RevSpring

WHITE PAPER

The Cost of Confusion

How Friction Shapes the Healthcare Experience

Executive Summary: Healthcare Still Feels Hard

For many consumers, healthcare remains a high-effort experience, where even routine steps can feel complicated without clear guidance. To understand what makes healthcare feel harder than it should, we surveyed 2,024 U.S. adults nationwide. Nearly all consumers (94%) agree healthcare needs to be made easier, reinforcing that complexity is the central challenge.

The biggest sources of friction center on cost and insurance uncertainty. Consumers most frequently cite frustration with understanding the cost of care and insurance coverage/denials (39% each). For many people, uncertainty isn't only about what care will cost; it's also about how they will afford it. That's where personalized payment pathways matter. Translating cost and coverage information into individualized options helps people choose a realistic way to pay and move forward with confidence.

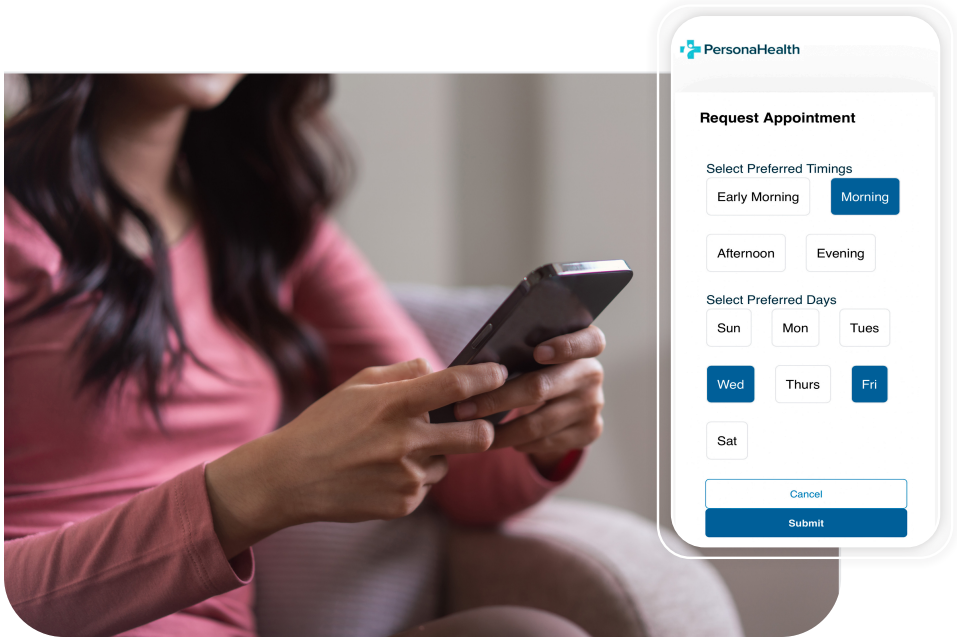
Digital tools are now a standard part of the healthcare journey, and consumers are broadly comfortable using them (82%). As more automation is introduced across the patient journey, consumers still want clear, reliable information – especially in moments that affect cost, coverage, and decisions about care. Across the journey, one message is consistent: when people know what to expect, they feel more confident.

2,024
adults nationwide were surveyed

94%
of people think healthcare needs to be made easier

Healthcare Today: Frustration at Every Level

Before an appointment is ever scheduled, many consumers struggle to identify the right provider and location. In their most recent attempt to find an in-network provider, 38% say the process isn't easy. These access issues also rank among the top frustrations overall: finding a provider (26%) and scheduling an appointment (26%).



