

complaint

Mr S complains about the way that Mapfre Asistencia, Compania Internacional De Seguros y Reaseguros, S.A. ("Mapfre") has handled his claim after he was taken ill abroad.

I've previously issued a provisional decision in respect of this complaint. Mr S has responded to this, but he doesn't provide any new information which persuades me that I should alter my view.

background

In August 2014 Mr S became unwell whilst abroad and sought medical assistance. He was hospitalised for one day. He contacted Mapfre to claim for his medical costs. Mapfre's local agents handled Mr S's claim, but I won't distinguish between them and Mapfre.

In order to assess this complaint, I've considered the apparent chronology of events following Mr S's release from hospital according to Mapfre's records. Mapfre provided initial assistance. But Mr S continued to feel unwell after his discharge from hospital. Mapfre told him on 16 September 2014 that before it could approve any further medical assistance, and authorise a visit to a local GP, it needed to see his medical notes and his hospital discharge report. That request was repeated on 19 September. Mapfre said that until it had this information it wasn't able to authorise any further treatment.

On 3 October 2014 Mapfre emailed Mr S to say it hadn't yet received any medical information as requested, and attached an authorisation form for him to complete. It appears that later that day some information was received about Mr S's treatment. That same day Mr S's father emailed Mapfre to complain about the handling of his son's case. He stated that full access would not be given to his son's medical records.

On 7 October 2014, Mr S's father sent Mapfre by email a cardiovascular consultant's letter relating to Mr S. Later that day he spoke to a Mapfre representative who explained that the authorisation form was required before approval could be given for any further consultations. Mr S's father repeated that no access would be given to information from his son's GP.

On 9 October 2014, Mr S's father emailed Mapfre with a letter which confirmed the salient points of a discussion he said he'd had with Mapfre's representative on 7 October. This included that the medical authorisation form would exclude the UK and Ireland. Although I haven't seen such a conversation referred to in Mapfre's records, it appears that Mapfre accepts that it did tell Mr S's father that Mr S's UK records would not be required at that time. Mapfre says that didn't mean that they might not be required at some future time. Mr S's father also sent Mapfre the authorisation form but the section where information about Mr S's GP was requested was crossed out.

When Mapfre reviewed Mr S's hospital records, it noted that his diagnosed condition was drug abuse and fatigue. It was also suggested that his condition was linked to a previous medical condition. In these circumstances, Mapfre decided it would after all need to see Mr S's medical history from his GP. On 22 October it told Mr S's father that if the authorisation form giving information about Mr S's GP wasn't provided, it wouldn't be able to evaluate his claim and it would have to instruct Mr S's medical service providers to bill him direct.

As no authorisation form had been fully completed by 13 November 2014, Mapfre provided its final response to Mr S. It explained that in the country where Mr S was treated, medical

services are billed for by the provider of those services. If no insurance is in place, or is provided by a foreign insurer (as in Mr S's case), those medical service providers will bill the patient. So a patient might be sent many bills, depending on their treatment. It explained that it needed to have access to Mr S's medical records. Without such access, his claim couldn't be assessed and all bills for treatment would be directed to him.

It wasn't until 11 December 2014 that Mapfre received an authorisation form that did provide Mr S's GP's details. Mapfre says that it was also on this date that it first learnt from Mr S's father that Mr S was being chased by debt collectors for outstanding medical bills, as a letter had been received from a debt collector. At this stage, as Mapfre had only just received the authorisation to contact Mr S's GP, it hadn't yet assessed his claim.

Mapfre asked Mr S's GP for medical information on 19 December 2014. It received a response from Mr S's GP on 2 January 2015. Having considered this, on 15 January 2015 Mapfre agreed to settle Mr S's claim.

Mapfre says it then contacted all providers of medical services to Mr S of which it was aware and paid their bills. But this apparently left a shortfall, and this is what the debt collectors were chasing Mr S for. It says that at varying times between 2014 and 2016 it settled all known invoices in respect of Mr S's medical care. It says it isn't responsible for medical service providers not contacting Mr S's hospital to enquire about Mr S's insurance position. If they'd done so, they would've known to forward all invoices to Mapfre. It says it can only settle invoices it knows about and that Mr S didn't provide it with any outstanding invoices that needed to be settled. It says it's unclear when, if at all, Mr S told it about any outstanding debts after it agreed to cover his claim.

