

## **The complaint**

Ms C complains about the time taken by Westfield Contributory Health Scheme trading as Westfield Health to settle her cash plan insurance claim.

## **What happened**

The details of this complaint are well known to both parties, so I won't repeat them again here. Instead, I'll focus on giving my reasons for my 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 agree with the conclusions reached by our investigator and for these reasons:

- Ms C claimed for physio, and provided information from her GP. As the invoices from the physio didn't provide all the information that Westfield wanted, it asked the physio to confirm the treatment dates and medical issue being treated. Westfield has confirmed this is its standard process, and I see the policy confirms that Westfield will carry out checks for audit purposes on claims received.
- It is up to Westfield what processes it has in place, and this Service won't generally interfere in that. However, I can consider what action Westfield took when it didn't receive a prompt response from the physio. I see that Westfield chased the physio a number of times, and on the two occasions where the physio asked Westfield to take action (resend its email, and provide its postal address), this was done promptly. I therefore don't find that Westfield caused any delay with the claim itself after it had requested the information from the physio.
- However, Westfield did take two weeks to request the information from the physio after it had received the GP report. I also see that Ms C had emailed Westfield on 19 April to say her claim still hadn't been paid. She didn't get a response or update about the matter until she again contacted Westfield on 27 April. I think Westfield took too long here. Also, given how anxious Ms C clearly was about the delay, I think it would have been helpful if Westfield had proactively updated Ms C each time it had chased the physio.
- I think the £100 recommended by our investigator was appropriate in the round for the inconvenience caused to Ms C for the above.
- Ms C is also unhappy that she had to pay for a GP report. However, the policy makes it clear that any practitioner charges for providing information relating to a claim aren't covered. I therefore don't require Westfield to reimburse Ms C for this charge.

I therefore partly uphold this complaint.

**My final decision**

My final decision is that I partly uphold this complaint. I require Westfield Contributory Health Scheme trading as Westfield Health to pay Ms C £100 compensation.

Under the rules of the Financial Ombudsman Service, I'm required to ask Ms C to accept or reject my decision before 24 October 2023.

Chantelle Hurn-Ryan  
**Ombudsman**