State of Healthcare Affordability

When the Bill Overshadows the Care

Insights from 1,000 U.S. adults who recently had a surgery or hospital visit.



PayZen

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LETTER FROM THE CEO

Affordability is breaking in the middle

For years, the healthcare affordability conversation has focused on coverage: who has insurance, who does not, and how many people are protected. But this year's data shows a starker, more nuanced reality. Healthcare affordability is breaking in the middle among patients who have insurance coverage, work, and are often financially stable on paper, yet still face medical costs they cannot easily absorb.

The third annual 2026 PayZen Patient Affordability Survey shows how deeply cost now shapes the care journey. More than **1 in 4 patients skipped or postponed medical care due to cost.** Nearly **6 in 10 described paying their most recent hospital bill as stressful or unresolved.** And **42% experienced zero financial touchpoints,** meaning they did not report receiving a cost estimate, a payment plan offer, financial assistance information, or a conversation with a financial counselor.

Patients are making decisions through the lens of cost before they ever receive a bill. Some are delaying care. Some are delaying major life decisions to afford care. Some are turning to AI for medical guidance when the cost of seeing a doctor feels out of reach.

The patient experience should be about care and clinical outcomes. But for too many patients, the financial experience has become inseparable from the clinical one. Cost anxiety starts before treatment, follows patients through the billing process, and shapes how patients feel about their care providers.

The stress of affording care now overshadows the care itself.

At PayZen, we are building toward a future where affordability support is easier to deliver, easier to access, and available when patients need it most. We hope this report helps health systems, healthcare leaders, and innovators build toward that future with greater urgency and clarity.





Itzik Cohen, CEO of PayZen

METHODOLOGY

2026 PayZen Patient Affordability Survey

A national survey examining how U.S. patients experience healthcare affordability, medical bills, payment options, financial assistance, cost-driven care decisions, and AI-powered financial guidance.

1,000
U.S. adults who had a hospital visit or surgery for themselves or a dependent within the past 24 months.

July 2026
Survey fielding

Censuswide
Research partner

RESEARCH FOCUS

Healthcare affordability | Medical bills | Payment options | Financial assistance | Cost-driven care decisions | AI-powered financial guidance

REPORTING NOTES

Where applicable, this report includes year-over-year comparisons to prior PayZen patient affordability research. Some questions and response options changed between survey waves, so year-over-year comparisons should be interpreted directionally.

Percentages may not total 100% due to rounding, multiple-response questions, or excluded responses such as “don’t know” or “prefer not to say.”

INTRODUCTION

When the Bill Overshadows the Care

01 Healthcare Affordability Is Breaking in the Middle

Patients are no longer shocked by how expensive healthcare is. They are bracing for it. But the strain is not falling evenly. Patients with household incomes of $75K to $90K, roughly 1 in 13 U.S. households, reported the highest rate of cost-driven care avoidance at 38.3% and the highest rate of pre-care cost concern at 35.7%.

02 The Patient Experience Starts Before Care

When patients are unsure whether their health insurance will protect them from high bills, the care journey starts with financial anxiety. Nearly 1 in 4 cite cost as their top concern before care. Yet 42% of patients experienced zero financial touchpoints, indicating that too many are still navigating costs without sufficient guidance.

03 AI Is Rewriting the Patient Financial Experience

A majority of patients say they would use an AI-powered tool to understand their bill and explore payment options. But there is also a risk: more than 2 in 5 patients have used an AI chatbot instead of seeing a doctor because of cost concerns. The opportunity for health systems is to make AI a trusted guide, not another workaround patients must find on their own.



01

Healthcare Affordability Is Breaking in the Middle

Patients are bracing for the bill before care and still struggling after it arrives.

BEFORE CARE



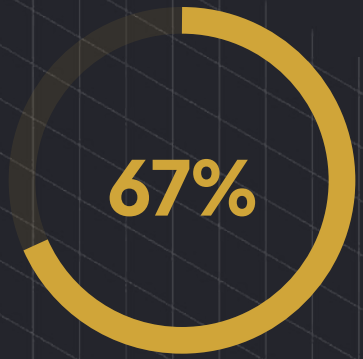
Nearly 1 in 4 patients cite cost as their top concern before care, more than treatment effectiveness, pain, medical risk, or logistics.

AFTER CARE



Nearly 60% of patients describe paying their most recent hospital bill as stressful or unresolved.

WHEN CARE IS DELAYED



67% reported increased stress or anxiety when they skipped care, up from 54% the prior year.

1A: THE NEW NORMAL ISN'T NORMAL

Patients are no longer surprised by high healthcare costs. They are bracing for them and often navigating them without enough clarity or support.

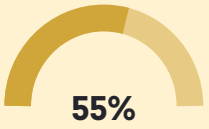
For many patients, the shock of high healthcare costs has worn off. They know care will be expensive. But familiarity with high costs does not make them any less destabilizing.

The deeper concern is what happens when the bill comes due. Will their health insurance actually cover them? Will the bill be clear? Will the hospital help them understand their payment options? Or will they be left to absorb thousands of dollars in deductibles, coinsurance, copays, and out-of-pocket costs?

