DRN-4523792

The complaint

Mr and Mrs G have complained about the way Inter Partner Assistance SA ('IPA') dealt with their claim.

What happened

Mr and Mrs G bought a travel insurance policy, underwritten by IPA.

They travelled abroad and unfortunately Mrs G was taken to hospital due to pain on 2 August. The treating specialist asked for a guarantee of payment (GOP) and said Mrs G needed an MRI scan but IPA said it couldn't authorise this until it had received and reviewed a report from her GP, which it requested on 3 August.

The GP sent partial information to IPA on 3 August which IPA forwarded to its medical team. On 4 August Mr and Mrs G confirmed they had returned to their accommodation as they couldn't afford to pay and claim, as suggested by IPA. IPA then re-requested Mrs G's medical history from her GP to cover the 12-month period it had initially asked for and once this was reviewed, it authorised the claim and paid the hospital costs.

Mr and Mrs G were unhappy with IPA's process for checking Mrs G's medical history and also that they had been asked to pay £100 excess. IPA apologised and offered £50 compensation for any distress caused but maintained that the excess was payable and the GOP couldn't be provided to the hospital until the GP had provided the information requested, to rule out any pre-existing medical conditions.

Unhappy with IPA's offer of compensation, they referred their complaint to the Financial Ombudsman Service.

Our investigator looked into the complaint and found that IPA's offer of £50 compensation was reasonable and that it hadn't acted unfairly in requesting information from the GP or confirming that the excess was payable.

Mr and Mrs G disagreed and in summary, have said that the policy wasn't clear about pre-existing conditions and IPA took too long to authorise the claim. This means that Mrs G wasn't able to have an MRI scan to determine the root cause of her pain and she is still waiting. They said IPA should pay for Mrs G to have the MRI scan privately as they feel the delay in Mrs G having the MRI scan is due to IPA's failures.

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 policy terms say pre-existing medical conditions aren't covered. This means that IPA is entitled to request information and confirmation from Mrs G's GP about her medical history to rule out any pre-existing conditions. I'm satisfied that the policy information is clear about this. And it isn't an unusual process for insurers to request information from a GP before authorising treatment. So what I need to consider is whether IPA acted promptly in obtaining the information it needed to provide authorisation.

- Based on the timeline provided, I think IPA did ask Mrs G's GP for information promptly. But the GP did not initially send medical history for the full period which was requested (12 months). I cannot attribute this delay or failure to IPA. As the full history wasn't provided by the GP when first requested, this caused delays and IPA had to send a further request.

- Mr and Mrs G say the decision to approve any necessary treatment should be instantaneous, especially in emergencies. Depending on the type of emergency and treatment required, I would expect an insurer to act accordingly. In this case, I think IPA provided a reasonable alternative and said Mr and Mrs G could pay and claim. But they were unable to do this as they didn't have the funds – this isn't something I can hold IPA responsible for either.

- Additionally the policy is clear that £100 excess applies to medical expenses so I don't think IPA did anything wrong or acted unfairly here either.

- Mr and Mrs G have said that Mrs G is still waiting for an MRI scan and IPA should pay for this privately. But I don't think this is fair or reasonable as I think IPA acted appropriately and in line with the policy terms and conditions. The policy provides cover for emergency medical treatment whilst on a trip. And isn't designed to provide general medical insurance to diagnose problems.

- IPA offered £50 compensation to Mr and Mrs G for the distress they experienced. But overall, I think IPA acted promptly and fairly so I won't be asking it to do anything further. If Mr and Mrs G wish to now accept the compensation, they should contact IPA 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 G and Mrs G to accept or reject my decision before 18 January 2024.

Shamaila Hussain
Ombudsman