



Health consumers' experiences and perceptions of healthcare costs

REPORT

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*Health consumers' experiences and perceptions of
healthcare costs.* Canberra, Australia

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CONTENTS

SUMMARY	4
BACKGROUND	6
Aim	6
FINDINGS	7
Demographics	7
Healthcare is expensive	7
Consumers doubt they can access affordable and appropriate care	9
When healthcare costs too much, decisions can change	10
People want clear, upfront cost information	13
Obstacles to care other than cost	14
RECOMMENDATIONS	17
REFERENCES	19
APPENDICES	21
<i>A. Methods</i>	21
Limitations	21
<i>B. Survey</i>	22
<i>C. Supplementary Tables</i>	28

SUMMARY

Australia ranks among the highest among countries in the Organisation for Economic Co-operation and Development (OECD) for household health costs, with out-of-pocket expenses and private insurance premiums making up 26% of total health spending. Rising costs are causing widespread delays in care, as most Australians report skipping GP, dental, allied health visits and even medications, while safety nets and private insurance fail to adequately protect low- and middle-income households.

We conducted an online survey to explore how Australians (n=246) perceived and managed healthcare costs, including service fees, cost transparency, and the impact of expenses on care-seeking and health outcomes.

Key insights

Healthcare is perceived as expensive. Perception of cost were dominated by high-fee services (specialists and dental), unclear pricing and hidden charges, suggesting that consumers experience healthcare costs as both financially burdensome and difficult to navigate.

Consumers lack confidence in accessing affordable care. This lack of confidence indicates that cost concerns extend beyond affordability to unpredictability and poor transparency.

Cost strongly shapes care-seeking behaviour. Four in ten respondents said cost concerns are “very” or “extremely” influential in deciding whether to seek care. Cost pressures are driving delayed or avoided care, which can worsen health outcomes.

Bill shock was common. Unpredictable costs amplify financial stress and undermine trust in the health system. Seven in ten respondents reported receiving a healthcare bill in the past year that was higher than expected.

Specialists and hospitals are least transparent with cost information. Consumers rated medical specialists as the hardest providers to obtain pricing from, followed by hospitals and dental/oral health services. The lack of cost transparency is a systemic barrier, which can reinforce low confidence in finding affordable care.

Specialists dominate cost concerns. When dealing with a new health issue, Australians were most concerned about the cost of medical specialists, followed by dental care, mental health services, and allied health.

Consumers want upfront clarity. The most frequently mentioned solutions were clear price lists on provider websites or at clinics, itemised quotes before treatment, and knowing whether a free public option exists. Transparency tools and clear communication are critical to reducing uncertainty and empowering informed decisions.

Access challenges go beyond money. Respondents felt anxious about appointments, travel and time constraints, and the need for support as significant obstacles. Poor coordination, unclear cost information, and limited provider availability compound these barriers. Telehealth, transport subsidies, and/or better scheduling) are needed to address both financial and practical barriers.

Recommendations

To improve equity and affordability, we recommend:

1. **Mandatory upfront pricing.** Require providers to publish price lists and give itemised quotes before treatment, addressing major cost concerns in specialist, hospital, and dental care.
2. **Strengthen Medical Cost Finder.** Expand provider data feeds and embed typical costs and public no-gap options in GP e-referrals to improve access to cost information at decision points.
3. **Introduce billing principles.** Require disclosure of all foreseeable costs before care, given 70% of respondents faced bills higher than expected and described costs as confusing or hidden.
4. **Improve equity measures.** Automate PBS Safety Net eligibility, upgrade travel subsidies, and expand telehealth to reduce medicine, travel, and indirect costs for households on modest incomes.
5. **Expand bulk-billing and signpost public options.** Pilot specialist bulk-billing in high-need areas and ensure referrals clearly direct patients to public no-gap pathways.

Next steps:

Implement recommendations in partnership with governments, healthcare provider associations, and consumer groups.

BACKGROUND

Australia's health system provides universal coverage through Medicare, supported by the Pharmaceutical Benefits Scheme (PBS), which subsidises medicines and protect households from high health costs. Recent initiatives such as expanded bulk billing incentives, telehealth, and tools like the Medical Cost Finder aim to strengthen equity and improve cost transparency.

Despite Medicare, Australia's universal health scheme, out-of-pocket costs contribute to a significant component; with an estimated \$44.0 billion, accounting for around 16% of total health spending (1). When combined with private health insurance, these payments account for 24% of total health expenditure (1), placing Australia among the highest ranked among the 38 countries in the Organisation for Economic Co-operation and Development (OECD) for household health costs (2). Costs are disproportionately higher for people with chronic conditions, multimorbidity, or in rural and remote areas, with some households spending over 10% of their income on healthcare (3).

