

The complaint

Mr P complains because BUPA Insurance Limited incorrectly declined his private medical insurance claim.

What happened

Mr P made a claim under his private medical insurance policy, provided by BUPA, in October 2024. The claim was eventually approved in May 2025. Mr P complained to BUPA about the severe impact which the delay and other administrative failings had on his mental health. Mr P also said he had lost earnings because of BUPA's actions. BUPA paid Mr P £1000 compensation.

As Mr P remained unhappy, he brought the matter to the attention of our Service. One of our Investigators looked into what had happened and said she thought BUPA had fairly compensated Mr P. Mr P didn't agree with our Investigator's opinion, so the complaint has now been referred to me to make a decision as the final stage in our process.

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.

BUPA previously paid Mr P £100 compensation for issues which Mr P now considers resolved by an earlier final response letter. I therefore haven't considered the payment of £100 here.

When making my decision I've taken into account relevant considerations such as the law, industry rules, guidance and principles as well as what I consider to be good industry practice. The Financial Ombudsman Service is an informal alternative to the civil courts. So, while I've read and carefully thought about all the evidence Mr P has provided, I won't be addressing every complaint point raised, nor am I obliged to. Instead, I'll only be addressing what I consider to be the key issues. And, I haven't outlined all the circumstances surrounding this complaint in detail as these are well known to both parties.

BUPA awarded Mr P compensation of £1000 for what it originally considered to be approximately two months of delays. BUPA has now accepted responsibility for an overall delay of approximately seven months. But this doesn't necessarily mean that the original award must be increased. My remit is to consider the complaint as a whole and make a decision based on what I think is fair and reasonable in the overall circumstances. So, I've considered the overall delay and the overall compensation award when deciding what I think is fair and reasonable for the impact of what I think BUPA's errors were on Mr P.

I've taken into account all the evidence Mr P has provided about his health, working history and contact from recruiters. Based on the information I've seen, I can't fairly conclude on the balance of probabilities that it's more likely than not that BUPA's actions meant Mr P was unable to obtain employment for longer than he would otherwise have been out of work. I know Mr P will be disappointed with this outcome, but I don't think it's reasonable to hold

BUPA responsible for the loss of earnings which Mr P has outlined.

However, it's clear BUPA made serious errors here, and that these errors had a serious impact on Mr P over a sustained period of time. I have every sympathy for the situation Mr P found himself in through no fault of his own.

I've considered the telephone call in the supermarket which Mr P has referred to. I understand Mr P felt pressured to speak but, ultimately, he was under no obligation to disclose private information in a public place if he didn't wish to do so. However, I have taken the content of other telephone calls between BUPA and Mr P into account when deciding what award of compensation I consider is appropriate here. I can understand why Mr P would have been very frustrated by the information BUPA was telling him, and with having to make repeated calls about the matter at a time when he was already vulnerable and struggling with his health. There's no question that the delays here were excessive and unreasonable, and there were protracted periods of time when BUPA didn't proactively contact Mr P or progress the claim. But, while BUPA might have asked Mr P for information that may not have been necessary, it's not unusual for a private medical insurer to ask a policyholder to liaise with their GP about the details of a claim.

I have no power to punish BUPA through an award of compensation, and I can't require it to change its internal processes. It wouldn't be fair or reasonable in the circumstances to require BUPA to refund Mr P the premiums he paid while the matter was ongoing. Mr P had the benefit of the cover which BUPA was providing for the risk insured under the policy during this time regardless of whether or not any claims were made and/or whether Mr P was satisfied with the service BUPA was providing.

It's very difficult to put a value on everything Mr P experienced. I've considered our published guidance on awards of compensation for distress and inconvenience. While I know Mr P doesn't agree and I'm sorry to disappoint him, I'm satisfied that the £1000 compensation which BUPA has paid is fair and reasonable in the circumstances and I won't be directing it to do anything more.

My final decision

My final decision is that I don't uphold Mr P's complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr P to accept or reject my decision before 6 November 2025.

Leah Nagle
Ombudsman