



J&B MEDICAL

MEMBER PORTAL USER GUIDE

WWW.JANDBPORTAL.COM



Revised: July 2025



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.

Table of Contents

1. ACCESS REQUIREMENTS	2
2. ACTIVATING A WEB PORTAL ACCOUNT	2
3. LOGGING IN	4
4. FORGOTTEN PASSWORD	5
5. HOMEPAGE	6
6. MY ACCOUNT	7
7. MESSAGES	9
8. ORDERS	10
9. ACCOUNT BILLING	15
AUTOPAY - TERMS & CONDITIONS	18
10. FORMS	27

1. Access Requirements

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

Recommended Web Browsers: Google Chrome or Microsoft Edge

Recommended Devices: Personal Computer (PC) or laptop

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

2. Activating a Web Portal Account

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

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

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

The image shows a web registration form titled "Sign Up : PLEASE LIST THE PATIENT'S INFORMATION BELOW". At the top right is a "Back" link. A red instruction states: "Each patient will need to register their own login". Below this, the form includes fields for: User Name (with a note "No Special Characters are allowed, other than @"), Password, Confirm password, Patient's Last Name, Patient's First Name, Email address, Patient's BirthDate (with a date picker icon), Phone Type (a dropdown menu), Phone Number, Zip, and Who Are You (with a sub-label "Patient, Caregiver etc.."). At the bottom, there is a blue button with a checkmark icon and the text "REGISTER", which is highlighted by a yellow rectangular border.

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

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

User Names & Passwords

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

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

Access Approval

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

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

3. Logging In

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

FAQ | User Guide

English Spanish [My Account](#)

J&B MEDICAL

ORDERS | MESSAGES | HOME | ACCOUNT BILLING | FORMS

MEMBER LOGIN

Username

Password

[Forgot Password?](#)

☐ Remember me

LOGIN

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

[Open an Account](#)

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

[Activate your Web Portal](#)

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

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

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4. Forgotten Password


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

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

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

MEMBER LOGIN

 Username



Forgot Password?