Rising costs are increasingly shaping care decisions. About 76% of Australians have expressed that cost-of-living pressures have led to delayed or missed GP visits (55%), dental care (58%), allied health appointments (41%), and even essential medications (32%) (4). Younger Australians or women were disproportionately affected. While Medicare and the PBS provide important safety nets, bulk billing incentives exclude many specialist services, awareness of subsidies is limited, and safety net thresholds and rebates often fail to protect those on modest incomes (5). Private health insurance, intended to improve access, is seen as poor value for money, with premiums rising faster than wages and coverage gaps persisting (5, 6).

Aim

To provide insights that inform strategies to improve transparency, affordability, and access, and to ensure Australia's health system remains fair and sustainable, we conducted an online survey from 3 to 18 December 2025 to explore how Australians perceive and navigate healthcare costs (see **Appendix A** for details on our study methodology).

FINDINGS

Demographics

The survey included 246 respondents, most aged 55-74 (55.1%)¹ and predominantly female (82.9%). We received responses from all States and Territories,² with the largest proportion from Victoria (33.7%), followed by New South Wales (24.4%) and Queensland (15.4%). Tasmania had the smallest representation (1.2%).

Over half (58.5%) had both hospital and extras cover, while one-quarter had no private health insurance (24.8%)³. Chronic conditions were common with arthritis/osteoporosis (29.3%), mental health conditions (24.4%), and heart/circulatory issues (20.3%) most frequently reported⁴. Representation of the Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual and other identities (LGBTQIA+) or culturally and linguistically diverse (CALD) communities was 10.2% each.⁵

Healthcare is expensive

We asked respondents (n=246) what words or phrases come to mind about the cost of healthcare, the most common responses were clear: *expensive* and *medical specialists*. People also mentioned words like, *gap fees*, and *dental costs* (**Figure 1**). Other words or phrases shared were *hidden costs* and *GP fees*, highlighting that uncertainty and lack of cost transparency were key issues.⁶

The prominence of words like *expensive*, *medical specialists*, *gap fees*, and *dental costs* suggests that affordability concerns are concentrated around specialist and dental care, which often involve large out-of-pocket expenses. Meanwhile, terms such as *hidden costs* highlight that the issue is not just the total amount charged but

¹ The age distribution shows that most respondents are older, with 28.0% aged 65-74 and 26.0% aged 55-64, followed by 14.2% aged 75-84, 13.0% aged 45-54, 11.8% aged 35-44, 3.3% aged 25-34, 0.8% aged 18-24, and 1.6% aged 85 or over, while 1.2% did not answer.

² Other states and territories included South Australia (10.2%), and Western Australia (9.3%), and ACT (4.9%),

³ 14.2% have hospital cover only and 2.4% have extras cover only

⁴ Among other chronic conditions, asthma and long-term injury were most common (11.8% each), followed by diabetes (8.9%) and cancer (4.9%). Additionally, 6.1% reported none of these conditions, while 39.0% did not have chronic conditions.

⁵ Most respondents identify as a person with a chronic condition (61.0%), followed by a person with a mental health experience (32.1%), a person with a disability (28.0%), Aboriginal and/or Torres Strait Islander at 1.2%, while 25.6% selected none of the above and 1.2% did not complete or display an answer.

⁶ Other words or phrases shared were *confusing* (11.0%), *off work/lost income* and *co-payment* (each 9.3%), *uncertain*, *rebate*, and *safety net* (each 7.7%), *mental health services* (7.3%), *hospital fees* (6.9%), *travel* (5.3%), and *affordable* (4.9%).

the lack of transparency and clarity in costs. This suggests that cost-related anxiety is driven by both financial burden and uncertainty, which can impact consumer trust and confidence in the healthcare system.

