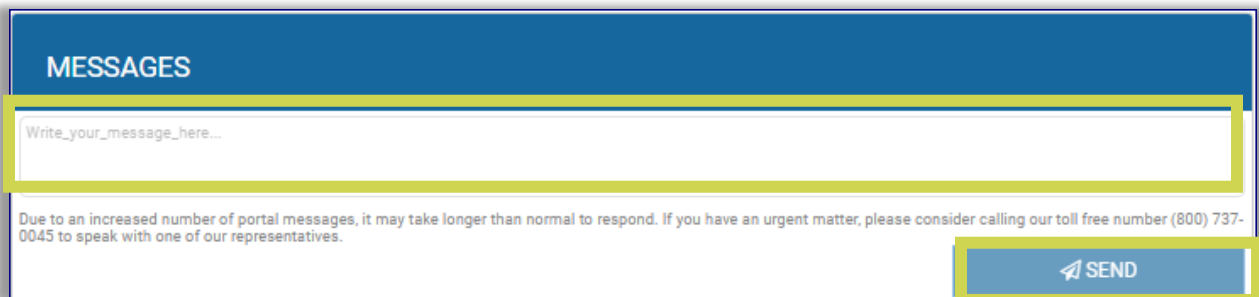
A screenshot of the "Change Password" form. The form has a blue header with "Change Password" and a magnifying glass icon. Below the header, there is a yellow box with the text "Password Requirements : Must be a minimum of 6 characters in length .". There are three text input fields: "Current Password",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

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.

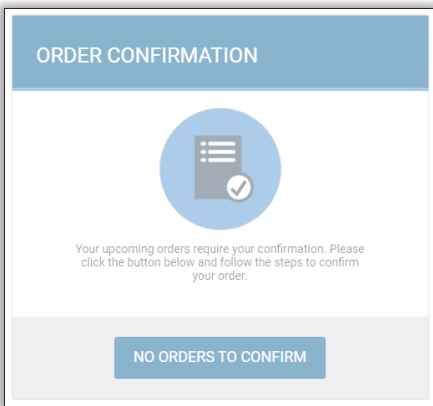
8. Orders

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.

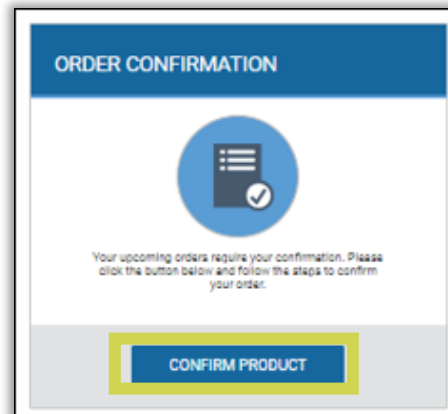
Order Confirmation

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-header "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." Below this text is a button labeled "CONFIRM PRODUCTS NOW" which 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 with the title "Next Scheduled Order" and 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 style="width: 30px;" 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 style="width: 30px;" type="text"/>	<input checked="" type="checkbox"/> Each (Cada) <input type="checkbox"/> Box/ (Caja)
08/20/2020	LANCET, 30G, AQUALANCE	1	Box	<input checked="" type="checkbox"/>	<input style="width: 30px;" 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 links 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

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.

