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GardnerOrthopedics.com

### Orthopedic Analysis-Metal Allergy Test

Patient Name: \_\_\_\_\_ Account Number: \_\_\_\_\_ Date: \_\_\_\_\_

#### What is a metal-LTT test?

A metal-Lymphocyte Transformation Test (metal-LTT) is simply a test that measures a person's sensitivity (specifically the proliferation of immune cells exposed) to:

#### Panel 1

- 1-Aluminum
- 2-Cobalt
- 3-Chromium
- 4-Iron
- 5-Molybdenum
- 6-Nickel
- 7-Vanadium
- 8-Zirconium

#### Panel 2 = Panel 1 +

- A -Bone Cement
- B-Cobalt alloy particles
- C-Titanium alloy particles

Both panels use PHA (phytohemagglutinin) as a positive control (stimulant) which is a compound to which people are universally sensitive and is used to make sure the test is working correctly.

#### When do I pay for the test?

Orthopedic Analysis requires payment for the test when the blood sample arrives at their facility. You will be asked to supply your credit card information on the requisition form included in the kit. Price may vary up to \$600.00

#### Does Orthopedic Analysis bill private insurance companies?

No. Orthopedic Analysis does not bill private insurance companies and payment is due in full when the sample arrives at their facility.

#### Can I submit a claim to my insurance provider after I pay?

Absolutely. Orthopedic Analysis will provide you with a copy of your results and an itemized paid invoice (including their procedure code) that you can submit to your insurance company and seek reimbursement for the test.

#### Do Insurance companies reimburse for this test?

Private insurance reimbursement for the metal-LTT varies greatly by individual healthcare plan and carrier based on medical necessity. While some patients are routinely fully reimbursed, others have received partial reimbursement or no reimbursement at all.

*Please initial each of the following lines below:*

- \_\_\_\_\_ I have read and understand that I am responsible for payment in full for the Metal Analysis Test.
- \_\_\_\_\_ I have read and understand that I may submit a claim to my insurance provider on my own and am aware there is no guarantee for reimbursement.
- \_\_\_\_\_ I understand that the price may vary up to \$600.00
- \_\_\_\_\_ I understand that Gardner Orthopedics is not affiliated with Orthopedic Analysis and all billing inquiries should be directed to Orthopedic Analysis or my insurance provider.
- \_\_\_\_\_ I understand I am responsible for dropping off completed kit to the nearest Fed Ex
- \_\_\_\_\_ DECLINED AT THIS TIME, WILL CALL BACK IF WISH TO PROCEED

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MA Initials: \_\_\_\_\_