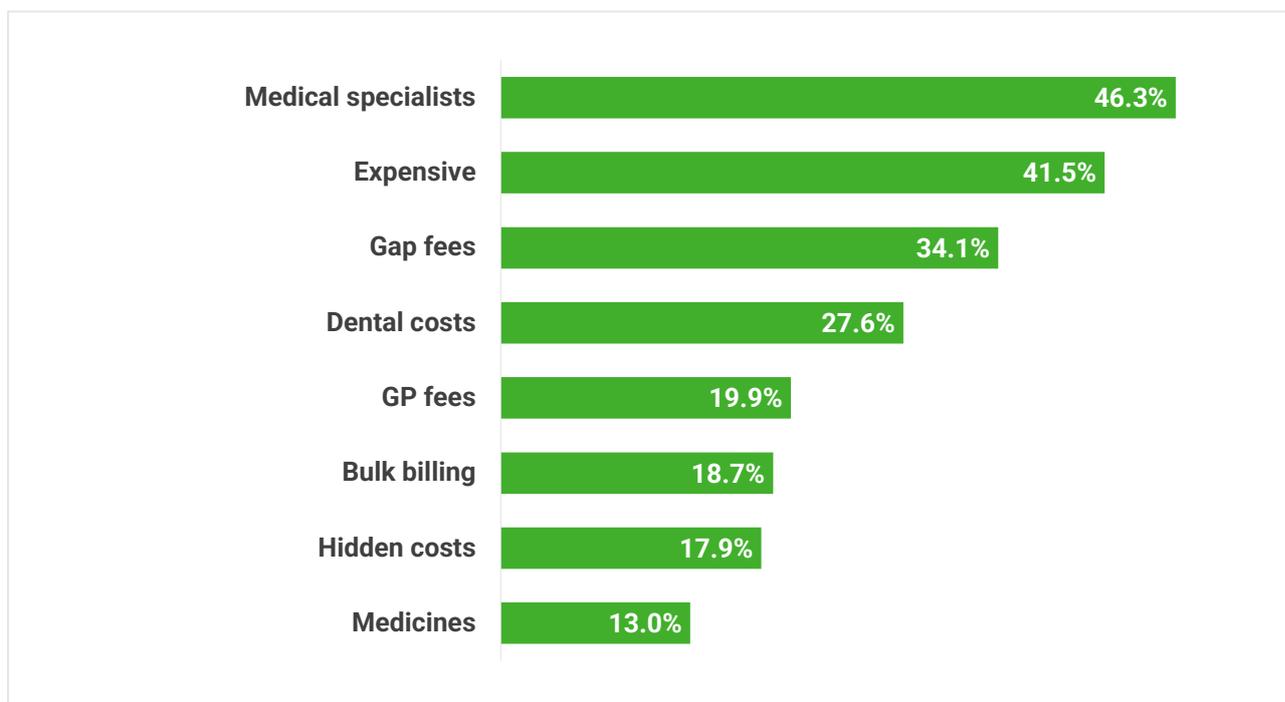


Figure 1. *Top eight most common words or phrases people linked with their healthcare cost.*

Respondents provided other words or phrases when it comes to cost of healthcare (n=197, 80.1%), which were then collated into major themes (**Table C1**). Many perceive fees as excessively high and rising, making care prohibitive for large segments of the population. Access issues, including long wait times and limited availability in rural areas, were also prominent, alongside equity concerns about systemic unfairness and exclusion of those with fewer resources. Other recurring themes include significant out-of-pocket expenses due to gaps in rebates, high costs for dental and specialist services, and the financial strain on vulnerable groups such as pensioners and low-income households. Additional issues raised include the perceived poor value of private health insurance, unclear pricing structures, and the burden of medication costs. Respondents also highlighted emotional stress linked to financial pressures, ethical concerns about greed and profit motives, and communication breakdowns in care continuity. These findings highlight that not only are costs rising, but they also intersect with access, transparency, and equity, creating both financial and psychological strain for consumers (8, 9).

Consumers doubt they can access affordable and appropriate care

We asked respondents how confident they would be with finding a suitable health provider who meets their needs if they had a new health issue (**Figure 2**), and found three in four people were not at all or not very confident in finding:

- free or bulk-billed consultations
- consultations with affordable fees or gap payments

Most were not very confident in getting timely appointments (73.0%) and clear information about upfront cost, suggesting that cost concerns are not just about the price, but they were also linked to unpredictability and lack of cost transparency in accessing healthcare. Limited appointment availability can amplify uncertainty and drives higher out-of-pocket expenses, which can lead to people delaying or skipping necessary care due to both factors (10).