☐ Remember me

LOGIN

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

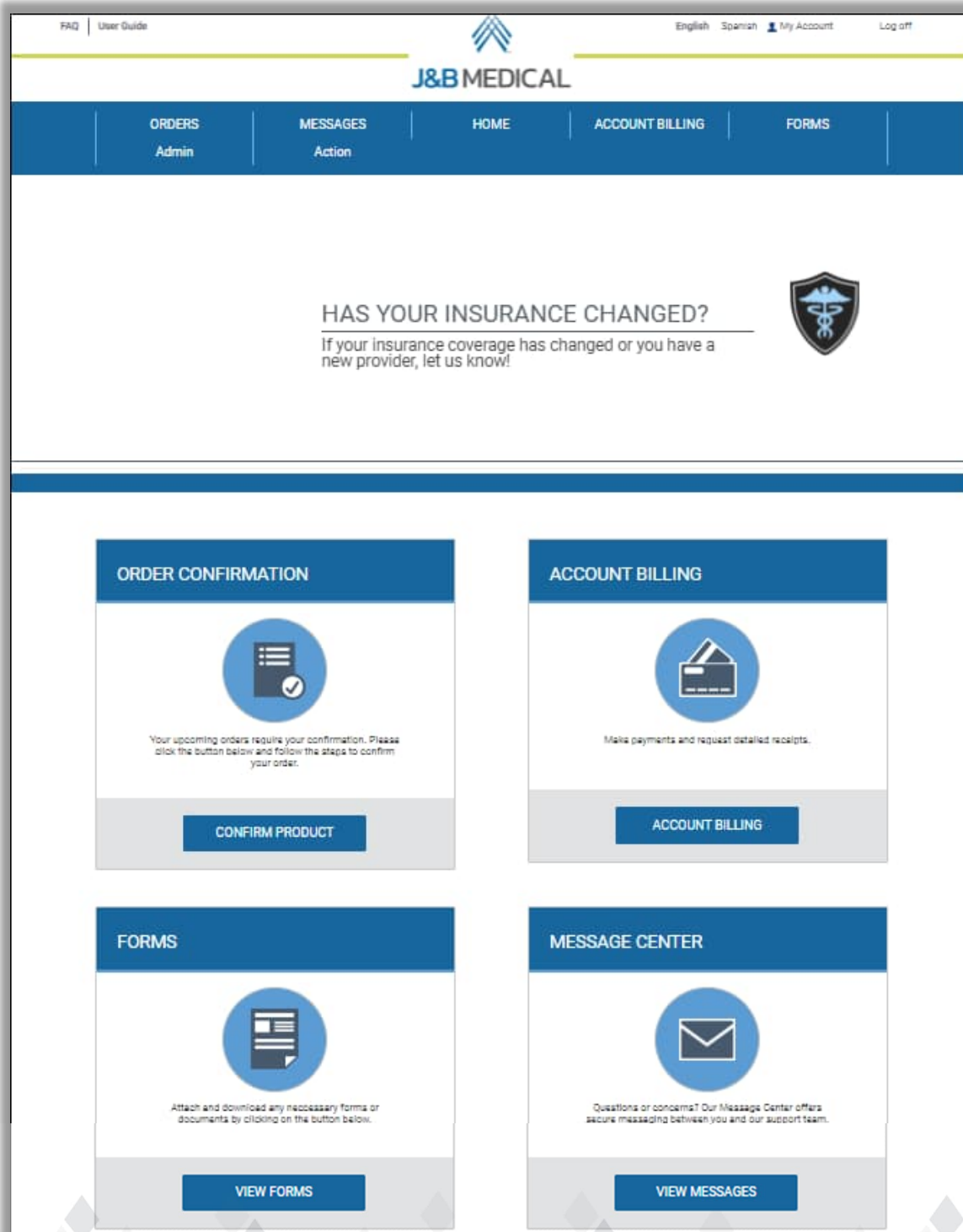
Open an Account

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

Activate your Web Portal

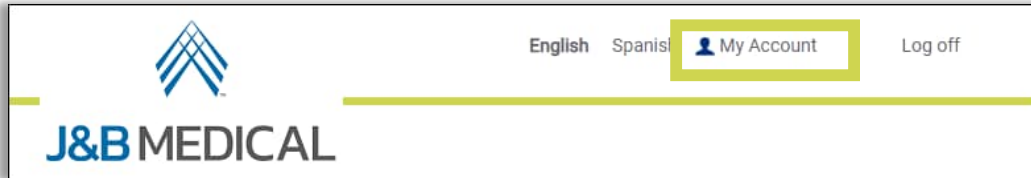
5. Homepage

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



6. My Account

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



Select **"Edit"** to update your information.

The image shows a screenshot of the "ACCOUNT INFORMATION" form. The form is divided into several sections, each with a header and an "Edit" button. The sections are: "Information", "Insurance", "Address", "HOME Address", "Shipping Address", and "Text Alert". The "Edit" buttons are highlighted with a yellow rectangular box. The form contains the following data:

ACCOUNT INFORMATION			
Information Edit			
Account Number : 396225			
Name : (First-Middle-Last) FIRST LAST		Email : Test@jandbmedical.com	
Birth Date : 02/01/1900		SSN :	
Primary Phone : (800) 737-0045		Secondary Phone : (888) 896-5233	
Doctor's Name :		Clinic Phone :	
Insurance Edit			
Insurance Name :		Policy Number :	
Address Edit			
HOME Address			
Shipping Address			
Address : 50496 W PONTIAC TRL		Address : DO NOT SHIP - TEST ACCOUNT	
City : WIXOM	State : MI	City :	State :
Zip : 48393		Zip :	
Text Alert Edit			
Phone Number :		Provider : T-Mobile	
CHANGE PASSWORD			

Text Alerts

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

Text Alert		Edit
Phone Number :	Provider : T-Mobile	

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

Edit Text Alert

Phone Info

Phone

Please use one of the following format for phone number: 0123456789, 012-345-6789, (012)-345-6789

Provider

Select Provider

Activate Alert

☐

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.


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.


 Change Password

Password Requirements :
Must be a minimum of 6 characters in length .