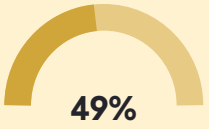
The 2026 PayZen Patient Affordability Survey shows that the emotional response to unaffordable care is shifting. **When patients cannot easily afford care, the dominant emotions are worry and frustration.** In 2026, 55% of patients reported feeling worried, while 49% reported feeling frustrated. At the same time, feelings of shame declined from 24% in 2025 to 21% in 2026, and guilt fell from 16% to 9%, suggesting patients are increasingly experiencing unaffordable care as a system problem, not a personal failure.

Patients are not simply reacting to high bills. They are anticipating them, planning around them, and wondering whether support will be available when they need it. That is the new normal: uncertainty over how to pay is shaping whether and when patients seek care.

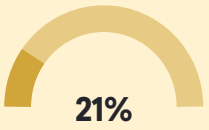
How patients feel when care is unaffordable



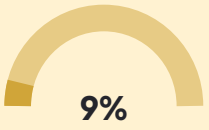
WORRIED



FRUSTRATED



SHAME (DOWN YOY)



GUILT (DOWN YOY)

1B: TOO RICH TO QUALIFY, TOO SQUEEZED TO PAY

Patients with jobs, moderate incomes, and health insurance still sit just above support thresholds, leaving them exposed to costs they cannot easily absorb.

Healthcare affordability does not break only at the bottom of the income ladder. In this year's survey, some of the clearest affordability strain appears among patients who are working, insured, and earning enough to look financially stable on paper.

Patients with household incomes of $75K to $90K, roughly 1 in 13 U.S. households, reported the highest rate of cost-driven care avoidance, with 38.3% skipping or postponing medical care due to cost. They were also the most likely income group to cite cost as their biggest concern before care, at 35.7%.

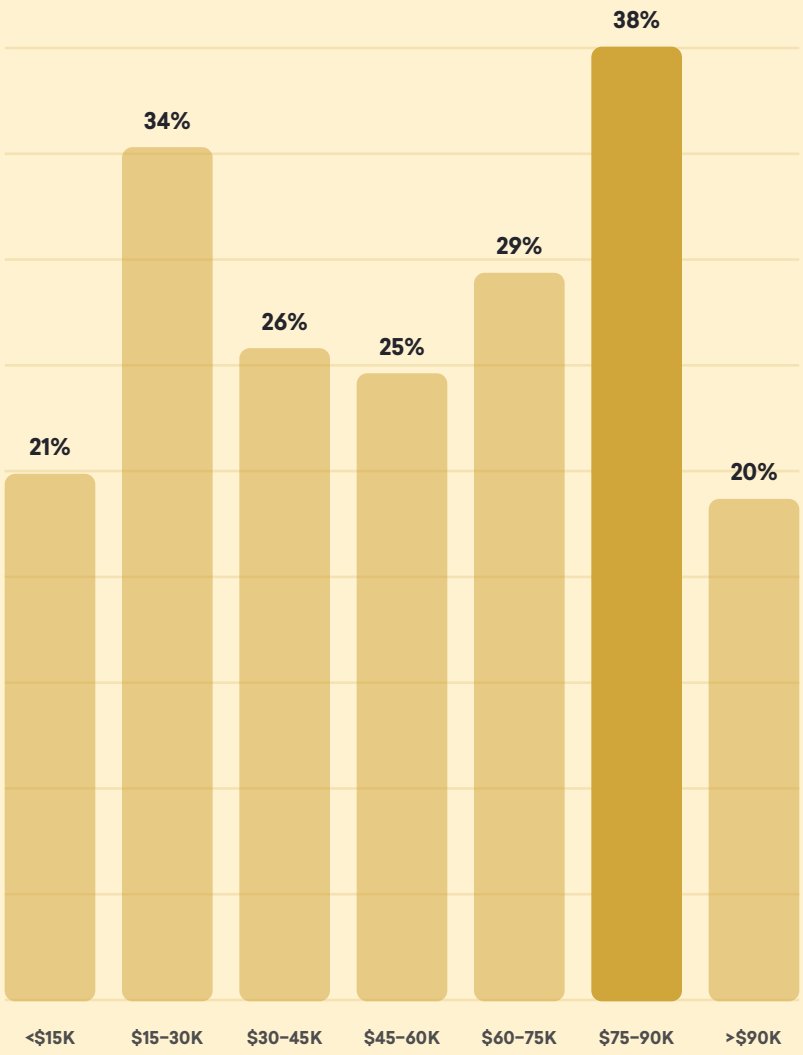
Many of these patients earn too much to qualify for meaningful assistance, but not enough to comfortably manage the costs their health insurance leaves behind. In 2026, **patients said they could afford an average of $98.62 per month toward out-of-pocket medical expenses**, or about $1,183 per year. By comparison, KFF reported that the average ACA Marketplace deductible rose to $3,786 in 2026, more than 3x what patients say they can afford annually.

The issue is not just whether patients have health insurance. It is whether the financial responsibility built into that coverage fits what patients can actually afford.