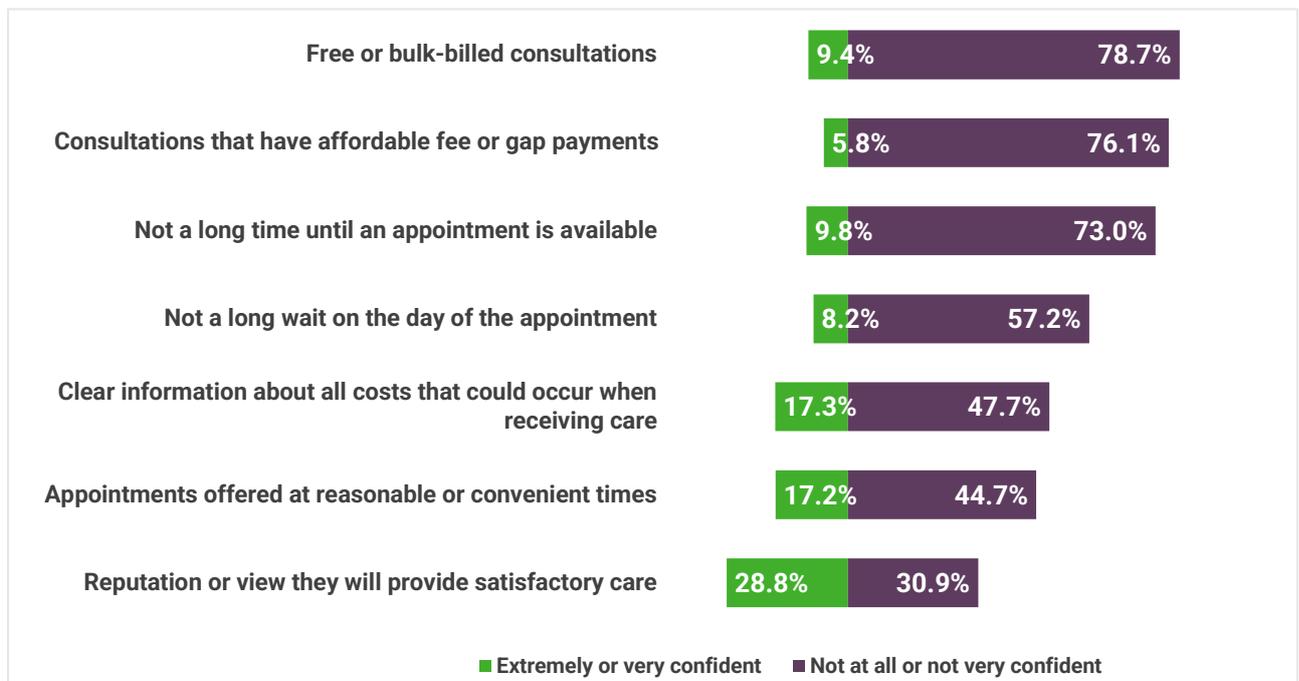


Figure 2. Respondents' confidence in whether their needs will be met if they have a new health issue

When healthcare costs too much, decisions can change

Cost concerns are a major driver of care-seeking decisions, with 41.4% of respondents reporting that cost is very or extremely influential in whether they seek care (**Figure 3**). At the same time, seven in ten experienced a healthcare bill higher than expected in the past year (**Figure 4**), indicating that many proceeded with seeking care despite uncertainty and were later exposed to financial stress. This combination of high influence of cost on decision-making and frequent unexpected costs suggest a cycle of risk where consumers may delay or avoid care when costs feel unpredictable, and those who proceed often face unexpected expenses that can impact consumer trust and confidence in the health system (8, 9). Addressing both affordability and transparency is critical to breaking this cycle and reducing deferred care (11).

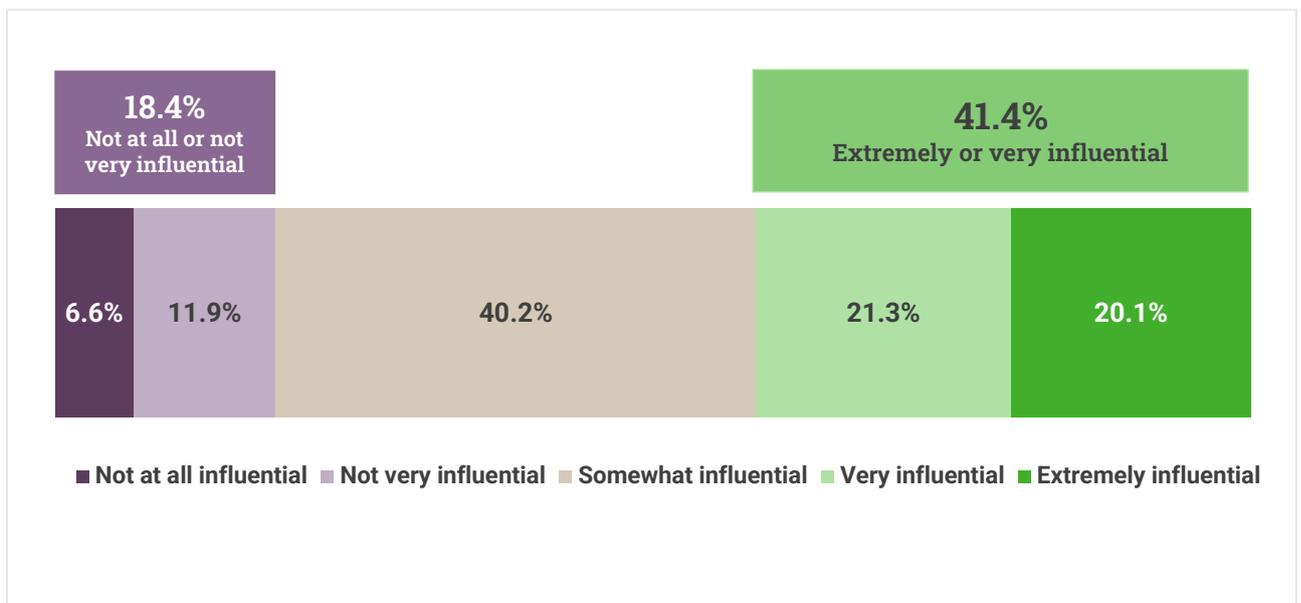


Figure 3. Influence of healthcare cost concerns on care-seeking decisions.

