

## **The complaint**

Mrs A is unhappy with the way AXA PPP Healthcare Limited ('AXA') handled a claim.

## **What happened**

Mrs A made a claim for treatment on her private medical insurance policy, underwritten by AXA. She complained about AXA's poor level of service including waiting on hold, delays, not receiving clear responses, not receiving advice and guidance and errors made by AXA.

AXA reviewed Mrs A's concerns and issued final response letters accepting that its level of service had fallen short. It agreed to cover the specialist's costs in full (who was fee-limited). It also apologised, offered explanations and paid £1,000 in compensation in total for the distress and inconvenience caused to Mrs A.

Mrs A referred her complaint to the Financial Ombudsman Service.

Our investigator looked into the complaint and found AXA had resolved the complaint fairly but Mrs A didn't agree.

Mrs A remained unhappy and said that following its final response letters, AXA continued to make mistakes. She didn't feel that she was being listened to, she couldn't get advice and guidance from AXA or get in touch with it when she needed, and she felt she was paying for a service which was not being provided. Mrs A raised her further concerns with AXA.

As an agreement couldn't be reached, 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 think AXA's actions to resolve the complaint are fair and reasonable in all the circumstances. So I won't be asking it to do anything more. I'll explain why.

- This decision relates to AXA's service and actions up to 9 June 2023 only.
- I have carefully reviewed everything Mrs A has said in detail but I will only comment on the key points which I consider to be relevant to my decision.
- The relevant rules and industry guidelines say an insurer should handle claims promptly and fairly. And shouldn't unreasonably reject a claim. It should also communicate in a clear way, providing advice and guidance as appropriate.
- Mrs A was unhappy about delays and wait times. AXA apologised and explained it had put measures in place to reduce wait times, such as recruiting more team members. Mrs A was also unhappy about obtaining a procedure code but I am satisfied AXA correctly explained that this was something the specialist would need

to provide.

- The specialist Mrs A saw was fee limited. AXA explained what this meant and also tried to help with finding a different specialist. I can see this took them some time and the person they did find was due to retire. This caused frustration to Mrs A and ultimately AXA agreed to pay the fee-limited specialist's fees in full, in line with the remaining terms and conditions of the policy. AXA apologised for not doing more to help Mrs A in finding a suitable specialist.
- AXA also provided Mrs A with an explanation of her excess which set out what the term and conditions say.
- AXA has accepted that its level of service fell below a reasonable standard. It accepts it caused unnecessary delay and distress and inconvenience to Mrs A. It paid a total of £1,000 compensation to Mrs A which is what I would expect for significant distress and repeat errors. It is clear that AXA provided unclear and incorrect information to Mrs A and that she needed to chase on numerous occasions.
- Mrs A has suggested she would like AXA to avoid repeating its errors and mistakes. As much as this would be the ideal outcome, I can't direct AXA never to make a mistake again or change its process. I can look into what has already happened, and consider what should have happened. If an error or mistake resulted in loss or distress and inconvenience to Mrs A, I then consider what AXA should do to put things right. Any remedy I direct has to be specific and enforceable.
- What should have happened is that AXA should have dealt with Mrs A's queries more quickly and shouldn't have made repeat mistakes. So I have carefully considered the level of compensation which should be paid to recognise the impact on Mrs A. I agree that the impact was significant and long lasting, over many months. And so I agree an award of £1,000 compensation is appropriate. Our website sets out our compensation award bands in more detail.
- AXA also agreed to pay for a specialist who wasn't fee assured as he was the only one available, near to Mrs A. And although it made errors on its invoices, it did ultimately pay the correct amounts. So Mrs A hasn't suffered any financial loss which I can see Mrs A was concerned about when trying to arrange her consultations and surgery.
- Overall, I think AXA has appropriately resolved its errors and compensated Mrs A fairly.

### **My final decision**

For the reasons set out above, I think AXA has resolved this complaint fairly and so I won't be asking it to do anything more.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mrs A to accept or reject my decision before 1 December 2023.

Shamaila Hussain  
**Ombudsman**