Top Access Friction Drivers

- Finding a provider
- Understanding the cost of care
- Scheduling an appointment
- Understanding health insurance coverage or denials

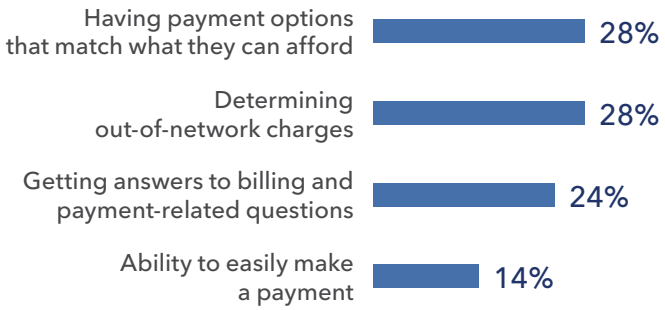
38%

of consumers experience the process of finding an in-network provider as difficult

Cost and insurance confusion dominate the experience

Once consumers move from access to care, financial uncertainty becomes the most prominent source of friction. Consumers are most likely to cite frustration with understanding the cost of care (39%) and understanding health insurance coverage or denials (39%).

Consumers also report frustration with affordability and financial support, including:



39%

of consumers are most likely to cite frustration with understanding the cost of care

A consumer-centered opportunity: Reduce uncertainty earlier

Confusion about costs and coverage is often preventable. The fix is not more touchpoints. It is clear, consistent guidance from the start. If a bill says one amount due, a consumer should not hear a different number when they call. When communication stays aligned, consumers feel more in control and trust grows over time.

Cost Shock: How Bills Shape Behavior

Seventy-nine percent (79%) of consumers say they've been surprised by the price of a medical bill (45% strongly agree). That "bill shock" helps explain why upfront cost information is a top frustration. Cost pressure is also changing behavior: 50% say they've cut back on care, such as prescriptions and/or procedures, because of cost.

Even when estimates are provided, a gap remains. While 78% say procedure estimates are usually correct, consumers are still frequently surprised by bills, suggesting expectations aren't being set early or consistently enough.

22%
of consumers see the provider regardless of cost

27%
of consumers seek the portion of care that fits their current budget

32%
of consumers will plan/budget for all medical care needed

19%
of consumers will not seek needed care if it is too expensive

Together, the 46% who limit care to their budget (27%) or avoid care if it's too expensive (19%) show why cost planning and payment options matter alongside estimates.

50%
of consumers say they have to cut back on medical care due to cost

Interaction and Communication: Scheduling, Messaging, and Loyalty

58%

of people say they would consider looking for a new provider if they're unhappy with appointment or billing communications

Scheduling care is rarely a one-and-done step. Most consumers move between digital tools and human help, depending on where they are in the process and how confident they feel. Websites and mobile apps tend to do the heavy lifting upfront: they help people find providers, sort through options, and choose the right location or appointment type. That early stage is where digital convenience matters most, especially when consumers are comparing in-network providers or trying to make progress on their own time.

Many people still want a quick check before they finalize. While 29% primarily use a provider's website and 22% use a mobile app to schedule, 63% say they call to speak with a nurse or customer service representative. This highlights the value of digital and human support working together, especially when situations feel high-stakes or confusing.

Preferences also change based on the topic.

For appointment-related communications, consumers most often want text (54%) and email (42%) so that it's fast and low friction.

For billing, they lean toward email (55%) and mailed statements (48%), where detail and documentation matter.