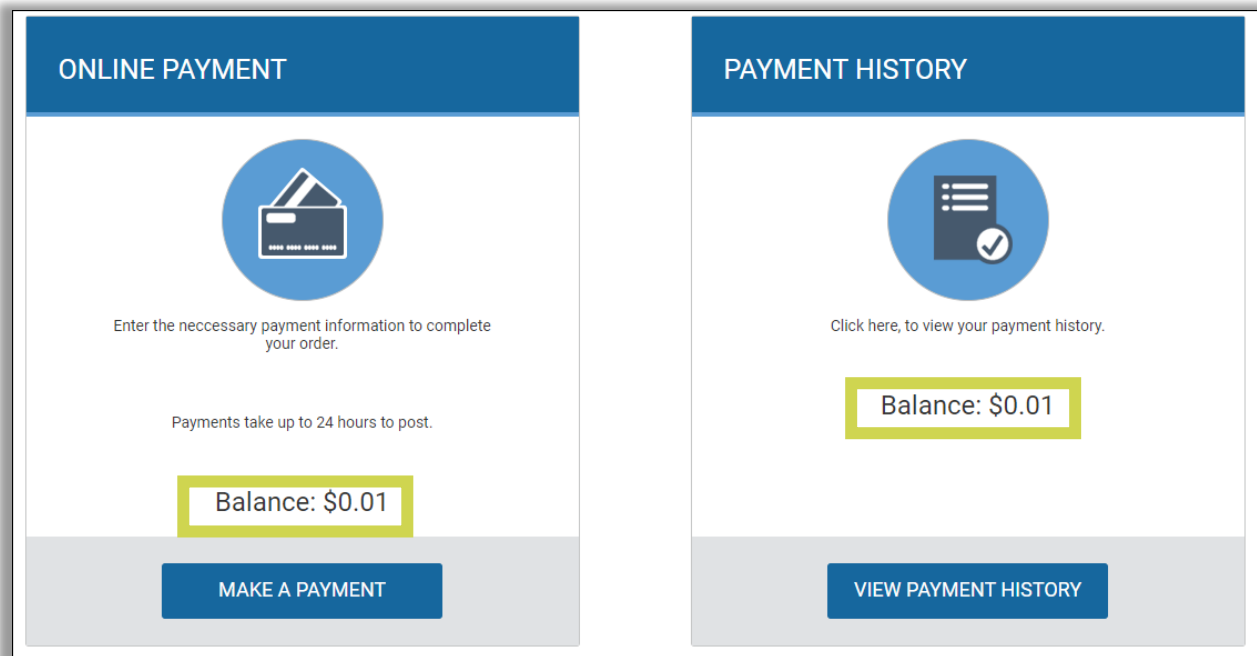
ORDER HISTORY <small>Click the small arrow next to the order number to see the details.</small>																														
Order Number	Request Date	Completed	Status	FedEx Tracking Number	Cancel Reason																									
▶ 10288205	11/18/2021		Cancelled		TEST ACCOUNT	▲																								
▶ 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
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▶ 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**.”

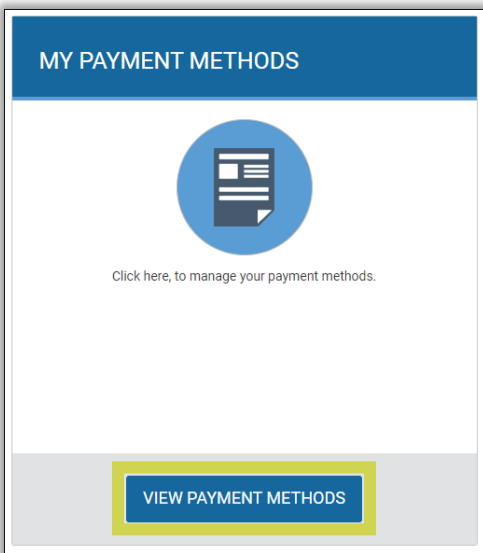


If your account has a private balance (out-of-pocket expenses applied to your account after your health plan has made payment) it will display in the **ONLINE PAYMENT** and **PAYMENT HISTORY** boxes.



- 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 with a yellow border. 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 a section titled "ADD NEW PAYMENT METHOD" and "My Payment Methods". Below the title is 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 titled "You are currently participating in:" followed by "Auto-pay" and 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

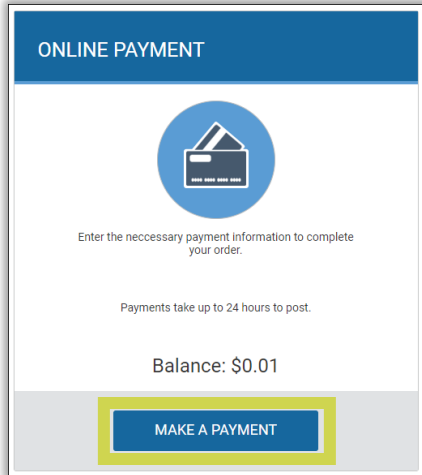
Information, Protection and handling my personal information is subject to the applicable Privacy Policy set forth below:

Privacy Policy



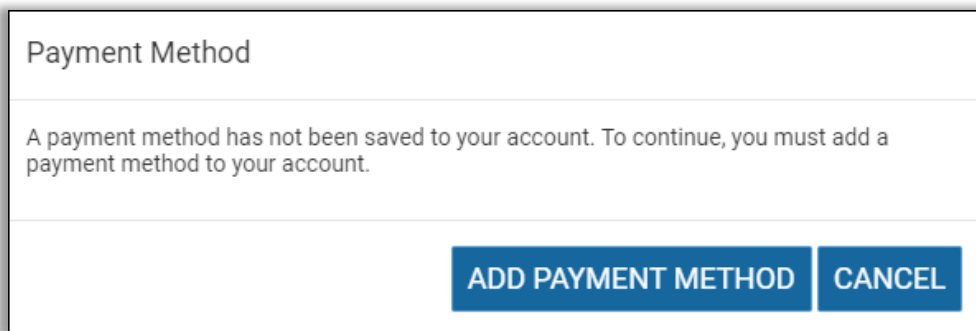
Once a payment method is added to your account you can also make a one-time payment.

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



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

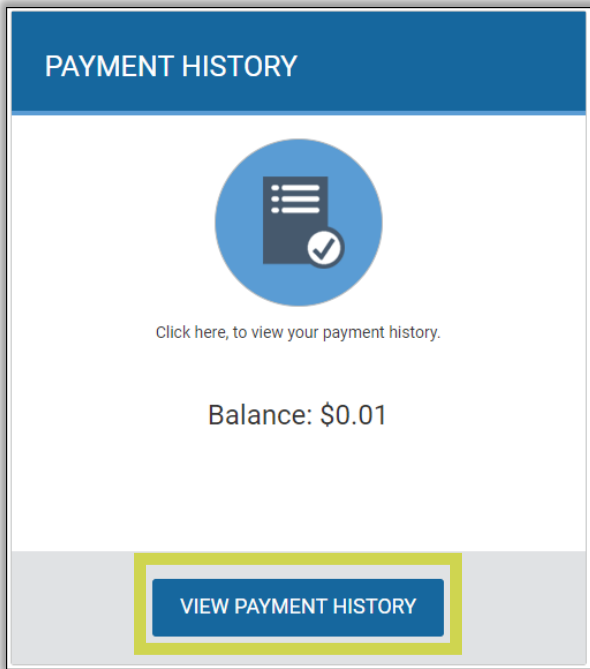
This is a payment for my upcoming order, please process my order

