

## The complaint

Mr B has complained that Vitality Health Limited trading as Vitality Health declined a claim for dental treatment under his private medical insurance policy.

## What happened

Mr B made a claim under his policy for the removal of a wisdom tooth. When Vitality declined his claim, he referred his complaint to our service.

Our investigator ultimately recommended that the complaint be upheld and that Vitality reassess the claim on receipt of more information from Mr B's dentist. She recommended too that Vitality pay Mr B £100 for poor service. Vitality agreed but Mr B didn't. He felt that the claim should be admitted as it was covered by his policy terms. He was in pain and requested £2,500 in compensation.

I issued a provisional decision on 16 February 2024. I said as follows:

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

- *The relevant regulator's rules say that insurers must handle claims promptly and fairly. And that they mustn't turn down claims unreasonably. So I've considered, amongst other things, the terms of Mr B's policy and the available evidence, to decide whether I think Vitality treated him fairly.*

- *The policy provides cover for:*

*surgical removal of impacted teeth, or partially erupted teeth, causing repeated pain or infections, and complicated buried roots.*

*Mr B claimed for the removal of a wisdom tooth. Vitality declined the claim, its final response didn't explain the reason why. But it seems from the evidence before me that initially the dentist said the tooth was over erupted, then that it had partially erupted. It doesn't seem to be in dispute that extraction was clinically necessary, however in order to determine whether the claim fell within the policy terms I accept that Vitality required more information from the dentist. Mr B feels his claim is payable, but it is for Vitality to assess the claim based on the clinical notes.*

- *Nevertheless I'm satisfied that Mr B had sent Vitality an email from his dentist confirming the tooth was partially erupted on 24 September 2023. So I find it should have known about the conflict for some months. It has now agreed to request further information, which I find is fair. But this has meant giving Mr B an answer has been delayed and that delay has been very frustrating and inconvenient for him. I accept the tooth is causing inflammation and pain to Mr B. To make matters worse he has been left in pain without a clear end in sight. I find that compensation is merited. I'm satisfied that £300 is reasonable in the circumstances.*

I was provisionally minded to require Vitality:

- Request Mr B's dental records and on receipt reassess his claim
- Pay Mr B £300 in compensation

I invited the parties to make any further points or representations. Vitality didn't respond. Mr B accepted my provisional decision, he had no more information to share. He commented that he claimed for wrongful denial of his claim, but that my provisional decision primarily took account of Vitality's delay in handling his claim. He felt that Vitality's conduct was more grave by wrongfully denying his claim, which led to delayed treatment.

### **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, and as Mr B accepts my provisional findings and Vitality hasn't commented further, I see no reason to change my provisional decision which I adopt here.

For completeness I would say that it is not the role of this service to punish insurers for any wrongdoing, rather we seek to resolve financial disputes. Here I was satisfied that Vitality should have done more and sooner, but I'm not able to say what the outcome to the enquiries it should have made would have been. For this reason, I require it to reassess Mr B's claim and pay him compensation.

### **My final decision**

My final decision is that uphold this complaint. I require Vitality Health Limited trading as Vitality Health

- Request Mr B's dental records and on receipt reassess his claim
- Pay Mr B £300 in compensation

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr B to accept or reject my decision before 18 April 2024.

Lindsey Woloski  
**Ombudsman**