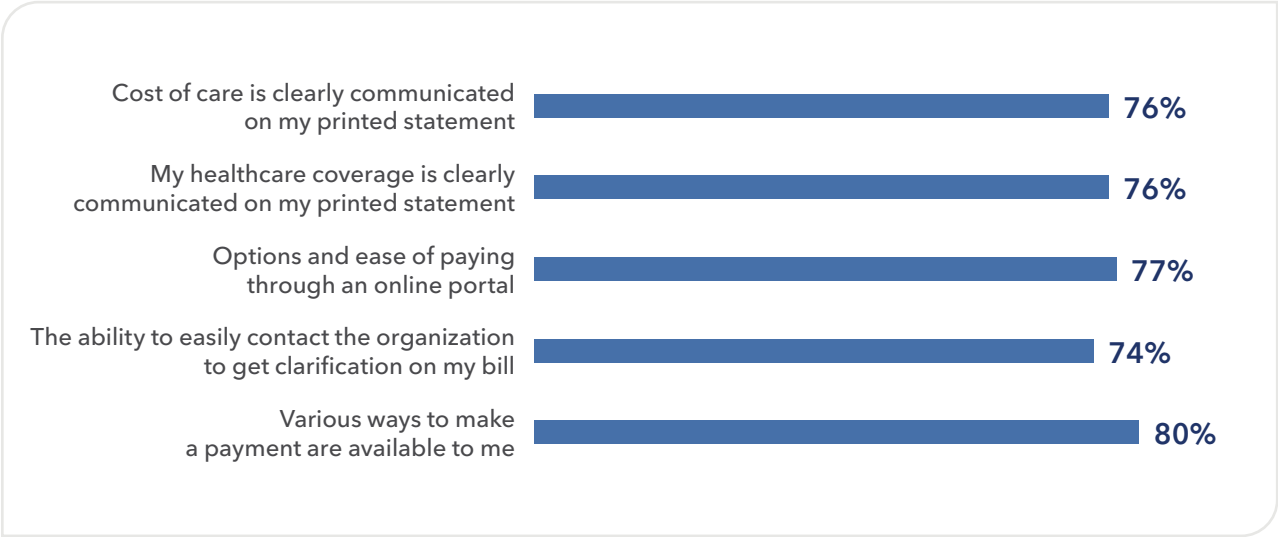
Providers generally keep up: roughly nine in 10 consumers say their provider typically follows their preferences, and 91% say it's easy to update those preferences.

Communication quality also affects loyalty. Of note, 58% say they would consider looking for a new provider if they're unhappy with appointment or billing communications.

In other words, communication shapes trust.

Billing and Financial Communication: Functional, but Gaps Remain

Consumers report generally positive satisfaction with several billing and payment components:



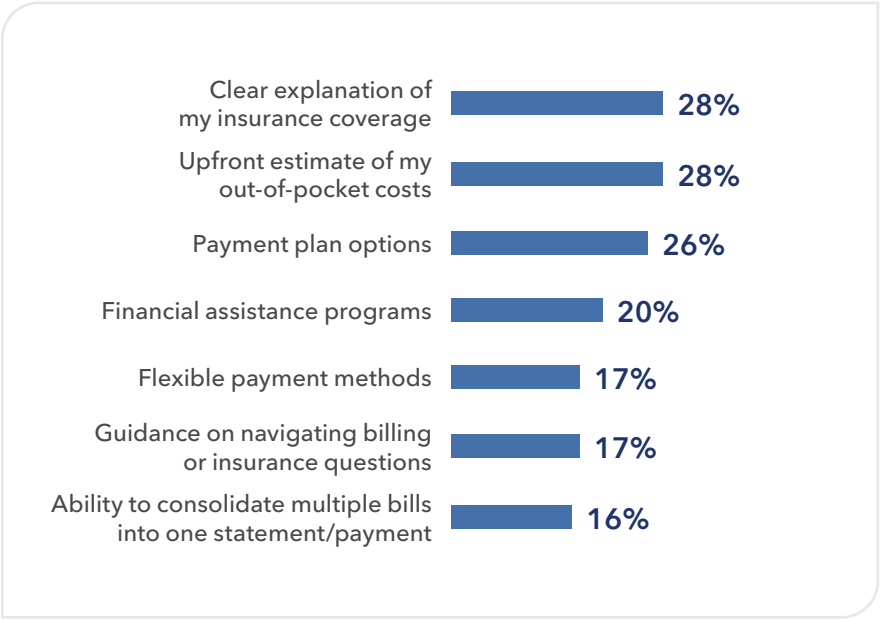
Satisfaction is strongest around payment convenience (the methods available to pay). For example, 64% are satisfied with the ability to pay by phone and/or text-to-pay. Affordability remains a weaker spot: even when payment methods are convenient, fewer consumers feel the balance is manageable. Only 65% are satisfied that the amount owed matches what they can afford, and 30% are not satisfied.