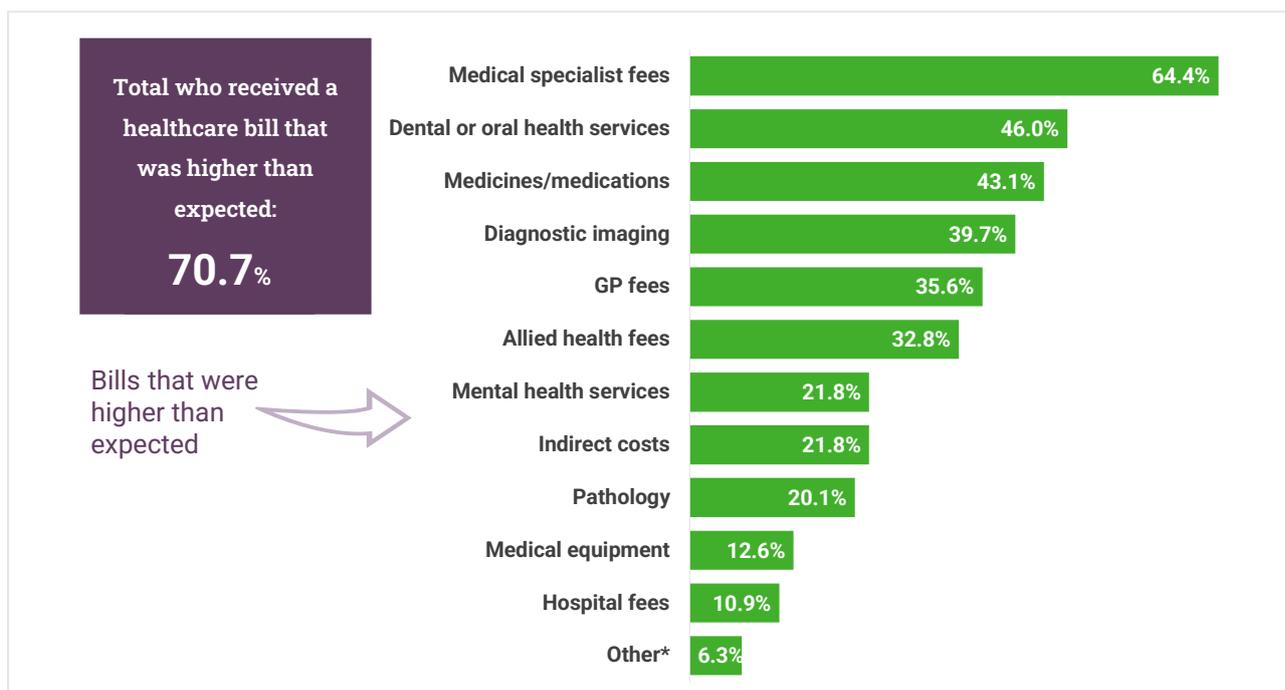


Figure 4. Unexpected healthcare costs in the past 12 months.

*Other bills include those for immunisations, scripts outside appointment, creams, bandages, transferring medical records, surgery/biopsy by GP.

Medical specialists were the hardest to obtain pricing from, followed by hospitals and dental/oral health services. Diagnostic imaging and pathology were also rated as difficult, whereas GPs were relatively easier for consumers to obtain healthcare cost information (**Figure 5**). This pattern suggests that the most expensive and complex services; specialist consultations, hospital procedures, and dental care, are also the least transparent.

The finding that medical specialists, hospitals, and dental services are the hardest providers to obtain cost information from has direct implications for care-seeking behaviour. These services are among the most expensive and complex, so when pricing is unclear, consumers face uncertainty and financial risk. This lack of transparency amplifies cost anxiety (12,13) which has already been shown to be very or extremely influential for two in five respondents (41.4%) and can lead to delayed or avoided care as people hesitate to commit without knowing out-of-pocket costs.