FINANCIAL WORRIES SHIFT AFTER $30K

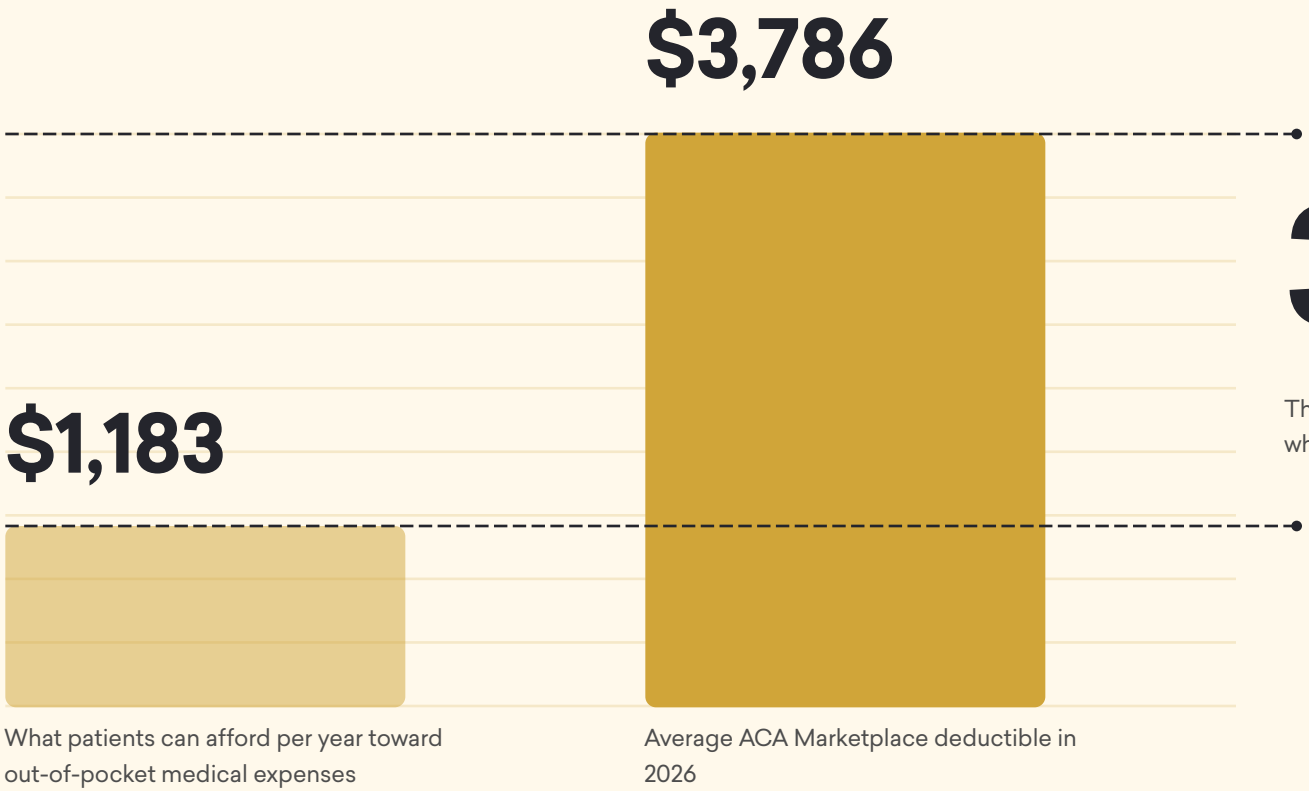
For patients earning under $30K, groceries and rent dominate financial concerns. Once household income crosses $30K, out-of-pocket medical expenses become a consistent top concern.

Skipped or postponed care due to cost, by household income



Patients can afford only a fraction of what they owe

What patients say they can afford toward out-of-pocket costs falls far short of the average deductible they now face.



3.2x

The average deductible is more than three times what patients say they can afford in a year.

Patients could afford an average of $98.62 per month, or about $1,183 per year. Average ACA Marketplace deductible per KFF, 2026.

1B: FINANCIAL WORRIES SHIFT

Patients are delaying care that keeps them healthy

Across income levels, patients are postponing the very care that helps prevent bigger, costlier problems down the line.

OF PATIENTS WHO SKIPPED OR POSTPONED CARE:



52%
Follow-up / specialist visits



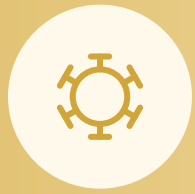
43%
Prescription drugs



34%
Diagnostic testing



34%
Preventive care visits



27%
Mental healthcare



24%
Surgery

1C: COVERAGE DOES NOT MEAN PROTECTION

Solving healthcare affordability starts with identifying who is financially exposed, and that population now includes many patients with health insurance.