30%

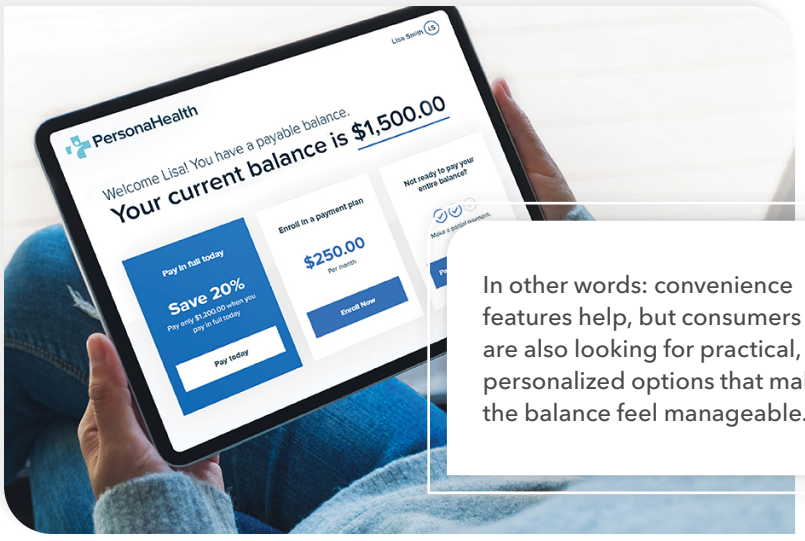
of consumers do not think that the amount owed matches what they can afford

Consumers indicate they lack key support tools for managing payments

When asked what would better support them, consumers say they're looking for:



Consumers need more support and flexibility when managing healthcare payments; only 29% said they had all the options they needed. For the rest, the gaps are consistent: consumers want to understand coverage and expected out-of-pocket costs before bills arrive, and they want more pathways to pay.



In other words: convenience features help, but consumers are also looking for practical, personalized options that make the balance feel manageable.

Only

29%

of consumers said they had all the options they needed to manage healthcare payments

Digital Tools and AI: Helpful, but Approach Strategically

Consumers report strong comfort with digital tools overall: 82% are comfortable using apps and patient portals to manage their health.

Trust in AI depends on the use case.

Consumers show higher trust for AI supporting routine administrative interactions, such as:

73%
Appointment reminders

67%
Check-in

65%
Scheduling

Comfort with these tools is more nuanced in areas where accuracy is especially important:

- Insurance eligibility: 54%
- Billing and payment experience: 54%

Interest in AI agents for communications exists, but they are still gaining patient trust and adoption. Approximately 30% want the ability to communicate about appointments and/or billing through AI agents (excluding direct communication with a doctor). Alternatively, 48% do not want this capability now, but 23% would want it in the future when AI is more advanced.

These results suggest a pragmatic boundary: consumers have higher trust in AI for routine administrative processes, but trust must be earned through responsible use by healthcare organizations on the consumer's behalf, along with transparency, security, and thoughtful implementation that reinforces the trust already built through the overall journey and provider communications. This also depends on high-quality underlying data, especially accurate, up-to-date provider and location ("care entity") information wherever consumers search for care. This becomes even more critical when AI is used in areas with potential financial or clinical impact, where errors can quickly undermine confidence.

