

The complaint

Mr M is unhappy about the way BUPA Insurance Limited ('BUPA') has handled a recent claim on his policy.

What happened

Mr M has a private medical insurance policy, underwritten by BUPA. Mr M contacted BUPA to make a claim but was unable to locate any doctors who were fee approved in his area.

Mr M complained and BUPA agreed to contribute to the treatment, up to the benefit limits. Mr M remained unhappy so BUPA agreed to cover the treatment cost in full as it had done so previously and had raised expectations. However, it confirmed that going forwards, it would not cover any shortfall in costs for future claims where a non-fee assured consultant was used.

Mr M referred his complaint to the Financial Ombudsman Service.

Our investigator looked into the complaint but found that BUPA had treated Mr M fairly by agreeing to cover the full costs for his claim. However, he didn't think it was fair to ask BUPA to cover all future shortfalls for non-fee assured consultants.

Mr M disagreed and feels the policy was mis-sold due to the lack of fee assured consultants available in his local area.

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 don't think this complaint should be upheld. I'll explain why.

- The relevant rules and industry guidelines say an insurer should handle claims promptly and fairly. And shouldn't unreasonably reject a claim.
- The policy terms confirm BUPA will pay 100% for fee assured consultants. And for non-fee assured consultants, BUPA will cover up to the rates shown in its schedule of procedures. The policy also says: *"Please note that we cannot guarantee the availability of any facility, practitioner or treatment."*
- BUPA accepted that it had covered shortfalls previously where non-fee assured consultants were used and so agreed to pay the latest claim in full. I think this is fair and reasonable.
- Mr M would like this to happen for all future treatment but I don't think that is fair or reasonable. BUPA doesn't have control over the consultants or the private facilities

and so it wouldn't be able to provide any such guarantee.

- Mr M has raised concerns about the sale of the policy but this wasn't agreed to be investigated in this complaint. So Mr M will need to raise a new and separate complaint about the sale of the policy.

My final decision

For the reasons set out above, I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr M to accept or reject my decision before 28 January 2025.

Shamaila Hussain
Ombudsman