

The complaint

Mr D has complained that AXA PPP Healthcare Limited declined a claim for his chosen consultant under his private medical insurance policy.

What happened

Mr D had been referred by his cardiologist to another specialist for his condition. AXA declined to pay for this specialist as he wasn't covered by Mr D's policy. He felt that it would be a waste of resources to see a different specialist and believed that the cardiologist he had been referred to was the most suitable for his condition. AXA advised that this specialist wouldn't be covered and that one who was covered could be seen but at a different location. Mr D decided to keep his original appointment. He felt that he had no choice and raised a complaint.

Mr D also felt that his policy's 'Guided Option' fell short in practice and that he had been misadvised by being directed to a general cardiologist when he needed a tertiary specialist in pulmonary hypertension.

Our investigator didn't recommend that the complaint be upheld. They didn't find that AXA had done anything wrong or contrary to Mr D's policy terms. Mr D appealed. He didn't feel that adequate weight had been given to the points he had made.

Your text here

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.

I'd like to reassure Mr D that whilst I've summarised the background to his complaint and some sensitive medical details, I've carefully considered all that he has said and sent to us. In this decision though I haven't commented on each point or piece of evidence rather I've focused on what I find are the key issues here. Our rules allow me to take this approach. It simply reflects the informal nature of our service as a free alternative to the courts.

The relevant regulator's rules say that insurers mustn't turn down claims unreasonably. So I've considered, amongst other things, the policy terms, the law and good insurance practice to decide whether I think AXA treated Mr D fairly by declining to pay for his chosen consultant. Having done so, and despite my natural sympathy for Mr D's predicament, I agree with the conclusion reached by our investigator. I'll explain why.

The regulator's rules say that insurers must handle claims promptly and fairly. And that they mustn't turn down claims unreasonably. So I've considered, amongst other things, the relevant law, the policy terms and the available evidence, to decide whether I think AXA treated Mr D fairly.

Mr D's policy includes the 'Guided Option' – this means AXA promises to pay for treatment when it chooses a specialist. It says:

You have the Guided Option. We'll only pay for treatment with a specialist we have sourced for you.

And

If you have treatment with a provider that we haven't helped you choose, you will have to pay the costs in full.

Fee limited specialists are not covered by the Guided Option, but the benefit of this plan is that the premium is lower than it would otherwise be without this option. I find that the policy documents are clear as to what the Guided Option will cover.

Although the specialist that Mr D wished to see wasn't covered by his plan AXA suggested another specialist, Dr H, who is recognised as a fee approved specialist. Mr D feels that Dr H isn't a specialist in his condition, AXA noted that he was a specialist in pulmonary hypertension. I haven't seen any evidence that he would have been unable to treat Mr D, so don't think that the suggestion was unfair.

I haven't disregarded the point Mr D has made about distance from his home particularly given he was disabled by his condition. But it seems that both hospitals – that where he wanted to see Dr C and the hospital where he would have seen Dr H were equidistant from Mr D's address – and approximately two miles from each other.

I have listened to the call when Mr D spoke to an adviser before he attended his appointment and was advised that it wouldn't be covered by his policy. I do appreciate that Mr D had already made the appointment and wasn't able to cancel it without incurring a fee, but this doesn't change the fact that the consultation wasn't covered by his plan. In all the circumstances I don't find that AXA treated Mr D unfairly unreasonably or contrary to his policy terms by declining to authorise his consultation with Dr C.

My final decision

For the reasons given 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 D to accept or reject my decision before 1 July 2025.

Lindsey Woloski
Ombudsman