

complaint

Mr C has complained about the way AXA PPP Healthcare Limited initially handled his claims and then his complaint under his private medical insurance policy.

background

Mr C made a claim for an eye condition, which AXA refused in July 2013 on the basis it thought his medical condition was pre-existing and so not covered by his policy. It then said it would add an exclusion for any cardiac related claim to his cover, which wasn't related to his eye condition. Mr C then made another claim for a different condition, which required an operation, which AXA also refused because the procedure could be done on the NHS within six weeks.

Mr C complained about all of this in December 2013 and AXA replied at the end of January 2015. Mr C then wrote again to AXA in March 2014 chasing a reply in April 2015. AXA said it didn't receive his letter in March and asked him to forward it again. Mr C didn't do so until September 2014. After AXA replied to that, Mr C then made his full complaint on 2 October 2014. Unfortunately, AXA didn't respond despite being chased by Mr C until 3 December 2014. AXA finally addressed Mr C's issues and paid him £100 compensation on 15 January 2015.

Mr C wasn't happy with that and so he brought his complaint to us. The adjudicator, who investigated it, was content that AXA had removed the exclusion it put on Mr C's cover in July 2013 but he didn't think its payment to Mr C of £100 compensation was enough. He felt AXA should pay Mr C a total of £250 compensation. AXA agreed but Mr C didn't. He didn't think the exclusion had been removed and he was still concerned his second claim had been refused because it allegedly could be done on the NHS within six weeks. So his complaint has been passed to me to decide.

my findings

I've considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint.

I think AXA's communications with Mr C have been very confused and it has unreasonably delayed in replying to him at times too. It did however cover his first eye claim and his second operation, eventually, although only when Mr C complained each time. I don't think this was appropriate service for Mr C.

It also wrongly interpreted his medical notes and thought they stated he had atypical angina, and then it wrongly imposed an exclusion for all cardiac related claims. It's clear from Mr C's GP in his letters of 21 November 2013 and 6 July 2015 that Mr C didn't suffer from angina of any sort. Its final response letter of 15 January 2015 to Mr C on this point was also confusing as whilst it said it had removed this exclusion, it talked of such a condition still being subject to the moratorium that his policy has, which I think was just confusing for Mr C.

It's clear to me that his policy now doesn't have any cardiac exclusion. However, because his policy has this moratorium, that does mean certain conditions have to be met. If Mr C makes a claim for any condition, from which he suffered in the five years before he had his policy, (that is the five years before 31 March 2013), his claim will be only be valid, if he

suffered no symptoms of that condition for at least two years. But this only relates to any condition he suffered from in the five years before he had this policy.

It's also clear to me that AXA should now deal with any future claim Mr C may make in proper accordance with its policy terms.

Clearly as AXA's customer service to Mr C was so poor it's right that it should pay Mr C compensation. Like the adjudicator, I don't think its initial payment of £100 was enough. Mr C has clearly shown how distressed he has been so I agree that AXA should pay him a total of £250 to include the £100 it already paid him, which following the adjudicator's opinion, it has agreed to do.

my final decision

For the reasons I've discussed above, it's my final decision that I uphold this complaint.

I now require AXA PPP Healthcare Limited to pay Mr C a total of £250 compensation for its poor customer service to him.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr C to accept or reject my decision before 8 February 2016.

Rona Doyle
ombudsman