

# J&B Medical Interactive Web Portal

portal.jandbmedical.com

FAQ | User Guide English Spanish | My Account

## J&B MEDICAL

ORDERS | MESSAGES | HOME | ACCOUNT BILLING | FORMS

### MEMBER LOGIN

[Forgot Password?](#)

Remember me

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

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

### ACCOUNT INFORMATION

Information

Account Number : 151608

|   |                                  |
|---|----------------------------------|
| Name : (First-Middle-Last) MICHELLE OTT | Email : managermom.ott@gmail.com |
| Birth Date : 07/17/1992                 | SSN :                            |
| Primary Phone : (248) 425-2667          | Secondary Phone :                |
| Doctor's Name :                         | Clinic Phone :                   |

Insurance

|                                  |                 |
|----------------------------------|-----------------|
| Insurance Name :                 | Policy Number : |
| MCLAREN HEALTH PLAN MEDICAID HMO | 123456789       |

Address

|  |   |
|--|---|
| <input checked="" type="checkbox"/> HOME Address | <input type="checkbox"/> Shipping Address |
| Address : 123 TEST ACCOUNT DO NOT SHIP           | Address :                                 |
| City : ANYWHERE State : MI                       | City : State :                            |
| Zip : 48393                                      | Zip :                                     |

Text Alert

|                           |                 |
|---------------------------|-----------------|
| Phone Number : 2484252667 | Provider : AT&T |
|---------------------------|-----------------|

#### ORDER CONFIRMATION

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

#### ACCOUNT BILLING

Make payments and request detailed receipts.

#### FORMS

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

#### MESSAGE CENTER

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

# J&B Medical Interactive Web Portal

portal.jandbmedical.com

**CONFIRM PRODUCTS**

You have items that need to be confirmed. [CONFIRM PRODUCTS NOW](#)

---

**FUTURE ORDERS**

| Next Date           | Qty | UOM | Product Description |
|---------------------|-----|-----|---------------------|
| No items to display |     |     |                     |

---

**ORDER HISTORY** Click the small arrow next to the order number to see the details.

| Order Number | Completed  | Status  | FedEx Tracking Number |
|--------------|------------|---------|-----------------------|
| 9055806      | 10/20/2020 | Shipped |                       |

1 - 1 of 1 items

**ONLINE PAYMENT**

Enter the necessary payment information to complete your order.

Payments take up to 24 hours to post.

**Balance: \$0.00**

**MAKE A PAYMENT**

---

**PAYMENT HISTORY**

Click here to view your payment history.

**Balance: \$0.00**

**VIEW PAYMENT HISTORY**

---

**REQUEST DETAILED INVOICE**

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

Note: This will not provide an interim 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**

---

**MY PAYMENT METHODS**

Click here to manage your payment methods.

**VIEW PAYMENT METHODS**

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 PRODUCTS**

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

| Next Date   | Product | Quantity | UOM | Supply Needed? | Quantity Left |
|---|---------|----------|-----|----------------|---------------|
| <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span style="background-color: #0056b3; color: white; padding: 5px 15px; border-radius: 5px;">BACK</span> <span style="background-color: #0056b3; color: white; padding: 5px 15px; border-radius: 5px;">SUBMIT</span> </div> |         |          |     |                |               |

FORMS

Click here to complete an Assignment Of Benefits form

[Add Attachment](#)

| Name                             | Description | Uploaded   | View File |
|----------------------------------|-------------|------------|-----------|
| JB Contact List - WI non-MCO.pdf |             | 10/19/2020 | View      |

1 - 1 of 1 items

Mail me Assignment of Benefits document

SUBMIT