(2) PROVIDE THE WARDEN 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 THE THIRD PARTY PAYOR; AND

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

(B) FEE FOR HEALTH CARE SERVICES.

(1) IN ADDITION TO OBTAINING ANY REIMBURSEMENT AUTHORIZED UNDER SUBSECTION (A) OF THIS SECTION AND SUBJECT TO PARAGRAPH (4) OF THIS SUBSECTION, THE DEPARTMENT SHALL ESTABLISH A REASONABLE FEE, NOT TO EXCEED $4, FOR EACH VISIT BY AN INMATE 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 WARDEN ON BEHALF OF THE INMATE.

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

(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 BALTIMORE CITY DETENTION CENTER;

(V) INITIATED BY A MEDICAL OR MENTAL HEALTH STAFF MEMBER OF THE BALTIMORE CITY DETENTION CENTER; OR

(VI) REQUIRED FOR NECESSARY TREATMENT.

(C) LIMITATION ON LIABILITY FOR REIMBURSEMENT AND CO-PAYMENTS.

SUBSECTIONS (A) AND (B) OF THIS SECTION DO NOT IMPOSE LIABILITY FOR REIMBURSEMENT OR PAYMENT OF MEDICAL EXPENSES ON ANY PERSON OTHER THAN AN INMATE PERSONALLY OR THROUGH A PERSON THAT PROVIDES INSURANCE, COVERAGE, OR OTHER BENEFITS DESCRIBED UNDER SUBSECTION (A) OF THIS SECTION.