Mr S says that he was chased by debt collectors on the phone, and who turned up at his apartment and his place of work, to such an extent that he had to move apartments. He says that eventually the reputation that this gave him lost him his job in June 2015, and his credit rating was also downgraded by 50%. He says he never received any bills from medical service providers. But his father makes reference to a letter from a debt collector having been received. He also says he hasn't been reimbursed for his out of pocket expenses, and has lost salary and commission. He says that the suffering he experienced, and the loss of his job, wouldn't have occurred if Mapfre had handled his case correctly.

Mr S referred his complaint to this service. He wants his claim settled and also to be reimbursed for other costs he's incurred. He also wants to be reimbursed for lost earnings and to be compensated for the suffering he experienced because of the consequences for him of the way Mapfre has handled his claim.

Our adjudicator considered that Mapfre should pay Mr S £600 for the distress and inconvenience he suffered from its handling of his claim. Mapfre didn't agree with the adjudicator's conclusion so the matter was passed to me to make a decision. I issued a provisional decision in which I didn't uphold Mr S's complaint, and invited comments from Mr S and from Mapfre.

my findings

I've considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint including what Mr S has said in response to my provisional decision. I'm not upholding Mr S's complaint and I'll explain my reasons for this.

I've seen Mapfre's files on this claim and I note the many occasions on which Mr S was asked to provide information to Mapfre, firstly about his hospital treatment, and later about his GP's contact details. There was some delay before Mr S provided a report from his treating hospital with details of the treatment he'd received. He was told in September 2014 that no further treatment could be approved until this information had been provided. I think it was quite reasonable for Mapfre to want to see this before it made a decision on his claim.

I also think it was reasonable, and is within the terms of Mr S's policy, for Mapfre to have asked for authorisation to contact Mr S's GP in the UK. Permission to do this was denied, and the authorisation form was initially returned without the UK GP's details. Had this form been completed and returned promptly, Mr S's claim could've been assessed two months earlier than it was. It appears the GP's details weren't provided until 11 December 2014, and it was only after a response was received from the GP on 2 January 2015 that Mr S's claim could be assessed.

There was therefore a considerable delay before Mr S's claim could be assessed, and Mapfre wasn't in a position to pay any bills until that point. I think Mr S is primarily responsible for this delay. During the period of that delay, medical service providers will have been invoicing Mr S and not Mapfre. In the absence of payment, they involved debt collectors. I think it likely that fewer debts would've been referred to debt collectors if Mapfre had been able to assess Mr S's claim earlier.

Once Mr S's claim had been approved, I think it was up to Mr S to ensure that Mapfre was provided with copies of all invoices he received, and of any letters chasing unpaid debts. I haven't seen any evidence either from Mr S or from Mapfre's records that Mr S provided it with copies of invoices or letters he received from debt collectors. For example, Mapfre says it's never been provided with a copy of the letter from the debt collector that Mr S recently sent to our adjudicator, and sent again following my provisional decision, or the underlying invoice. It says its assistance team hasn't had any contact with Mr S since 2014.

Mapfre says it's paid all bills it knows about, and has provided details of these. It can't be held responsible for the consequences of a failure to pay bills it doesn't know about. So Mapfre wasn't in a position to ensure that the debt collectors stopped hounding Mr S. I think it's Mr S's responsibility to make sure that Mapfre is provided with copies of any invoices or debt collectors demands that it expects Mapfre to pay.

Mr S says Mapfre hasn't paid his out of pocket expenses. Mapfre says it hasn't received any claim from him for these. I would ask Mapfre to assess any such claim were it to be submitted.

Mr S also wants Mapfre to cover his lost earnings and commission. It's a term of Mr S's policy that claims for loss of earnings are excluded, so I don't think Mapfre is acting unreasonably in not agreeing Mr S's claim in this respect.

So whilst I have considerable sympathy with Mr S and the unfortunate aftermath of his treatment, and he appears to have suffered considerably at the hands of debt collectors, I don't think that Mapfre has at any point acted unfairly or unreasonably. I think it was reasonable for it to have asked for access to Mr S's medical history in order to assess his claim, and it was entitled to ask for this under the terms of his policy. I don't think this situation would've occurred if this information had been provided promptly. And I don't

consider that Mapfre has acted unfairly in not paying debts it doesn't know about. So I'm not proposing to require Mapfre to do anything.

my final decision

For the reasons I've given above, I'm not intending to uphold Mr S's complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr S to accept or reject my decision before 16 January 2017.

Nigel Bremner
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