

The complaint

Miss W complains about the service she received from BUPA Insurance Limited (trading as BUPA Dental) when she made a claim for treatment.

What happened

Miss W holds dental insurance cover via her employer, and the policy is underwritten by BUPA. She received treatment in December 2024 and contacted BUPA to make a claim.

BUPA initially asked for more evidence of the claim, and Miss W provided this. However Miss W says BUPA went on to ask for more evidence unnecessarily, and made a mistake in asking her to call without providing a contact number.

Miss W complained to BUPA about the service she received. BUPA responded and said as proof of purchase for the treatment wasn't provided, it'd needed more information before it could pay the claim. And it apologised that it sent Miss W a communication asking her to call, without providing a phone number.

Unhappy with the response, Miss W brought her complaint to this service. She said she wanted BUPA to accept it had made errors and to pay her compensation.

An investigator here looked into what had happened and said they didn't think BUPA's request for further information was unreasonable. And as BUPA had apologised for not providing a phone number, he said he didn't think it needed to do anything further.

BUPA made no comment on the investigator's view. However Miss W disagreed. She said she thought her complaint had been misunderstood and BUPA had enough information to pay the claim on 30 December 2024, so all actions it took after that point were unnecessary.

As Miss W disagreed and asked for a decision from an ombudsman, the case has 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, I'm not upholding this complaint, for broadly the same reasons as the investigator. And I'll go on to explain why.

The relevant industry rules say an insurer must handle claims promptly and fairly and shouldn't unreasonably reject a claim. And it should provide reasonable guidance to help make a claim, with appropriate information on progress.

Miss W raised a claim with BUPA on 24 December 2024 and provided a copy of a dental prescription and a copy of a document issued by her dentist headed 'treatment plan

estimate'. This showed three entries for charges totalling £95 which were headed 'estimated fee'.

On 27 December 2024, BUPA responded and stated it needed more information. It said Miss W had sent a treatment plan estimate, but it needed an invoice, email or confirmation from the dentist showing the treatment Miss W had, the date this took place and the cost. I think BUPA set out its requirements clearly in its email. The same requirements are set out in the membership guide, and I think the information BUPA asked for is reasonable for this type of claim.

Miss W responded to BUPA on 30 December 2024. She provided two receipts stamped by her dentist. These were dated 14 December 2024 and confirmed the dentist had received payments of £45 and £50. However these receipts did not state what the payments related to.

I've carefully considered Miss W's points and understand why she feels the evidence she supplied was sufficient. But this doesn't automatically mean BUPA has treated her unfairly. I say this because as an insurer, BUPA is entitled to seek evidence that a claim is valid before it is paid. Miss W provided a document which stated it was a 'treatment plan estimate' and stated it was 'subject to revision'. And she later provided two dated receipts from the dentist showing amounts paid. However the receipts did not state what the payments were for. So it follows that I don't think it unreasonable that BUPA sought confirmation the treatment listed in the estimate went ahead as planned, and the receipts for Miss W's payments were for that corresponding treatment.

BUPA asked Miss W to get in touch by phone, and when she did, it also contacted her dentist, who confirmed what treatment had taken place and been paid for. BUPA accepted this and confirmed to Miss W the claim would be paid. I think calling the dentist was a reasonable action by BUPA, which avoided any further delay for Miss W's claim, and shows it was acting fairly.

I note that when BUPA sent Miss W a message via its portal asking her to call, it failed to provide her with a contact number, causing her to need to search for the information. BUPA apologised for this error when Miss W raised it on the call, and apologised again in its final response letter. The telephone number should have been provided and I accept not doing so caused avoidable inconvenience to Miss W. But I'm satisfied an apology is a proportionate way to put things right here. And so I won't be directing BUPA to do anything further.

My final decision

For the reasons I've given, it's my final decision that I do not uphold this complaint and I make no award against BUPA Insurance Limited.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mrs W to accept or reject my decision before 26 September 2025.

Gemma Warner
Ombudsman