Current Password

New Password

Confirm New Password

 CHANGE PASSWORD

7. Messages

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



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

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

Response Timeframe:

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

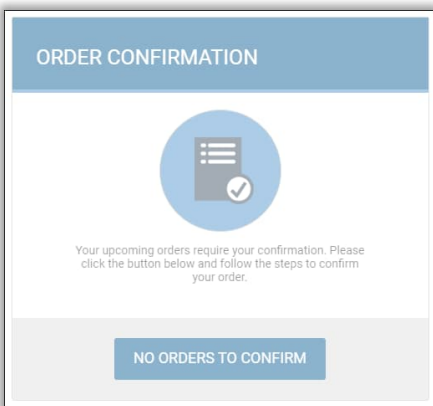
8. Orders

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

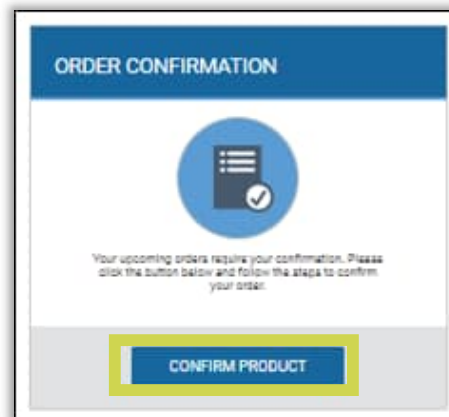
Order Confirmation

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

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



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



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



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

The screenshot shows the J&B Medical website header with the logo and navigation links: English, Spanish, and My. Below the header is a blue navigation bar with links: ORDERS, MESSAGES, HOME, ACCOUNT BILLING, and FORMS. The main content area has a blue header that says "Confirm your upcoming supply re-order". Below this, there is a text block that reads: "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 yellow box highlights a blue button labeled "CONFIRM PRODUCTS NOW".

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

The screenshot shows the J&B Medical website header with the logo and navigation links: English, Spanish, and My. Below the header is a blue navigation bar with links: ORDERS, MESSAGES, HOME, ACCOUNT BILLING, and FORMS. The main content area has a blue header that says "Next Scheduled Order". Below this, there is a text block that reads: "If you need to make changes to the Future Order, please click [HERE](#) to send us a message." Below the text is a table with 6 columns: Next Date, Qty, Package Type, Product Description, Confirmed Source, and IsNeeded?. The table contains 8 rows of product data. At the bottom of the table is a pagination bar with a blue circle containing the number 1, and a text label "1 - 8 of 8 items".

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

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? *

2. Are you currently in a skilled nursing facility? *

3. Are you currently receiving hospice care? *

4. Do you have a Home Health Nurse coming to your home to provide nursing care? *

5. Person completing this confirmation? *

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Account Holder ☐ Other

CONTINUE

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

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

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

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

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

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

Select “**SUBMIT.**”

Comments/Questions:

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

CONFIRM ORDERS

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

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

BACK**SUBMIT**

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.

English Spanish

J&B MEDICAL

ORDERS
Admin

MESSAGES
Action

HOME

ACCOUNT BILLING

FORMS

Order Confirmed Successfully
[Click Here to go to the Home page](#)

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

Order History

Order History will display all previously shipped orders.

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

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

ORDER HISTORY [Click the small arrow next to the order number to see the details.](#)