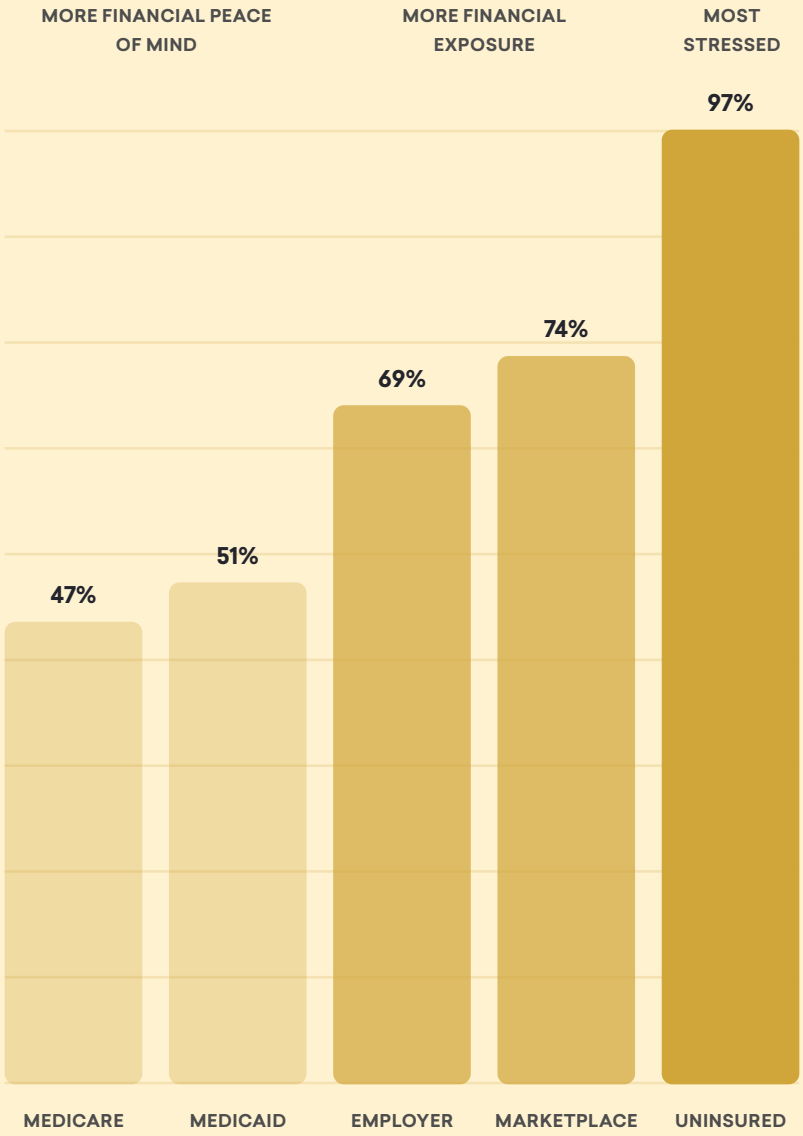
Health systems cannot support patients they do not identify as financially at risk. The challenge is that financial risk is no longer limited to patients who are uninsured or clearly self-pay. It is also showing up among patients with employer-sponsored, Marketplace, Medicare, and Medicaid coverage, often in very different ways.

Private coverage is not insulating patients from bill stress. While 47% of Medicare patients and 51% of Medicaid patients described their most recent hospital bill as stressful or unresolved, that figure rose to 69% among patients with employer-sponsored coverage and 74% among Marketplace and individual plan holders.

Marketplace patients face pressure on both sides of the care experience. They are paying more to stay covered, but many still feel exposed when they need care. In 2026, **57% saw their premiums rise, more than 1 in 4 said the increase was significant enough that they are struggling to afford it, and 40% skipped or postponed care due to cost.**

Marketplace patients are also taking on more exposure through the plans they select. KFF found that more ACA Marketplace enrollees chose lower-premium, higher-deductible bronze plans in 2026, with bronze plan selections rising from 30% to 40% of total Marketplace enrollment. For patients already seeing premium increases, that tradeoff can mean paying more to stay insured while still facing higher out-of-pocket costs when care is needed.

Stressful or unresolved hospital bill, by insurance type



Marketplace patients face pressure before and after care

57%

saw premiums rise in 2026.

1 in 4

said the premium increase was significant enough that they are struggling to afford it.

40%

skipped or postponed care due to cost.

Chapter 1 takeaway

Affordability support cannot stop at insured versus uninsured. Health systems need more granular segmentation that accounts for plan type, deductible status, out-of-pocket exposure, prior balances, and ability to pay, so they can identify which patients are financially vulnerable before the bill becomes a barrier.



02

The Patient Experience Starts Before Care

2A: THE PATIENT EXPERIENCE STARTS BEFORE CARE

Patients are thinking about cost before they arrive, but many do not know what they will owe, how they will pay, or whether help is available.

Before patients arrive for care, many are already trying to understand whether they can afford it. Insured patients need answers that are often hard to find: whether the service is covered, how much of their deductible remains, and what they are likely to owe after copays and coinsurance.

Cost is now the top concern before care for nearly 1 in 4 patients, ranking above treatment effectiveness, pain, medical risk, and logistics. Yet 42% experienced zero financial touchpoints around their most recent hospital visit or surgery, meaning they did not report receiving a cost estimate, payment plan offer, financial assistance information, or conversation with a financial counselor.

When affordability support does appear, it often arrives after patients have already made decisions about care. Among patients who were offered a payment plan, only 20.7% heard about it before care, while 32.5% learned about it after the bill was sent and 15.2% had to ask for it themselves.

Financial guidance should not depend on patients knowing what to ask for or when to ask. Patients need to understand what they may owe, what support they qualify for, and what payment path is realistic before cost anxiety turns into hesitation, confusion, or delayed care.

Patients have cost questions before care, but support often arrives too late.

BEFORE-CARE CONCERN

1 in 4

cite cost as their top concern before care.

NO GUIDANCE

42%

experienced zero financial touchpoints.

TOO LATE

48%

learned about payment plans after the bill, or had to ask.

SUPPORT GAP

18%

heard about financial assistance before their visit.

2B: PATIENTS NEED MORE THAN AN ESTIMATE

Scheduled visits create more opportunity for cost clarity, but patients still need payment options, financial assistance, and counseling to understand how they can move forward.

