

The complaint

Mrs R complains about BUPA Insurance Limited's service when she made claims under her private medical insurance.

What happened

Mrs R is a member of a group private medical insurance policy insured by BUPA.

Mrs R complains about BUPA's service when she made claims for treatment. In summary she said:

- BUPA made it 'very challenging' to communicate with it about claims as it didn't respond to her emails, when she tried to call it she had to wait on hold for a long time and she wasn't able to use BUPA's live chat site.
- She'd been very frustrated in trying to get BUPA to communicate and it never answered her.
- Now she was financially out of pocket because she understood she was covered to have her eyes tested and for new glasses but BUPA then told her the policy didn't cover those items.
- She wants BUPA to always speak to a consumer within 10 minutes when called. If that can't happen she wants to know BUPA will respond to her emails. She also wants BUPA's live chat site to function as it should and for BUPA to respond to complaints.

BUPA said it had responded to Mrs R's emails and claims in a reasonable timescale but it accepted it didn't call her back as she requested. It said it had fed back to the relevant adviser's manager and it paid Mrs R £50 compensation for her distress and inconvenience.

Our investigator said BUPA had responded to Mrs R's claims for ear wax removal and knee treatment in a reasonable timescale and its £50 compensation offer was fair.

Mrs R disagrees and wants an ombudsman's decision. She said she'd provided lots of evidence of BUPA's poor service. Also she had a recent issue of BUPA not being clear about cover for her osteopath sessions.

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.

The relevant regulator's rules say that insurers must handle claims promptly and fairly and they mustn't turn down claims unreasonably.

I've considered all the points Mrs R has made but I won't address all her points in my findings. I'll focus on the reasons why I've made my decision and the key points which I think are relevant to the outcome of this complaint.

From the evidence I've seen the complaint Mrs R made to BUPA was around her claims for ear wax removal and knee treatment. My decision is about BUPA's service around those claims.

Mrs R has now also raised problems she's had with BUPA about her claims for an eye test, glasses and osteopath sessions. If she wishes to pursue those matters she'll need to make a complaint to BUPA first and if agreement can't be reached she can ultimately make a separate complaint to us.

From the evidence I've seen the timeline of relevant events is as follows.

On 23 January 2023 Mrs R emailed BUPA her retrospective claim for costs for ear wax removal.

On 24 January 2023 BUPA sent her an auto-acknowledgement email which said it was experiencing a very high demand for its services, vulnerable consumers were being prioritised, so it may not be able to respond as quickly as usual.

On 25 January 2023 Mrs R emailed BUPA her retrospective claim for knee treatment.

On 27 January 2023 Mrs R emailed BUPA saying she'd received no response to her claim and she'd been on the phone to it on hold for 15 minutes. She asked BUPA to get back to her.

Mrs R sent us a screen shot from her computer showing that on 27 January 2023 BUPA's live chat site wasn't available at 16.56 (time taken from her computer screen) when it should have been open until 17.00.

On 30 January 2023 BUPA sent Mrs R a 'claim advice' letter for her ear wax removal claim. On 1 February 2023 BUPA sent Mrs R a 'claim advice' letter for her knee treatment claim.

Also on 1 February 2023 BUPA emailed Mrs R in response to her chasing email of 27 January apologising that she'd received no reply and saying it would call her. BUPA says a task was raised to call back Mrs R but the call didn't happen.

On 3 February 2023 Mrs R raised her complaint to BUPA as she hadn't received a call.

On 6 February 2023 BUPA acknowledged Mrs R's complaint. On 13 February 2023 BUPA sent Mrs R its final response letter to her complaint.

The above evidence doesn't support Mrs R's suggestions that BUPA never responded to her claims and complaint. I understand Mrs R was frustrated when she called BUPA and had to wait on hold and when BUPA's live chat site wasn't available when she tried to access it. But I'm satisfied that the timeline above shows BUPA responded to Mrs R's emails and actioned both claims in a reasonable timescale. It issued 'claim advice' letters on 30 January 2023 for the claim Mrs R submitted on 24 January 2023 and on 1 February 2023 for the claim she submitted on 25 January 2023. So there was no unreasonable delay by BUPA.

BUPA responded to Mrs R's complaint within 10 days of her making her complaint. Under the regulator's relevant rules it has eight weeks to respond to a complaint so BUPA acted promptly and within a reasonable timescale.

BUPA accepts it didn't call back Mrs R as she requested. I'm satisfied that the £50 compensation it offered Mrs R for her distress and inconvenience that caused was a fair and reasonable amount.

My final decision

I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mrs R to accept or reject my decision before 20 December 2023.

Nicola Sisk
Ombudsman