

The complaint

Mr S is unhappy with AXA PPP Healthcare Limited's offer of compensation for the way it handled his claim and the service offered.

What happened

Mr S has private medical insurance with AXA. In March 2023, he received a benefit statement from AXA detailing a recent payment it'd made for some treatment he'd received. Mr S complained to AXA because it had made an error on the statement. The statement said Mr S received major day-patient treatment on 7 March. Mr S explained to AXA this was incorrect because he'd actually received that treatment on 1 February. He explained there was another procedure completed in March, however, the two were unrelated, and so he asked AXA to amend the statement.

Mr S said it took AXA too long to correct the issue and that it took around three months for this to happen. Mr S said AXA initially gave him incorrect information about how the error occurred and that he feels it should pay him more compensation for the overall distress and inconvenience caused. Mr S said he had to put in a lot of time to rectify AXA's mistake, he also had to contact the treating hospital for more information about the invoice in question.

AXA eventually acknowledged its mistake in June. Until then, it'd repeatedly said the issue originated at the hospital's end. It said the hospital had invoiced using an incorrect code – which wasn't the case. It'd simply been incorrectly categorised by AXA. Because of the mistake, AXA also mistakenly told Mr S the treatment claimed wasn't covered. However, this was corrected in June when it realised the mistake had occurred. It offered £75 compensation as an apology.

Our investigator thought AXA's position was fair. He said the administrative error was relatively minor and said the offer was fair on that basis. He acknowledged there were other issues throughout the claims journey that had been considered outside of this complaint and compensation paid.

Mr S disagreed with our investigator's position on this complaint. He said it was a lengthy undertaking for him to get things corrected and that the compensation is less than our minimum guideline criteria. Mr S also commented that AXA previously paid him more compensation for an issue that was less impactful and therefore suggested it should pay more for this problem because it's more serious. And so, it's now for me to make 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've decided not to uphold it. My reasons for doing so are the same as those already explained by our investigator. I'm satisfied AXA's remedial action in this case and the offer of £75 compensation for the distress and inconvenience are fair. I'll explain

why.

Mr S highlighted our compensatory award guidelines and said AXA should pay at least £100 for this error. I acknowledge his arguments here, but I'm not persuaded by them. I accept our guidelines give an indication on compensatory awards, but I should perhaps explain that not all complaints require financial compensation. I accept it's not always hassle-free using services, as was the case here, however, there are times when a small monetary award and an apology is enough to put things right.

I think that's the case here because I too consider the issue to be relatively minor. AXA accepted it made the mistake after previously blaming the hospital. It eventually listened to Mr S as he discovered the error and made the correction. This was an administrative error where an incorrect code was entered. I wouldn't have necessarily made an award for that in isolation, however, there were other issues that affected Mr S which when considered in the round, make it appropriate in the circumstances. This included the time he spent investigating the problem with the treating hospital, as well as the misinformation given by AXA on whether the treatment was in fact covered once it'd been corrected.

I understand the connection Mr S is making about the other complaint he made to AXA about the time it took to investigate the issue, because he received more compensation to resolve it. And Mr S felt as though this was a relatively minor issue, when compared with the complaint I'm considering. But that's not reason enough to persuade me more compensation is payable. I have to consider the specific circumstances on this complaint in isolation. His other complaint was dealt with separately and cannot be considered as part of this final decision.

AXA eventually corrected the issue in June and paid £75 – which I thought was fair. Other than Mr S having to invest time into obtaining the invoice from the treating hospital, I consider the remaining action taken to be within the minor level of inconvenience and no further compensation is warranted in these particular circumstances.

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 S to accept or reject my decision before 17 November 2023.

Scott Slade
Ombudsman