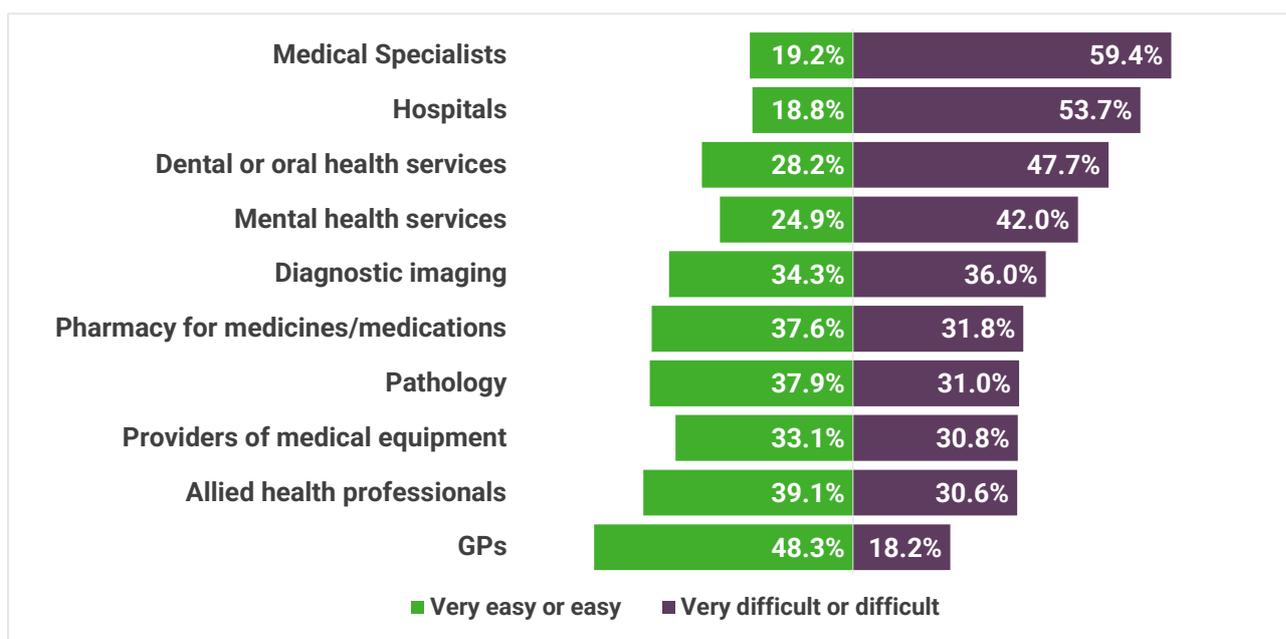


Figure 5. Ease of obtaining healthcare cost information by provider type

Specialists, dental, and mental health dominate cost concerns

When dealing with a new health issue, the top five cost concerns (**Figure 6**) were:

- Medical specialists (86.0%)
- Mental health services (76.1%)
- Dental care (75.9%)
- Allied health professionals (64.1%)
- Diagnostic imaging (52.2%)

Medical specialists, dental care, and mental health services dominate cost concerns for consumers. These are the same services identified as least transparent with cost, creating a double burden of high fees and poor transparency. This overlap amplifies cost anxiety and likely contributes to delayed or avoided care (10,12,13).