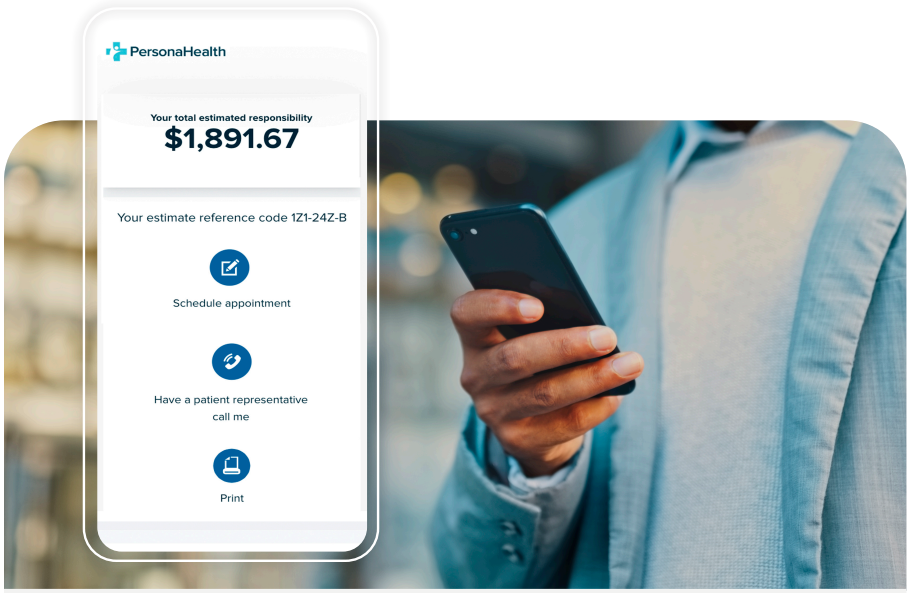
30%
want the ability to communicate about appointments and/or billing through AI agents

The Consumer Voice: "Explain Costs Up Front"

22%

of respondents' top request is to explain costs up front

When we asked consumers what providers should do differently in communications and the financial experience, one theme kept coming up: start with clarity. The most common request, cited by 22% of respondents, was to explain costs up front. From there, the feedback is less about asking for "more messages" and more about getting the right information, in plain language, at the moments people actually need it. Consumers want communications that are easier to follow and complete, so they understand coverage and can make sense of what happens next. They also want practical help along the way, like reminders and updates, plus an easy path to answers when a bill or payment question comes up.



Just as importantly, consumers point to the human side of the financial experience. Calls for greater empathy and clearer communication suggest that reducing confusion isn't only a systems issue, it's also a frontline communication opportunity, where information needs to be delivered in a way people can understand, trust, and act on.

What This Means for Providers: Closing the Gap Between Care and Experience

Friction shows up across the entire patient journey, from finding an in-network provider and scheduling care, to navigating administrative steps, and ultimately to understanding insurance and out-of-pocket costs, where uncertainty and confusion create some of the most persistent pain points.

Opportunities to reduce friction (and what providers can gain)

Opportunity: Improve cost clarity earlier, responding directly to the top consumer request to "explain costs up front" (22%)	**Outcome:** Fewer surprised and frustrated patients, faster decision-making, and a smoother path from recommended care to completed care
Opportunity: Strengthen insurance explanations in ways consumers can understand (39% cite coverage/denials as a top frustration; 28% say a clear coverage explanation was missing)	**Outcome:** Less confusion and fewer billing/coverage disputes, helping protect trust during high-stakes moments
Opportunity: Improve personalized affordability support (e.g., payment plans, assistance, flexible options), since only 65% are satisfied that the amount owed matches what they can afford	**Outcome:** Better ability for patients to commit to a payment path, supporting collections performance while reducing the likelihood that cost becomes a barrier to care
Opportunity: Treat communications as a loyalty driver, given 58% would consider finding a new provider if unhappy with appointment or billing communications	**Outcome:** Stronger patient retention and loyalty, with fewer consumers shopping for new providers due to preventable communication breakdowns

The takeaway is that straightforward information delivered through the right combination of technology and human support reduces stress, increases follow-through, and builds trust. In practice, this means consumers get straightforward, consistent information at each step: what to do next, what care is expected to cost, what insurance covers (and why), and what payment options or assistance are available. Ultimately, reducing confusion around cost, coverage, next steps, and how to pay is essential to making healthcare more accessible for everyone.

Methodology

This report is based on the RevSpring Consumer Healthcare Survey of 2,024 U.S. adults (18+), balanced by age, education, gender, region, and household income to be representative of the U.S. based on Census data. The survey was fielded online September 24–October 1, 2025. Percentages may not total 100% due to rounding or because multiple responses were allowed.