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

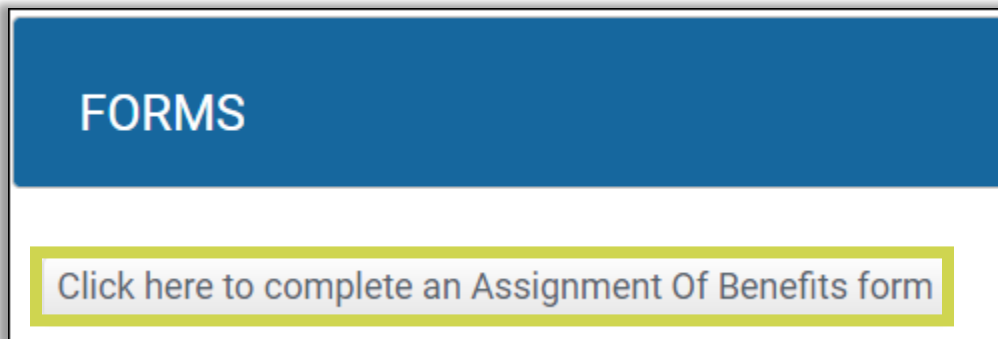
10. Forms

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."**

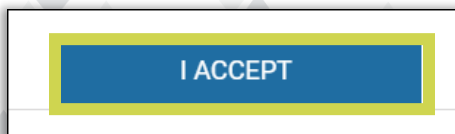
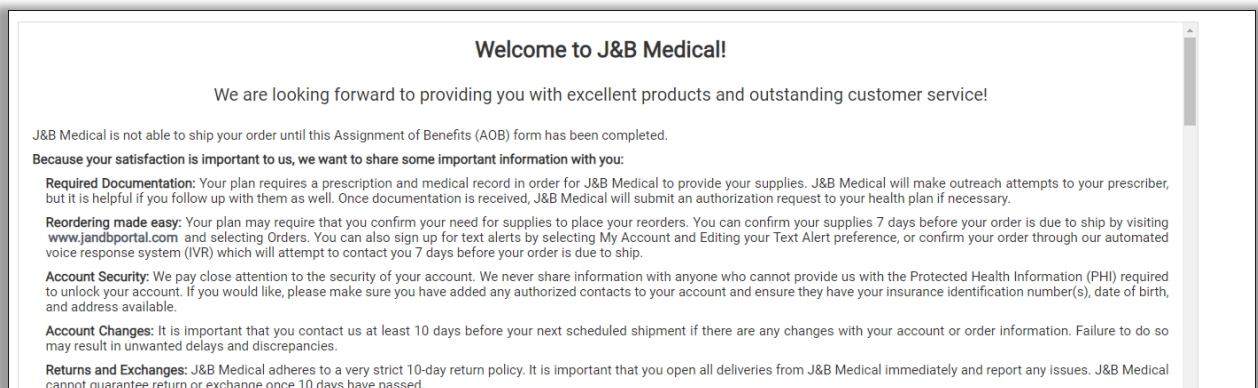
Please note: This form must be completed by the member, parent or guardian. It cannot be completed by health care professionals on behalf of the member.



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.**”

FORMS

[Click here to complete an Assignment Of Benefits form](#)

[Add Attachment](#)

Name	Description
Hospital Discharge Form.docx	hkjkh

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.**”

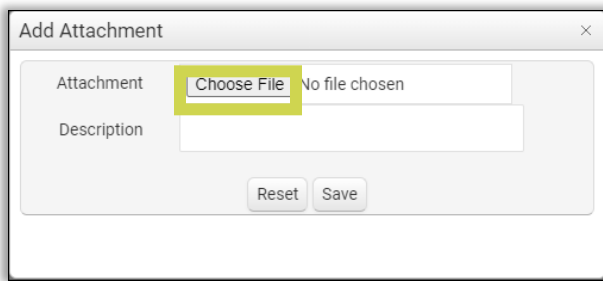
FORMS

[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.

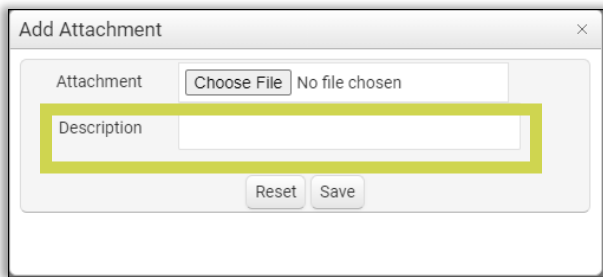


Add Attachment

Attachment No file chosen

Description

Add a Description:

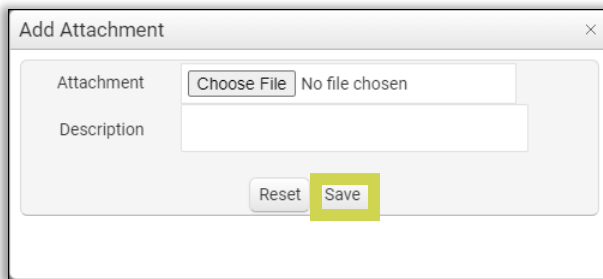


Add Attachment

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**.

