

## **complaint**

Mr B has complained about the decision of AXA PPP Healthcare Limited to decline to pay for a specialist consultation under his private medical insurance policy.

## **background**

Mr B took out a policy with AXA in July 2014. He had previously been covered by AXA under a policy provided by his former employer. Mr B's policy was issued on the basis that any conditions and planned treatment covered by his employer's policy would be covered by his own policy.

In April 2015 Mr B asked AXA to cover a check-up with his cardiologist. AXA told him that his policy did not cover routine check-ups. In addition, the policy only covered two specialist consultations each year and Mr B had already had two such consultations that year.

Mr B complained to AXA about its decision but it didn't change its position. He then referred his complaint to this service.

## **our initial conclusions**

Our adjudicator didn't recommend the complaint should be upheld. He thought AXA acted fairly in declining to pay for the check-up as the policy document confirmed it wouldn't be covered.

Mr B didn't accept our adjudicator's recommendation. He has referred to a quote he received from AXA before he agreed to take out the policy which says he would be covered for "*up to two GP referred specialist consultations per year*". He says he was not claiming for an additional GP referred specialist consultation but for his cardiologist's care and treatment of his original medical condition.

## **my findings**

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

When Mr B asked AXA about taking out his policy, it quoted a price for a policy that provided identical cover to the policy he had with his employer. Mr B opted to take out a cheaper policy that limited the number of out-patient consultants he could have each year. He was still covered for other treatment of his existing medical conditions.

I've seen copies of the quote that Mr B has referred to and the policy document. There is a slight difference in the wording of the quote compared with the wording used in the policy document. The quote refers to "*GP referred consultations*" whereas the policy document says:

*"We will pay for up to two consultations a year"*

I don't think the difference in the wording is significant. It seems to me that the use of the words "*GP referred*" in the quote was to show that the policy would not cover consultations unless Mr B had been referred by his GP.

I'm not persuaded that the wording of the quote is capable of being interpreted as meaning that the number of GP referred consultations was limited to two per year, but there was no limit on the number of consultations resulting from a single GP referral.

I'm satisfied that, when the quote and the policy document are read together, it's clear that Mr B was entitled to have two consultations a year paid for by AXA, regardless of whether the consultations related to the same medical condition.

In addition to the above, the policy document says that AXA will not pay for:

*"The monitoring of a medical condition."*

This was not mentioned in the quote, but the quote says that it's *"only a summary of the cover"*. I think Mr B should have realised that the policy did not cover check-ups and I'm satisfied that it was reasonable for AXA to decline to cover his check-up in April 2015 on that basis.

### **my final decision**

For the reasons given above, my final decision is that I don't uphold this complaint. I make no award against AXA PPP Healthcare Limited.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr B to accept or reject my decision before 11 April 2016.

Charles Bacon  
**ombudsman**