

The complaint

Mr G is unhappy with how BUPA Insurance Limited (BUPA) handled his private medical insurance claim.

Mr G is being represented by Mrs G on this complaint. But for ease, I'll refer to Mr G throughout this complaint.

What happened

In January 2020, Mr G took out a private medical insurance policy with a previous provider. And in January 2024, the provider transferred the policy over to BUPA. BUPA is the underwriter of the policy.

Mr G was unfortunately diagnosed with lymphoma and seen by a consultant. In April 2024, he referred Mr G for an ultrasound and a biopsy as he had a recurring tumour. Mr G contacted BUPA to seek authorisation for a claim. BUPA incorrectly said that the consultant would need to complete the 4-week NHS form which it said was required under the policy terms. BUPA approved the ultrasound but not the biopsy.

Mr G contacted BUPA as he didn't agree this was required and to ask for urgent support. He made a complaint. He wanted a three-month extension of their policy for the months they didn't benefit from the policy and an apology from BUPA. They had to get the treatment from the NHS while BUPA looked into the complaint.

BUPA accepted that it should have checked the 4-week NHS requirement, before requesting the form to be completed. It acknowledged the service it provided wasn't as Mr G should have expected, and the communication could also have been better. BUPA offered Mr G £500 compensation for the distress and inconvenience caused to him but didn't agree to an extension to the policy.

Unhappy with BUPA's response, Mr G brought his complaint to this service. Our investigator agreed the service provided by BUPA was poor. She thought the £500 compensation offered by BUPA in recognition of this was fair and reasonable.

Mr G disagreed. He asked for the complaint to be referred to an ombudsman. So, it's been passed to me.

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.

The relevant rules and Industry guidelines say that insurers must handle claims promptly and fairly and shouldn't unreasonably reject a claim. I've taken these rules into account when making my decision about Mr G's complaint.

The key issue in dispute on this complaint is the service provided by BUPA in relation to the claim Mr G submitted. I therefore need to determine whether the £500 compensation offered

is fair and reasonable in the circumstances of this complaint.

Firstly, I understand that this situation has caused Mr G undue stress and worry. I'm sorry for this.

I note that in its final response BUPA acknowledged the service it provided was poor, it apologised and offered Mr G £500 compensation.

I've carefully reviewed what happened. I think £500 compensation is fair and reasonable in the circumstances here. I'll explain why.

I understand that this was a very difficult time for Mr G as they were looking for BUPA to guide them through the claims process as efficiently as possible. However, as acknowledged by both parties, BUPA didn't deal with the claim well. This meant Mr G had to contact BUPA multiple times in writing and by telephone which caused further frustration and worry.

BUPA did eventually inform Mr G that the 4-week NHS form didn't need to be completed. This was because they had the continuity of care from the previous provider. BUPA says it should have informed Mr G of this earlier. There were also issues with calls not being returned and updates being provided as they should have. It wasn't until the end of May 2024 that Mr G was informed that he didn't need to complete the form. In the meantime, Mr G had no option but to receive treatment from the NHS.

I understand Mr G thinks £500 isn't sufficient compensation for what he'd experienced. However, it isn't our role to punish the business. Awards of compensation are primarily to reflect the impact on the consumer. I don't doubt that this has had an impact on Mr G but, as an alternative dispute resolution service, our awards are lower than he might expect and probably less than a court might award.

Mr G has said they would like the policy extended for the three months that Mr G should have benefitted from it. I understand his point of view, but I don't think that's fair as the policy was still available and not restricted solely for this claim. I don't think therefore that it should be extended for a further three months.

Overall, I'm sorry to disappoint Mr G. Taking everything into account, I think £500 compensation is fair and reasonable in recognition of the poor service provided by BUPA. It follows therefore that I don't think BUPA needs to do anything further.

My final decision

For the reasons given above, I don't uphold Mr G's complaint about BUPA Insurance Limited.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr G to accept or reject my decision before 17 March 2025.

Nimisha Radia
Ombudsman