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	

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

◀ ◁ 1 2 ▶ ▷ ▶▶

1 - 5 of 8 items

▶ 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

◀ ◁ 1 2 ▶ ▷ ▶▶

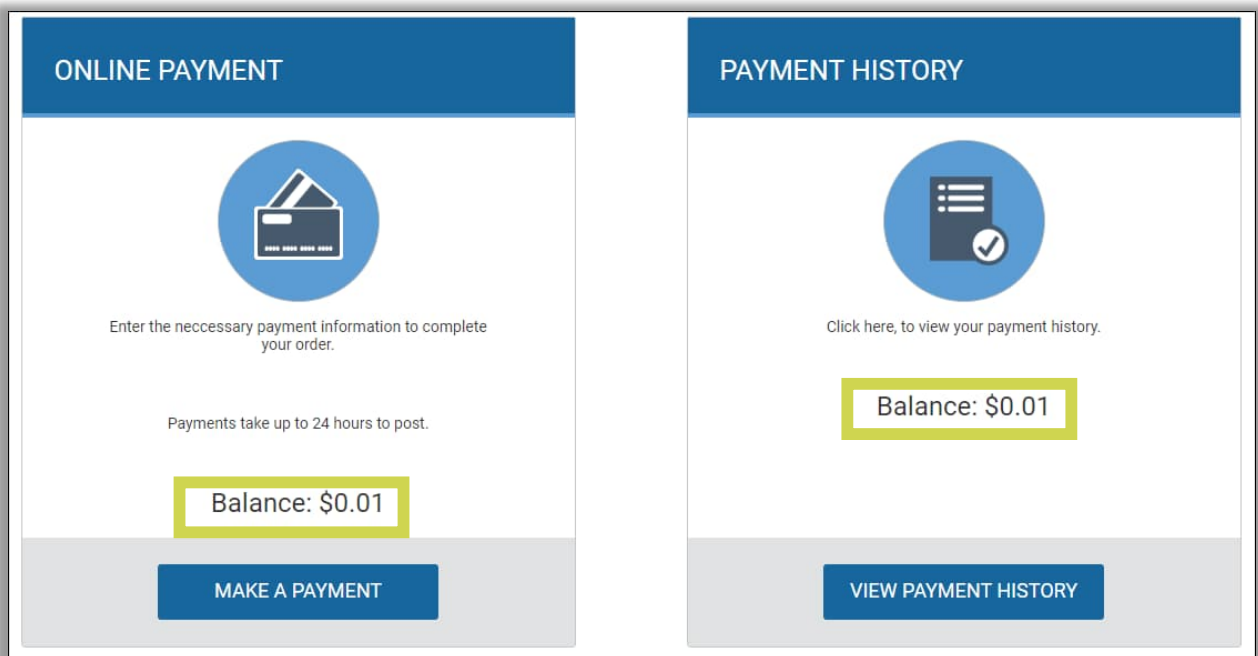
1 - 10 of 12 items

9. Account Billing

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

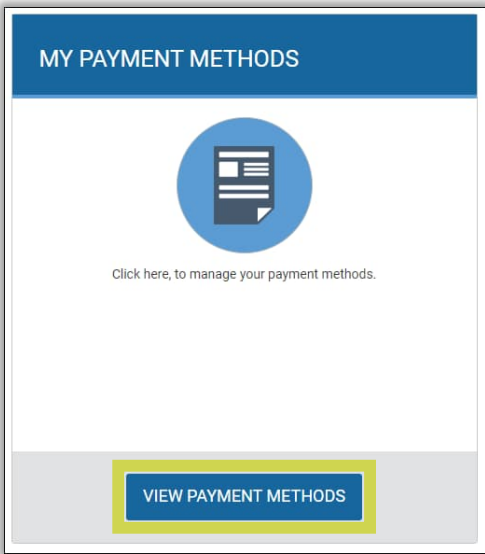


If your account has a private balance (out-of-pocket expenses applied to your account after your health plan has made payment) it will display in the **ONLINE PAYMENT** and **PAYMENT HISTORY** boxes.



- 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

Select

First Name

Last Name

Address

City

State

Select

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	<div>EDIT</div> <div>DELETE</div>

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

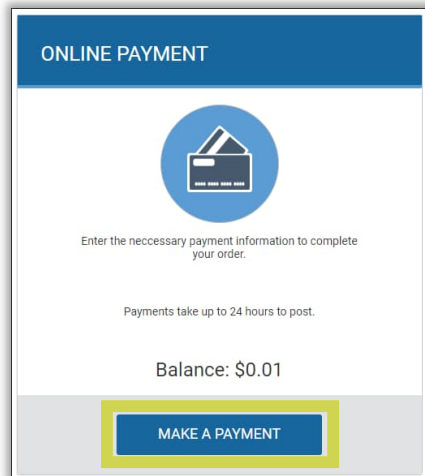
Information, Protection and handling my personal information is subject to the applicable Privacy Policy set forth below:

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.**”



ONLINE PAYMENT

Enter the necessary payment information to complete your order.

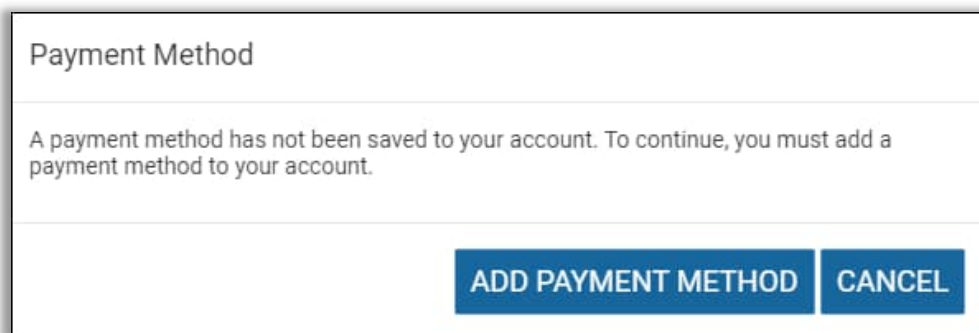
Payments take up to 24 hours to post.