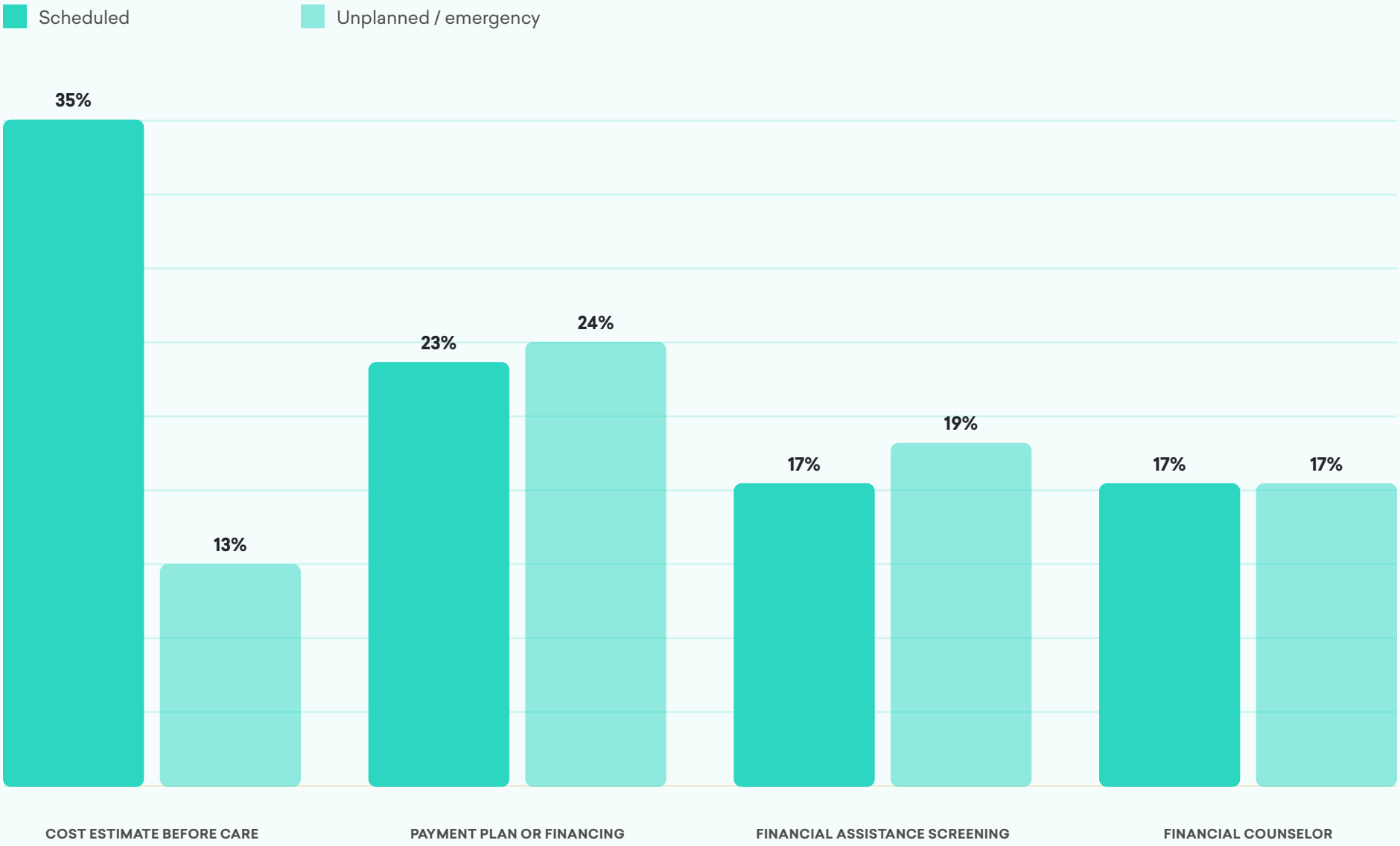
Scheduled care gives health systems a better opportunity to help patients understand what they may owe before care begins. The patient survey shows that scheduled patients were more likely to receive a cost estimate before care than patients with unplanned or emergency visits, 35% vs. 13%.

But receiving an estimate is not the same as receiving affordability support. **Scheduled patients were no more likely than unplanned or emergency patients to receive payment plan information, financial assistance information, or a financial counselor conversation.**

For patients, knowing what care may cost is only part of the financial experience. They also need to understand what options exist if they cannot afford the amount they are expected to pay.

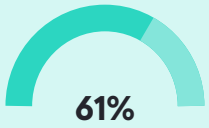
This issue does not affect all patients equally. It is sharper for patients who are less likely to enter through scheduled care in the first place. For patients who enter care through an unplanned or emergency visit, affordability support cannot depend on pre-service workflows. These patients often need financial guidance during or after care, when costs become clearer and payment questions become more urgent. The challenge is that patients least likely to afford care are often the most likely to enter through unplanned care: 53% of patients earning under $15K and 57% of those earning $15K to $30K reported an unplanned or emergency visit, compared with 34% of those earning $75K to $90K and 30% of those earning more than $90K. Among uninsured patients, that figure rises to 84%. For these patients, affordability support has to come before a confusing or unaffordable bill defines the financial experience.

The pre-service opportunity window is underutilized

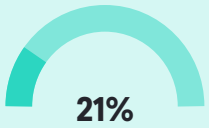


FINANCIAL AID SCREENING

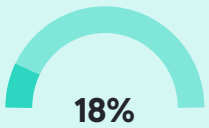
Providers see the opportunity for earlier aid screening, but execution remains difficult.



