

The complaint

Mr C complains that Westfield Contributory Health Scheme unfairly delayed settling dental claims he made on a dental insurance plan.

What happened

In June 2022, Mr C became insured under a dental plan. He made five postal claims on the policy between February 2023 and June 2024. Mr C had paid upfront for dental treatment and had sent proof of payment so that he could be reimbursed. Mr C also made an online claim in June 2023.

Mr C asked for claim payments to be made to his bank account, although he'd changed account providers by the time he made the fifth postal claim. Mr C checked his new account and noticed that he hadn't received settlement for the fifth claim. And on checking his old account, he noticed he hadn't been paid for the previous four postal claims either. So he made a complaint to Westfield in mid-September 2024.

Westfield said it had no record of receiving any of Mr C's postal claim forms, although it accepted this was unusual. It said it wasn't responsible for any actions of the third parties involved in the postal system. But it agreed to settle Mr C's outstanding claims in line with the policy terms. And it paid Mr C £214.30 on 20 September 2024.

Mr C remained unhappy with Westfield's position and he asked us to look into his complaint. He was concerned that it had deliberately ignored his claim forms or lost or disposed of them. He was unhappy that Westfield hadn't offered him compensation for his financial losses and his inconvenience.

Our investigator didn't think there was enough evidence to show that Westfield had received Mr C's postal claim forms or that it had failed to action them. So she didn't think it had been responsible for the delay in paying Mr C's claims. And she thought it had gone on to fairly settle the claims it said met the policy terms.

Mr C disagreed with the investigator's view and so the complaint's been passed to me to decide.

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, whilst I'm sorry to disappoint Mr C, I'm not telling Westfield to do anything more and I'll explain why.

The relevant regulator's rules say that insurers must handle claims promptly and fairly. I've taken those rules into account, amongst other relevant considerations, such as regulatory principles and the available evidence, to decide whether I think Westfield treated Mr C fairly.

Mr C took out dental cover which is underwritten by Westfield. In summary, the policy covers amongst other things, NHS charges for dental maintenance, treatments, dentures and repairs. Policyholders can make claims for reimbursement of NHS dental charges they've paid out. The policy terms set out the ways in which a policyholder can make a claim – which includes by post.

I've seen copies of the claim forms Mr C says he sent to Westfield by post during 2023 and 2024. It's unfortunate that Westfield doesn't appear to have received them and so, he didn't receive reimbursement of his claim costs for a number of months. I appreciate that it is unusual for an insurer not to receive five posted claim forms. But Westfield has provided copies of its claim file and records for Mr C. And there's simply no evidence to show that the posted forms were received before Mr C complained about the delay in settlement in September 2024. So I don't think there's enough persuasive evidence to demonstrate, on balance, that Westfield received the forms and failed to action them, or that it made a deliberate decision to delay settlement.

And I need to bear in mind that Westfield isn't responsible for the postal system or how and when letters are sent within it. As well as Royal Mail, Westfield also uses another third party for its PO Box post. So I don't think I could fairly or reasonably find that Westfield was most likely responsible for any failure of the claims forms to reach its claims team or for any delay in those claims being processed.

The evidence indicates that Mr C complained about claim settlement delays on 11 September 2024. Westfield has provided us with evidence which shows that it paid the settlement it calculated was due under the policy terms to the bank account details Mr C set out on the June 2024 claim form. So I'm satisfied that Westfield has settled Mr C's claims for NHS dental treatment he received and that it did so very promptly once it became aware of the missing claim forms.

It seems Mr C didn't receive the full amount he'd claimed. It appears Westfield deducted the cost of hygienist treatment Mr C had claimed for. I haven't considered whether the claim has been settled fairly within this decision, as Mr C didn't complain to us about that point. It's open to Mr C to bring a new complaint to us about that issue alone though should he wish to do so.

I appreciate Mr C believes that Westfield should pay him compensation for inconvenience and financial loss. But, as I've said, I don't think there's enough evidence to show Westfield made any error here. And it reimbursed Mr C for his NHS dental charges around nine days after he complained about the unpaid claims. In my view, it responded appropriately and fairly to Mr C's concerns.

Overall, whilst I sympathise with Mr C's position and I appreciate he's been through a difficult time, I don't think Westfield has done anything wrong which it needs to put right.

My final decision

For the reasons I've given above, my final decision is that I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr C to accept or reject my decision before 10 February 2025.

Lisa Barham
Ombudsman