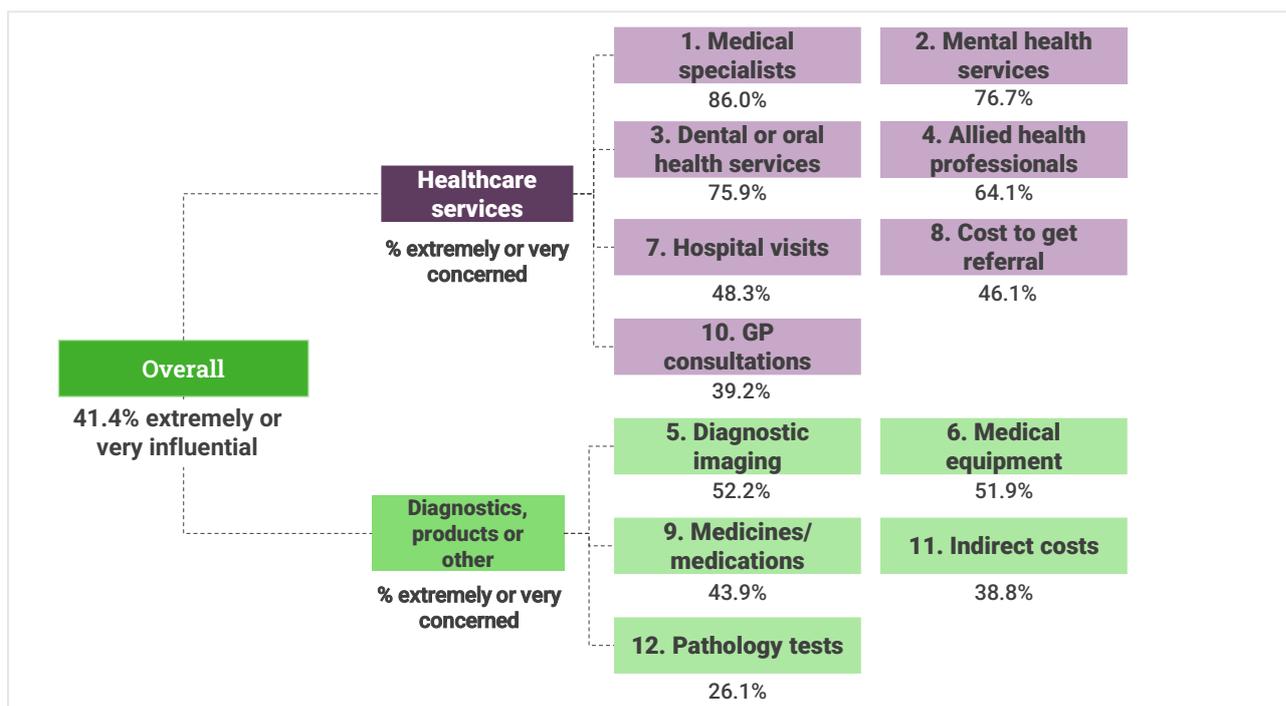


Figure 6. Cost concerns by category for a new health issue.

People want clear, upfront cost information

Most respondents want clear, upfront information about healthcare costs to help them plan expenses, such as price lists on clinic website or at physical clinic locations. Other options that would help with estimating costs were:

- itemised quotes before treatment
- knowing whether a free public option exists
- better information from insurers

The most frequently mentioned solutions were clear price lists on provider websites or at clinics, itemised quotes before treatment, and knowing whether a free public option exists versus only private services. Better information from insurers, online cost calculators, and clarity about other coverage (e.g., WorkCover, TAC, Veterans' benefits) were also cited as useful (**Figure 7**). The clarity and specificity of solutions proposed by respondents, such as upfront price lists, itemised quotes, and knowing whether a free public option exists, indicates that these measures address long-standing gaps in the health system (14). This reinforces that improving cost transparency is not an emerging need but an overdue reform essential for restoring consumer confidence and reducing delayed care.

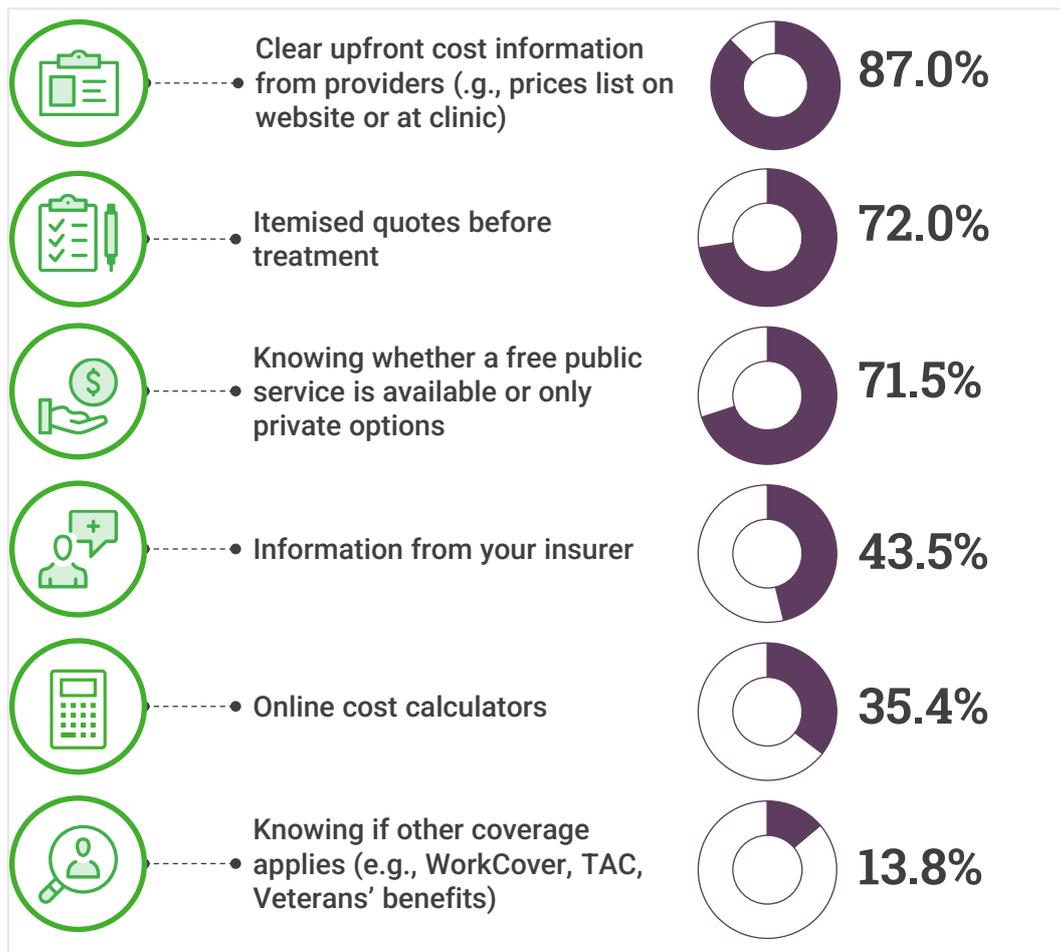


Figure 7. Measures that would assist in estimating healthcare costs.

