

The complaint

Miss H is unhappy with the way that Vitality Health Limited has handled a claim she made on her private health insurance policy.

What happened

The details of this complaint are well known to both parties, so I won't repeat them again here. I'll focus on giving the 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.

The relevant rules and industry guidelines say that Vitality has a responsibility to handle claims promptly and fairly.

It's not disputed that Vitality gave incorrect information to Miss H about the application of the policy excess when she wanted to make a claim on her private medical insurance policy. However, I'm satisfied that Vitality has done enough to put things right and I'm not directing them to do anything more to put things right. I say that because:

- The policy terms allow Vitality to request a referral form to be completed. That's common practice within the private medical insurance industry. I don't think it was an unreasonable request and it was in line with the policy terms.
- Vitality has agreed to apply the excess in the way that they originally told Miss H they would.
- The settlement of the claim in this has, in my view, most likely been to Miss H's overall financial benefit. I'm persuaded it's most likely that Vitality has paid Miss H and her specialist more than they were obliged to under the contract of insurance. I think this is a fair and reasonable way to resolve the complaint.
- I've considered whether Vitality should pay further compensation to Miss H beyond the overpayment they've made towards the claim. However, I think resolving the complaint in the way that Vitality has is enough to put things right. I don't think it's fair and reasonable to award further compensation for distress and inconvenience. Miss H has been able to access the treatment she needed. And, whilst she has been caused some frustration and annoyance, I don't think it warrants a further payment of compensation in the circumstances of this case.
- I appreciate Miss H has another complaint in relation to the same claim meaning there were what she considers to be three major issues during one claim. However, my decision focuses on the issues which are relevant to the outcome of this complaint.

My final decision

I'm not upholding this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Miss H to accept or reject my decision before 14 January 2025.

Anna Wilshaw
Ombudsman