

The complaint

Mr F and Ms R have complained that Vitality Health Limited ('Vitality') hasn't paid for treatment recommended by a GP.

What happened

Mr F and Ms R have a private medical insurance policy, underwritten by Vitality.

Mr F booked an appointment with a Vitality GP and was referred for a chest x-ray. He contacted Vitality and it approved the claim through its online system.

Mr F attended the hospital, and he was advised to have a further consultation with a GP and had an x-ray and blood tests.

Mr F made a claim, but Vitality said it would only pay £100 towards the invoice as the policy only provides full cover for tests when requested by a consultant.

Mr F complained and unhappy with Vitality's response, referred his complaint to the Financial Ombudsman Service.

Vitality made an offer to pay the invoice less the £100 excess.

Our investigator thought Vitality's offer was fair but Mr F disagreed. In summary, he said Vitality should change its policies and pay in full for tests when its own GP has recommended them. He thinks the policy is unfair and an insurer should not be able to pick and choose which referrals to accept.

So the case has been passed to me for a final decision.

What I've decided – and why

I've considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint.

Having done so, I think Vitality's offer to pay the invoice less the excess is fair. I'll explain why.

- The background to this matter is well known to both parties so I will only focus on what I consider to be key to my decision. And I have carefully considered everything Mr F has said even if I don't explicitly refer to all his specific comments in my decision.
- The relevant rules and industry guidelines say an insurer should provide help and support to consumers in understanding their policy.
- As set out in the investigator's view in some detail, the policy terms and conditions and the certificate confirm Vitality will pay up to £100 for minor tests when referred by a Vitality GP or a private GP in the network. The policy confirms Vitality will pay full

outpatient cover for diagnostics when referred by a consultant.

- Mr F was referred by a Vitality GP and so under the terms and conditions of the policy, he would be eligible for up to £100. But Vitality has agreed to pay the invoices less the excess as a gesture of goodwill and I think this is fair and reasonable in all the circumstances.
- Having reviewed the policy documents and information, I agree that it's clear about the level of benefits available when referred by a Vitality GP. So I don't think Vitality made a mistake. And I can't say the policy terms are unfair as they are clearly set out and confirm the level of benefit available.
- I can't tell Vitality to change the level of benefits or increase the level of benefits provided for tests when referred by a Vitality GP. Vitality has said that any minor tests are covered but not classed as a medical claim. The reason for this is because scan results would not be returned to a consultant specialist and Vitality do not support GP led diagnostic requests as part of medical claims.
- When Mr F submitted his claim online, he wasn't prompted to enter a consultant's name and so Mr F thought he was covered. Vitality accepts this would have caused confusion and have agreed to pay the invoice, less the excess. I think this is a fair and reasonable outcome to recognise the confusion caused.
- Mr F is also unhappy that he didn't receive quick enough responses from Vitality when he contacted them by message. Vitality should ensure its communication channels are effective and that it responds within a reasonable time. There is no requirement for Vitality to respond instantly and having looked at its response times, I think they were reasonable overall.

My final decision

For the reasons set out above, I think Vitality's offer to pay the invoice less £100 excess is fair and reasonable in all the circumstances.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr F and Ms R to accept or reject my decision before 25 April 2024.

Shamaila Hussain
Ombudsman