

The complaint

Mr B is unhappy that AXA PPP Healthcare Limited trading as AXA Health has declined a claim he made on his health insurance policy.

What happened

The details of this complaint are well known to both parties, so I won't repeat them again here. Instead, I'll focus on giving my reasons for my decision.

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 AXA has a responsibility to handle claims promptly and fairly. And they shouldn't decline a claim unreasonably.

Our investigator set out in detail the relevant policy terms and conditions which apply to Mr B's policy. In summary, there are exclusions for chronic conditions and for treatment which isn't considered to be eligible under the policy.

I'm not upholding Mr B's complaint because I'm satisfied that AXA has fairly assessed the claim in line with the policy terms. I say that because:

- I'm satisfied that AXA reasonably applied exclusions in relation to Mr B's neck and shoulder pain on the basis that they were chronic conditions. Mr B had been receiving treatment for some time at the point the exclusions were applied. So, I don't think it was unreasonable for AXA to conclude that they now fell within the definition of a chronic condition.
- I think the available medical evidence reasonably supports AXA's decision to treat the conditions as chronic. I've considered the letter from Mr B's new specialist, dated April 2025. This refers to the condition as being longstanding and dating back to Mr B being a teenager. And, overall, I don't think the information contained within the report suggests that AXA's decision to treat the conditions as chronic was unreasonable.
- I'm satisfied AXA gave Mr B reasonable notice of the fact that treatment would no longer be covered for both conditions.
- Mr B has highlighted that there were a number of invoices, prior to the cut off dates for the exclusion being applied, which have yet to be settled. However, AXA has explained to Mr B that they need more information from the treating team about which invoices relate to which condition before they can be settled. I think that's reasonable as there are two claims and AXA needs to understand which issue was being treated at each session. So, Mr B will need to provide this information to AXA before they can settle the invoices. Based on the information available to me that

hadn't been provided at the point Mr B raised a complaint with the Financial Ombudsman Service.

My final decision

I'm not upholding this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr B to accept or reject my decision before 8 January 2026.

Anna Wilshaw
Ombudsman