

AN INMATE IN A LOCAL CORRECTIONAL FACILITY WHO IS SICK, INJURED, OR DISABLED SHALL:

(1) REIMBURSE THE COUNTY, AS APPROPRIATE, FOR THE PAYMENT OF MEDICAL EXPENSES; AND

(2) PROVIDE THE MANAGING OFFICIAL WITH ANY INFORMATION RELATING TO:

(I) THE EXISTENCE OF ANY HEALTH INSURANCE, GROUP HEALTH PLAN, OR PREPAID MEDICAL CARE COVERAGE UNDER WHICH THE INMATE IS INSURED OR COVERED;

(II) THE INMATE'S ELIGIBILITY FOR BENEFITS UNDER THE MARYLAND MEDICAL ASSISTANCE PROGRAM;

(III) THE NAME AND ADDRESS OF ANY THIRD PARTY PAYOR; AND

(IV) ANY POLICY OR OTHER IDENTIFYING NUMBER RELATING TO ITEMS (I) THROUGH (III) OF THIS ITEM.

(C) FEE FOR VISITS TO HEALTH CARE PROVIDERS.

(1) IN ADDITION TO OBTAINING ANY REIMBURSEMENT AUTHORIZED UNDER SUBSECTION (B) OF THIS SECTION AND SUBJECT TO PARAGRAPH (4) OF THIS SUBSECTION, THE GOVERNING BODY OF EACH COUNTY SHALL ESTABLISH A REASONABLE FEE, NOT TO EXCEED \$4, FOR EACH VISIT BY AN INMATE IN A LOCAL CORRECTIONAL FACILITY TO AN INSTITUTIONAL MEDICAL UNIT OR NONINSTITUTIONAL PHYSICIAN, DENTIST, OR OPTOMETRIST.

(2) THE PER VISIT FEE SHALL BE DEDUCTED FROM AN INMATE'S SPENDING FINANCIAL ACCOUNT, RESERVE FINANCIAL ACCOUNT, OR SIMILAR ACCOUNT HELD BY THE MANAGING OFFICIAL ON BEHALF OF THE INMATE.

(3) THE FEES COLLECTED UNDER THIS SUBSECTION SHALL BE DEPOSITED IN THE GENERAL FUND OF THE COUNTY.

(4) THIS SUBSECTION DOES NOT APPLY TO A VISIT BY AN INMATE TO A MEDICAL UNIT OR A PHYSICIAN, DENTIST, OR OPTOMETRIST IF THE VISIT IS:

(I) REQUIRED AS A PART OF THE INTAKE PROCESS;

(II) REQUIRED FOR AN INITIAL PHYSICAL EXAMINATION;

(III) DUE TO A REFERRAL BY A NURSE OR PHYSICIAN'S ASSISTANT;

(IV) PROVIDED DURING A FOLLOW-UP VISIT THAT IS INITIATED BY A MEDICAL PROFESSIONAL FROM THE LOCAL CORRECTIONAL FACILITY;

(V) INITIATED BY A MEDICAL OR MENTAL HEALTH STAFF MEMBER OF THE LOCAL CORRECTIONAL FACILITY; OR

(VI) REQUIRED FOR NECESSARY TREATMENT.