61% PROVIDERS: SHOULD HAPPEN AT SCHEDULING



21% PROVIDERS: DO IT TODAY



18% PATIENTS: OFFERED BEFORE VISIT

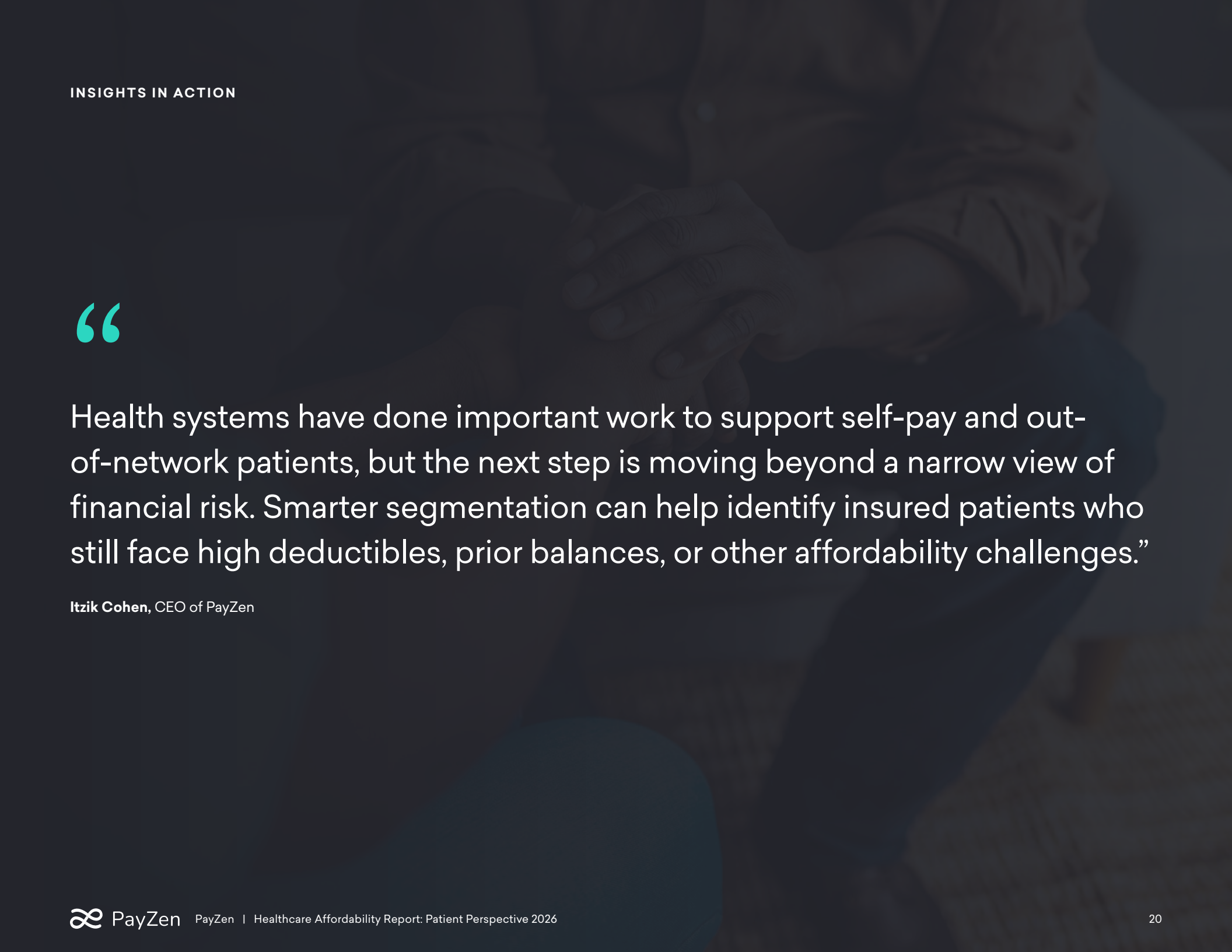
2C: SCHEDULED CARE CREATES THE OPPORTUNITY

Health systems want to move financial conversations earlier, but delivering support before care requires workflows that keep up with complex benefits and eligibility.

Health systems increasingly recognize that affordability conversations need to happen earlier. Financial assistance shows why workflow matters: only 17.9% of patients heard about financial assistance before their visit. However, PayZen's 2026 Provider Perspective Report found that **61% of health systems want financial aid screening to happen at scheduling, but only 21% do so today.**

Revenue cycle leaders are seeing a similar challenge with insured patients. Many organizations have built more proactive workflows for self-pay and out-of-network populations, but high-deductible in-network patients can still receive large bills after the fact. Moving affordability support earlier means identifying patients who may look covered, but still need help understanding and managing what they owe.

When health systems are able to move affordability conversations earlier, they see better financial outcomes. The Provider Perspective Report found that 91.5% of health systems now have a pre-service payment policy, up from 81.3% the year before. Health systems with a pre-service payment policy collect more than 2x as much pre-service as those without one.



“Health systems have done important work to support self-pay and out-of-network patients, but the next step is moving beyond a narrow view of financial risk. Smarter segmentation can help identify insured patients who still face high deductibles, prior balances, or other affordability challenges.”