Balance: \$0.01

MAKE A PAYMENT

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

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



Payment Method

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

ADD PAYMENT METHOD CANCEL

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

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

Select one of the following options:

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

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

Payments may take 24 hours to post to your account.

ENTER PAYMENT INFORMATION

Payment Method

Select

\$ Amount

0.01

Billing Address

First Name

Last Name

Address

City

State

Zip

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

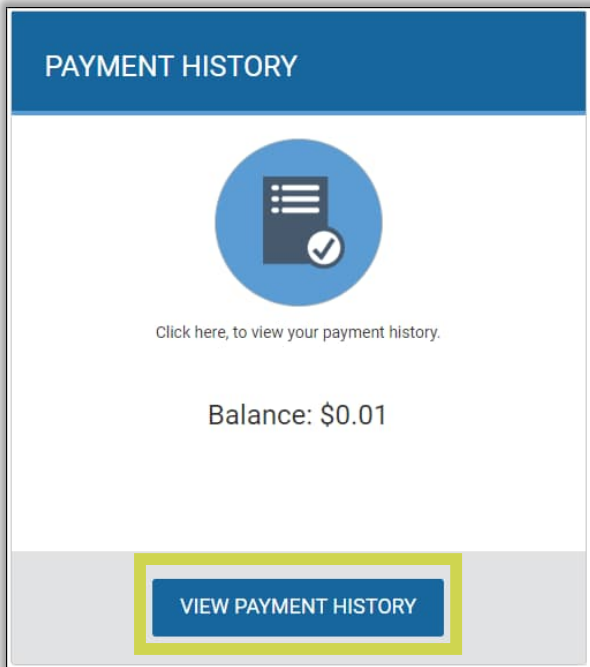
☐ This is a payment of my private balance for an order that I have already received

☐ 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.

SUBMIT

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.




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**”.

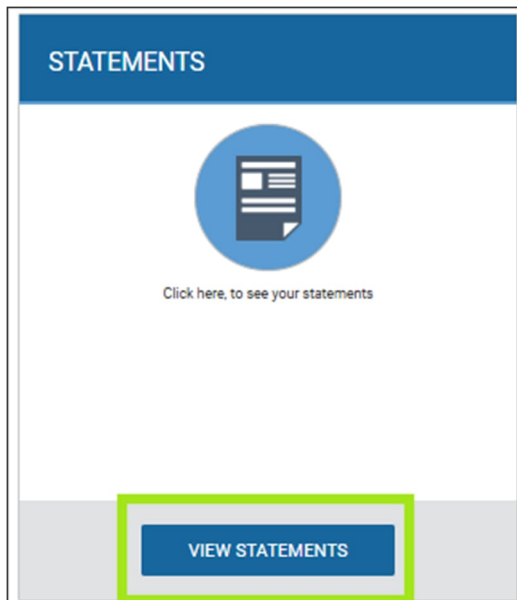


Stop sending me detailed receipts for shipments











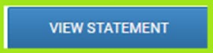
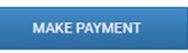
DO NOT SEND

Statements

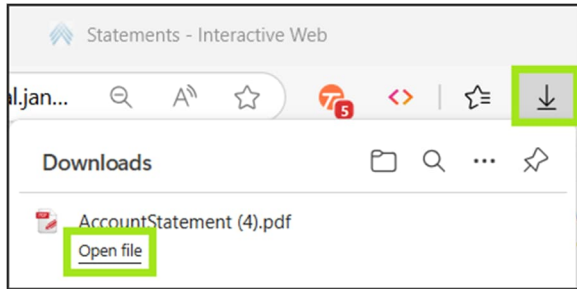
To view unresolved statements, select “**VIEW STATEMENTS**”.



