



Case study: Insurance

COMPLAINANT SUFFERED INCONVENIENCE WITH DELAYED HEALTH INSURANCE CLAIM PAYMENT

Themes: Health insurance policy; claims management; online portal.

This complaint relates to delays in paying a health insurance claim by the health insurance provider.

In November 2022, Mr B submitted two health insurance claims to his health insurance provider which were approved and processed. However, Mr B did not receive the expected proceeds from one of the claims, so he raised a concern with his insurer who then cancelled the payment. Mr B's insurer noticed that they had input the payment details incorrectly and reprocessed Mr B's claim payment which he received approximately two weeks later.

In December 2022, Mr B reviewed his claims history on his insurer's online portal but could not locate the correct information and became concerned that claims had been duplicated and that he was unable to see any deductibles which may have been applied to claims. Mr B made a complaint to his insurer regarding the time he spent contacting them about the delays receiving his claim payment and issues with his portal access. The insurer acknowledged that they should have contacted Mr B when they identified a discrepancy in the bank account details, they held and for the delay Mr B experienced when processing his claims, but they did not offer Mr B any compensation for the inconvenience they had caused. Mr B referred his complaint to CIFO.

CIFO investigated and noted there was a three-month delay in the payment of the claim and Mr B had to contact his health insurance provider an unreasonable number of times. CIFO also noted that Mr B's insurer had not appropriately responded to his concerns as he had experienced a five-month delay in total. Therefore, CIFO upheld the complaint and recommended Mr B's insurer compensate him £350 for the distress and inconvenience they had caused.