Itzik Cohen, CEO of PayZen

Chapter 2 takeaway

Earlier engagement is not about asking patients to pay sooner. It is about giving them clearer answers and more realistic payment options before cost anxiety turns into delayed care, confusion, or bill stress. Health systems need real-time affordability workflows that connect estimates, benefits data, deductible status, payment options, financial assistance, counselor support, and patient communication before, during, and after care.



03

AI Is Rewriting the Patient Financial Experience

3A: COST BARRIERS ARE PUSHING PATIENTS TOWARD AI

Patients are already turning to AI when cost makes care feel out of reach, creating a new urgency for safer, trusted, provider-led digital guidance.

AI is already part of the patient journey, whether hospitals are ready for it or not. For some patients, it is not just a tool for convenience or research. It is becoming a workaround when the cost of care feels too high.

The patient survey found that **42.5% of patients have used an AI chatbot instead of seeing a doctor because of cost concerns**. More patients said they had done so repeatedly (22.1%) than had done so only once (20.4%).

This behavior was most common among 25- to 34-year-olds (64%) and households earning more than $90K (51%), suggesting it is driven by both affordability pressure and comfort with AI.

Patients are turning to AI for answers, but public tools may not always provide accurate or reliable medical information. A 2026 BMJ Open study found that nearly half of the responses from five public **AI chatbots to evidence-based medical questions were problematic, including nearly 1 in 5 rated as highly problematic.**

As AI becomes more familiar to patients, health systems have an opportunity to offer safer, more trusted ways for patients to get guidance when cost makes care feel out of reach.

COST BARRIERS ARE PUSHING PATIENTS TOWARD AI

43%

have used an AI chatbot instead of seeing a doctor because of cost concerns.

22%

have done so more than once.

3B: PATIENTS ARE READY FOR AI-POWERED FINANCIAL GUIDANCE

Patients are open to AI help with billing and payment questions, especially from a trusted health system with access to human validation.

The patient survey found that 60% of patients would likely use a hospital-provided AI tool to understand a medical bill, explore payment options, or determine whether they qualify for financial assistance.

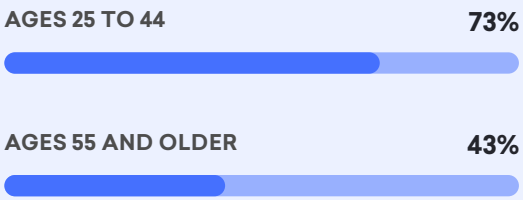
Health systems are already building AI capabilities in revenue cycle, but much of that work remains concentrated in back-office workflows. PayZen's 2026 Provider Perspective Report found that more than **1 in 3 health systems are using generative AI in RCM** (revenue cycle management), including denial management, appeals, coding, documentation, analytics, and billing automation.

Patients are ready for AI to help them understand bills, explore payment options, and find financial assistance, and keeping a human in the loop can make the guidance feel more credible. Among patients who were unsure or unlikely to use a hospital-provided AI tool, 16.1% said they would become likely if they could validate the information with a human hospital financial representative, and another 34.5% remained open to the idea.

60%

of patients overall would likely use a hospital-provided AI tool to understand their bill and explore payment options.

LIKELIHOOD BY AGE



3C: FINANCIAL NAVIGATION CAN BECOME A LOYALTY LEVER

When the bill shapes how patients experience care, financial guidance becomes part of how they evaluate access, trust, and whether they would return.

Patient-facing AI can do more than answer billing questions. Used well, it can make financial support easier to access and more responsive, turning financial navigation into a driver of trust, confidence, and future hospital choice.

Nearly two-thirds of patients (63%) say flexible payment options would make them more likely to choose a hospital for future care. Only 8% say flexible payment options would make no difference at all.

Nearly 9 in 10 patients say they would lose trust in a provider that does not proactively communicate about payment plans or financial assistance, a near-consensus view that held essentially flat year over year, 88.5% to 89.6%.

For health systems, affordability support is no longer just a billing function. It is part of how patients experience care, evaluate trust, and decide where to return.

Affordability influences loyalty

CHOICE

63%

say flexible payment options would make them more likely to choose a hospital for future care.

TRUST

90%

would lose trust in a provider that doesn't proactively communicate about payment plans or assistance.

Chapter 3 takeaway

AI is already shaping how patients seek answers when care feels unaffordable. Health systems can meet that behavior with trusted, patient-facing financial navigation that helps patients understand bills, explore payment options, find financial assistance, and connect with human support when it matters most.

SUMMARY

As affordability becomes inseparable from the patient experience, health systems have an opportunity to identify financial risk earlier, connect patients with affordability, and make support easier to access across the care journey.

The 2026 PayZen Patient Affordability Survey shows that affordability is no longer confined to one patient segment or one moment in the billing cycle. Patients are bracing for costs before care, struggling to understand their options after care, and increasingly turning to AI when cost makes traditional access feel out of reach.

For health systems, this creates a clear opportunity: build a more connected affordability strategy that helps patients feel informed, supported, and able to move forward.