Then, select “VIEW STATEMENT”

User Guide		English Spanish  My Account
J&B MEDICAL		
ORDERS	MESSAGES	HOME
ACCOUNT BILLING	FORMS	
Date of Service	Claim ID	Member Responsibility
06/05/2025		\$0.50
06/05/2025		\$0.50
06/05/2025		\$0.50
06/05/2025		\$0.50
05/09/2025		\$0.50
05/09/2025		\$0.50
05/09/2025		\$0.50
05/09/2025		\$0.50
04/09/2025		\$0.50
04/09/2025		\$0.50
04/09/2025		\$0.50
04/09/2025		\$0.50
Total Member Responsibility:		\$6.00
		

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



STATEMENT

Statement Date: 07/17/2025

Account Number:

J & B Medical Supply Inc.
50496 Pontiac Trail
Wilcom, MI 48393-2088
(800) 737-0645

Please Include Security Code from Back of Card

CARD NUMBER		EXP. DATE
CARDHOLDER NAME		SIGNATURE
SIGNATURE		AMOUNT

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

PLEASE RETURN THIS PORTION WITH PAYMENT

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

Primary Insurance:

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

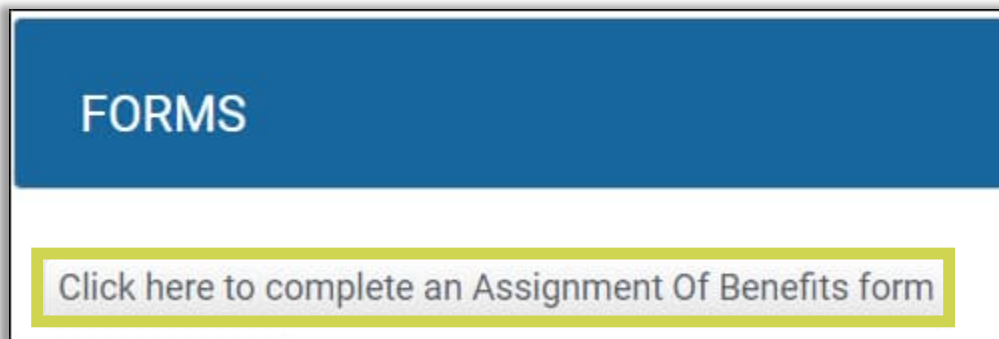
10. Forms

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

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



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



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

A screenshot of the J&B Medical Assignment of Benefits (AOB) form. The form is titled 'Welcome to J&B Medical!' and includes a welcome message. Below the message, there is a section titled 'Because your satisfaction is important to us, we want to share some important information with you:' which contains several paragraphs of text. The text includes information about required documentation, reordering, account security, account changes, and returns and exchanges. The form is presented in a scrollable window.

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

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

Customer Name: * _____

Address: * _____

City: * _____

State: * _____

ZipCode: * _____

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

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

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

Electronic Submission

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

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

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

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

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

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

The form is titled "Electronic Submission" and "Your Signature". It contains fields for "Name:", "Signature of Patient or Patient's Representative:", and "DateTime:". The "DateTime:" field shows "1/4/2021 4:24:56 PM". Below these fields is a checkbox labeled "If you are not the patient, please check this box and complete the below information" with the text "Yes" next to it. At the bottom, there is a blue button labeled "I CERTIFY" which is highlighted with a yellow border. Above the button, the text "Instructions: By clicking I Certify, that an electronic signature will be created on my behalf." is visible.

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 page is titled "FORMS". It contains a button "Click here to complete an Assignment Of Benefits form" and a button "Add Attachment". Below these is a table with two columns: "Name" and "Description". The table has one row with the text "Hospital Discharge Form.docx" and "hkjkh". Below the table is a navigation bar with a blue circle containing the number "1". At the bottom, there is a checkbox labeled "Mail me Assignment of Benefits document" which is highlighted with a yellow border. Below the checkbox is a blue button labeled "SUBMIT".

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

FORMS

Click here to complete an Assignment Of Benefits form

Add Attachment

Name	Description	Uploaded	View File
No items to display			

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

Add Attachment

Attachment

Choose File No file chosen

Description

Reset Save

Add a Description:

Add Attachment

Attachment

Choose File No file chosen

Description

Reset Save

Select “**Save.**”

Add Attachment

Attachment

Choose File

No file chosen

Description

Reset

Save

Uploaded documentation can be viewed here:

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

1

1 - 1 of 1 items

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

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

