

## The complaint

Mr T has complained that AXA PPP Healthcare Limited trading as AXA Health ('AXA') unfairly declined his claim and didn't give him appropriate guidance.

## What happened

Mr T has a private medical insurance policy, underwritten by AXA.

He contacted AXA in July 2024 to ask about a procedure. He had the procedure in 2025 but AXA declined his claim as it said the hospital used wasn't on its list and it hadn't provided authorisation for the treatment.

Mr T complained and unhappy with AXA's response, referred his complaint to the Financial Ombudsman Service.

Our investigator looked into the complaint and found that the £100 compensation offered by AXA for the time it took to assess the claim was fair and that AXA hadn't unfairly declined the claim.

Mr T disagreed and asked for an Ombudsman's decision. And so the case has been passed to me for a final 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.

Having done so, I don't think this complaint should be upheld. I'll explain why.

- The relevant rules and industry guidelines say an insurer should handle claims promptly and fairly. And shouldn't unreasonably reject a claim.
- The background to this matter has been set out in quite some detail by the investigator. And I have carefully considered everything both parties have said even if I don't explicitly address every point in my decision. I won't repeat the facts here again. Instead I will focus on what I consider to be key to my conclusions.
- The starting point is the policy terms and conditions which make up the contract of insurance. The policy says: *"If your treatment is covered by your membership, we will pay your hospital fees in full. This is so long as a specialist is overseeing your treatment, and you use one of the following listed in our Directory of Hospitals: A hospital, a day-patient unit, A scanning centre (for CT, MRI and PET scans)."*
- Facility is defined as: *"a private hospital, or unit listed in the Directory of Hospitals with which we have an agreement to provide a specific set of medical services."*
- The membership handbook refers to a *"directory of hospitals"* numerous times.

- The policy terms are clear that AXA will pay hospital fees in full as long as eligible treatment is overseen by a specialist and in a facility listed in AXA's directory.
- I've reviewed Mr T's online chats with AXA from the summer of 2024 and AXA's advisers confirmed they would need details of the specialist's name, the procedure code and hospital name in order to authorise treatment. Alternatively, they said Mr T could send in the referral letter from his optician and once they had this, they would get back to him.
- Mr T went ahead with the treatment many months later and had booked it directly with the treatment provider without requesting pre-authorisation from AXA. Had he done so, he would have been told that the hospital he intended on using wasn't included. I think it would have been reasonable for Mr T to contact AXA and provide the information it had asked for before having his procedure.
- Mr T submitted his claim and AXA declined it on the basis that the treating facility wasn't listed in its directory. Taking the above terms into account, I can't say AXA's decision to decline the claim was incorrect or unfair. Mr T did not have the treatment in a facility listed in AXA's directory and so AXA is not required to pay for it.
- Mr T has said that it should have been clear to AXA that the facility wasn't in its directory and it should have declined the claim sooner. But AXA was gathering information from the specialist to consider whether it could pay the specialists fees. I don't think that was unreasonable. AXA accepts that it could have told Mr T sooner that the facility wasn't listed in the directory and for this, it apologised and offered Mr T £100 compensation. I think this is fair and reasonable in all the circumstances to recognise the frustration Mr T felt when he had to wait. But the impact of the delay wasn't long lasting and AXA's final position was made clear to Mr T.
- The policy terms are clear about treatment in hospitals included on the directory. And AXA told Mr T what information it would need when he did contact it in 2024. So I don't think AXA unfairly declined his claim.

I appreciate Mr T will be disappointed with my decision but I can't fairly ask AXA to pay his claim. If Mr T now wishes to accept the £100 compensation offered (if it hasn't already been paid), he should contact AXA directly.

### **My final decision**

For the reasons set out above, I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr T to accept or reject my decision before 13 February 2026.

Shamaila Hussain  
**Ombudsman**