Three Opportunities for Health Systems

01 Identify financial risk before the bill becomes a barrier.

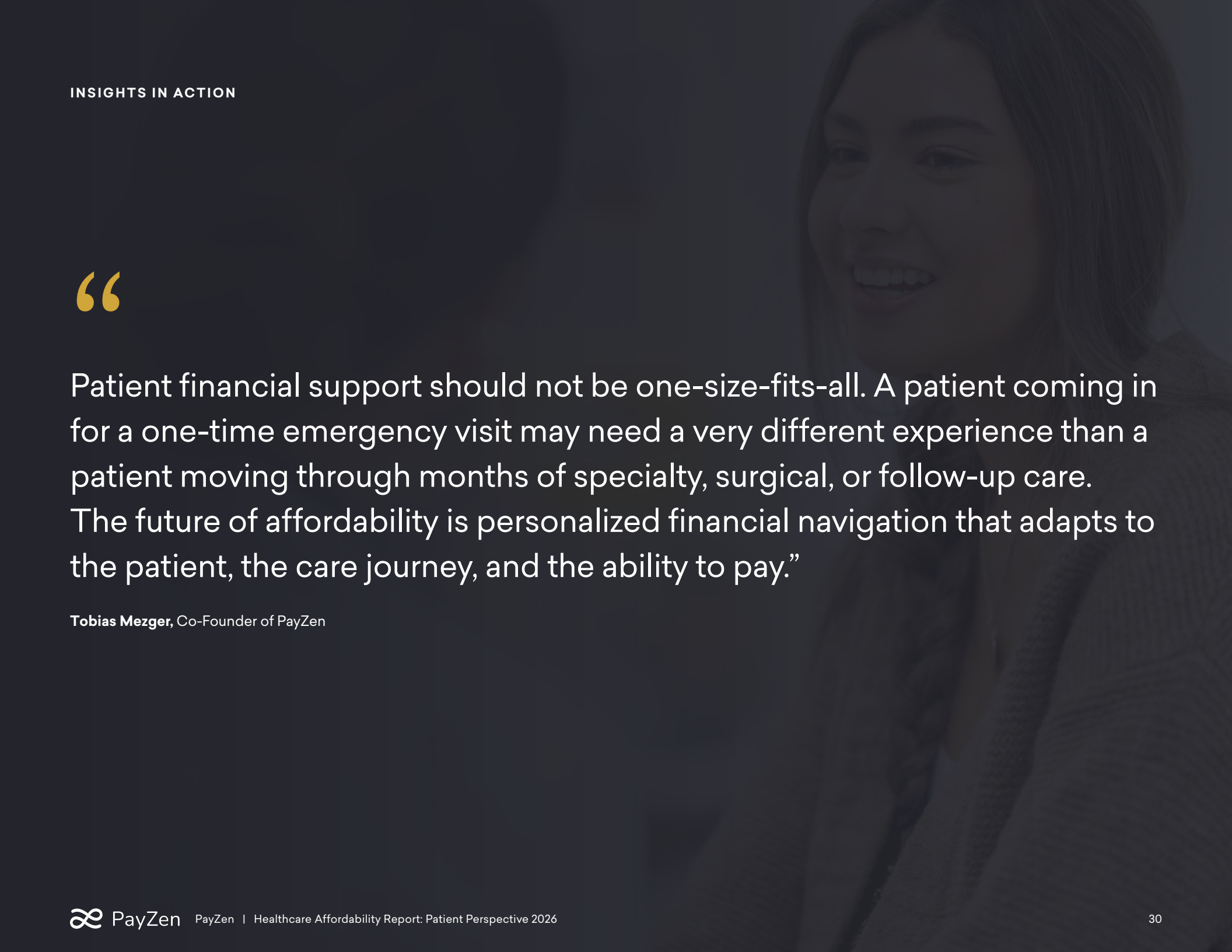
Affordability support cannot stop at insured versus uninsured. Health systems have an opportunity to use more granular segmentation, including plan type, deductible status, out-of-pocket exposure, prior balances, ability to pay, and the type of care journey a patient is entering. A patient coming in for a one-time emergency visit may need a different financial experience than a higher-acuity patient moving across multiple outpatient and inpatient visits over several months. Identifying those differences earlier can help health systems connect patients with the right level of support before the bill becomes a barrier.

02 Connect cost clarity to real affordability support.

Cost anxiety starts before care, and patients need more than an estimate to feel prepared. Health systems have an opportunity to connect cost clarity with payment options, financial assistance, counselor support, and patient communication before, during, and after care.

03 Make AI a trusted financial navigation layer.

AI is already shaping how patients seek answers when care feels unaffordable. Health systems have an opportunity to extend AI beyond back-office revenue cycle workflows and into trusted, patient-facing financial navigation that helps patients understand bills, explore payment options, find financial assistance, and connect with human support when it matters most.



“Patient financial support should not be one-size-fits-all. A patient coming in for a one-time emergency visit may need a very different experience than a patient moving through months of specialty, surgical, or follow-up care. The future of affordability is personalized financial navigation that adapts to the patient, the care journey, and the ability to pay.”

Tobias Mezger, Co-Founder of PayZen

Make Affordability Part of a Better Patient Experience

PayZen helps health systems move from reactive billing to proactive financial navigation, giving patients clearer answers, more affordable ways to pay, and support when they need it most.

GET IN TOUCH

ABOUT PAYZEN

PayZen is the AI healthcare affordability platform helping health systems deliver more sustainable financial experiences for patients and providers. Its connected platform brings together payment flexibility, financial assistance automation, and patient financial guidance, all grounded in PayZen's vision of making care more accessible and affordable for every patient.