

The complaint

Miss E and Mr L complain that Inter Partner Assistance SA ('IPA') delayed paying medical bills following a claim under their travel insurance policy.

All references to IPA include the agents appointed to handle claims and complaints on its behalf.

What happened

Miss E and Mr L held a travel insurance policy underwritten by IPA. Unfortunately, while on holiday abroad in May 2024, Miss E and Mr L needed to seek medical treatment for their child and made a claim with IPA. They subsequently complained to IPA about its delays in settling the bills. In February 2025, IPA issued a final response to the complaint and said it needed some outstanding documents.

As Miss E and Mr L remained unhappy, they brought a complaint to the attention of our Service. One of our Investigators looked into what had happened and said she thought IPA should pay the claim and £200 compensation for the distress and inconvenience Miss E and Mr L experienced.

IPA paid the compensation and, in November 2025, said it was making arrangements to settle the outstanding bills. Miss E and Mr L requested that an Ombudsman review the complaint, 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.

The Financial Ombudsman Service isn't a regulator. We are an independent and impartial alternative dispute resolution service, and we make decisions based on the facts of each individual case. It's not our role to seek to punish a business or to comment on a business' complaint trends more generally, or on consumer protection measures for those exposed to hospital bills abroad.

Under the rules that govern our Service, I have no power to make a finding on complaint issues unless the business complained about has had the opportunity to consider them first. This means I can only consider events up until the date of IPA's final response in February 2025. I can't take into account or comment on anything that happened after that date within this final decision.

Industry rules set out by the regulator say insurers must handle claims promptly and provide appropriate information on the progress of a claim. I've taken these rules, alongside other relevant considerations such as Consumer Duty principles, into account when making this final decision.

I have limited information about what happened here. But, based on the information I do

have, I'm not satisfied that all the delays from May 2024 to February 2025 were IPA's responsibility. It's common practice for an insurer to ask a policyholder for medical evidence from the treating hospital before paying a claim like this. This isn't unreasonable. And, based on my knowledge of dealing with complaints like this and what I consider to be good industry practice, a policyholder should generally be able to request and provide such evidence without IPA having to provide a written notification in any particular format and/or an email address in the name of a specific individual. These requirements seem to have been set by a third-party debt recovery agent, not IPA.

Based on the information available to me, IPA didn't have the necessary documentation (including the medical reports) it needed to settle the bills at the time of issuing the final response. And, IPA had already told Miss E and Mr L to forward it any emails it received from the debt collectors, as I'd have expected it to.

Having said that, IPA didn't keep Miss E and Mr L updated about the progress of matters as I think it should have. I think it's clear this caused Miss E, in particular, distress. I also note there were issues with IPA quoting different claim reference numbers. IPA has now paid £200 compensation to reflect the impact of its errors, and I'm satisfied this is fair and reasonable in the circumstances taking into account the time-period I'm considering.

IPA has provided evidence it is making arrangements to pay the bills. However, for Miss E and Mr L's peace of mind, I've nonetheless set out a direction for IPA to do this. This direction is legally binding on both parties should Miss E and Mr L choose to accept my final decision.

Putting things right

Inter Partner Assistance SA needs to put things right by paying the outstanding medical bills, together with any interest owing on the outstanding amount and any collection fees which Miss E and Mr L may be liable for.

My final decision

I'm upholding Miss E and Mr L's complaint about Inter Partner Assistance SA, and I direct it to put things right in the way I've outlined above.

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

Leah Nagle
Ombudsman