

The complaint

Mr C is unhappy that BUPA Insurance Limited (BUPA) declined his private medical insurance claim.

What happened

Mr C has a private medical insurance policy through his employer.

Mr C explained that he had been treated by one consultant (who I'll call Mr A) for years for a medical condition. He last saw Mr A in July 2023. Unfortunately, in January 2024, Mr C started experiencing numbness and pins and needles down his arm. He saw his GP who referred Mr C back to Mr A.

Mr C contacted BUPA for authorisation. BUPA declined to authorise consultation with Mr A as it said he wasn't on its open referral network. Whilst Mr C had previous treatment with Mr A, these were authorised in error. BUPA provided alternative consultants, but Mr C wanted to continue treatment with Mr A as he was aware of Mr C's medical history and the treatment he's had previously.

Unhappy Mr C brought his complaint to this service. Our investigator didn't uphold it. She didn't think BUPA had declined the claim unfairly.

Mr C disagreed and 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 insurance industry regulator, the Financial Conduct Authority ('FCA'), has set out rules and guidance for insurers in the 'Insurance: Conduct of Business Sourcebook' ('ICOBS'). ICOBS says that insurers should act honestly, fairly and professionally in accordance with the best interests of their customers, and that they should handle claims promptly and fairly. I've taken these rules into account when looking at this complaint.

The key issue in dispute here is that the consultant Mr A isn't part of the BUPA open network referral list.

BUPA said as it had been nine months since the previous claim Mr C made, the GP referral was treated as a new one. BUPA looked to see if Mr A was on its list for authorisation, but he wasn't.

Mr C said he's had treatment with the consultant for many years. He can't understand why BUPA now says that Mr A isn't on their list, and it can't now offer to cover to him.

I've looked at the membership guide which set out the policy terms and conditions. This confirms that the consultant needs to be in its open referral network. I can see Mr C has the open network referral option on his membership certificate. I've also looked to see whether Mr A is listed under the network, but he isn't.

BUPA said it has alternative consultants on its network who Mr C can access – I think this is fair. But this isn't an option he wants to take up. BUPA also said Mr A has never been on its open referral network and the treatment that has been authorised so far for Mr C, was done in error.

I note Mr C's comments. He said that BUPA has given misleading information as Mr A was covered, but it now wants to avoid paying for the treatment. He can produce evidence of all the bills that BUPA paid. I understand but the crux of the issue is that Mr A isn't on the network list and when Mr C contacted BUPA for authorisation, he wasn't on the list. So, even if BUPA paid for the treatment previously, whether Mr A was on the network list or not previously and whether this was authorised in error or not, the evidence shows there is no cover now for this consultant.

I fully appreciate the strength of feeling Mr C has on this issue as he's been treated by Mr A for a number of years. But as it stands, the consultant isn't listed on Mr C's policy and therefore I can't reasonably ask BUPA to authorise treatment with Mr A. He has cover to choose an alternative consultant from the open network referral list and should Mr C want to take this option, he can contact BUPA directly.

Overall, taking everything into account, I'm not persuaded that BUPA has unfairly declined cover for the consultant in the circumstances here. I'm sorry to disappoint Mr C. But it follows that I don't require BUPA to do anything further.

My final decision

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

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr C to accept or reject my decision before 21 July 2025.

Nimisha Radia
Ombudsman