Obstacles to care other than cost

Cost was not the only challenge to accessing healthcare. Many respondents mentioned other factors influenced their decision to seek care (**Figure 8**). Alongside cost concerns, non-financial barriers significantly affected healthcare access, such as anxiety about appointments, travel and time constraints, and the need for someone as support with healthcare attendance. Poor coordination, unclear cost information, and limited provider availability, especially for those living in regional areas, further restrict access.

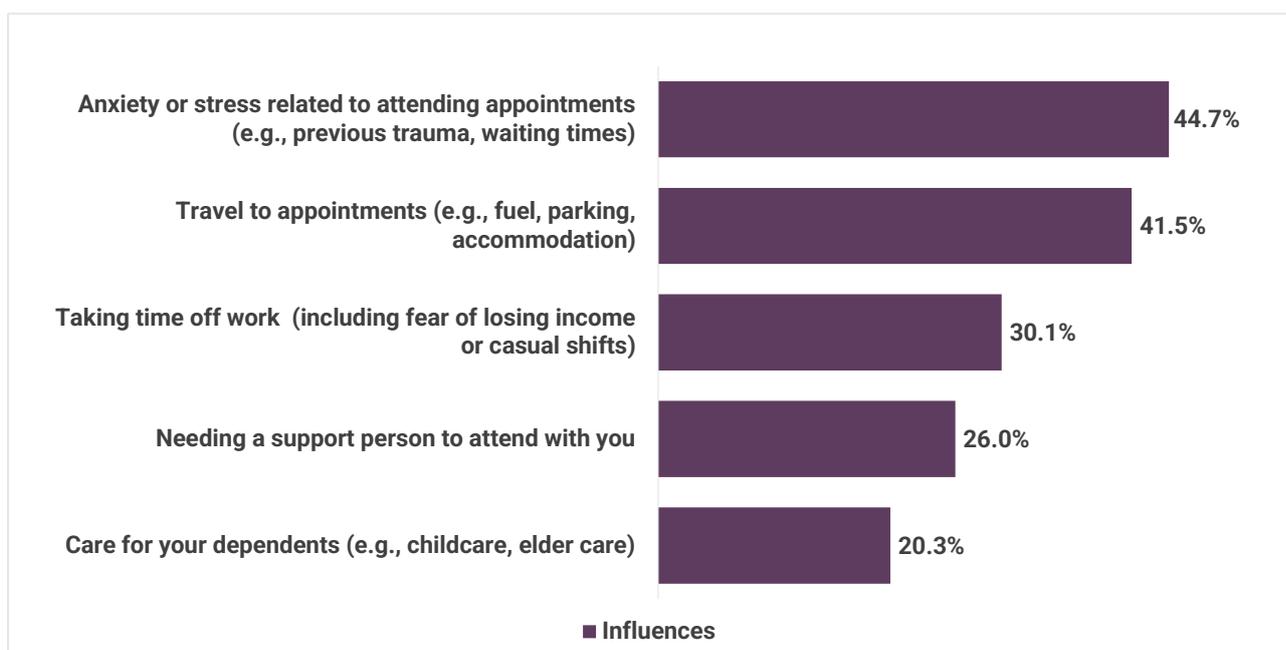


Figure 8. *Non-financial factors influencing care-seeking decisions.*

We asked participants about other factors that influence their decision to seek care. About a third (32.1%) reported that other impacts played a significant role in their decision-making (**Table C2**). Their responses revealed a diverse set of barriers. The most frequently cited issue was affordability and cost pressure, followed by access, availability, and wait times. Other notable themes included insurance and Medicare coverage limitations, travel and transport challenges, and financial burdens such as co-payments and out-of-pocket expenses.

Respondents also highlighted systemic issues like continuity and care coordination, policy and eligibility barriers, and administrative complexity, alongside personal factors such as health status variability, mobility and pain, and carer responsibilities. Less common but significant concerns involved quality and cultural safety, and even technology-related discomfort during consultations. Overall, the findings highlight that financial, logistical, systemic, and personal factors collectively shape care-seeking behaviour, with cost and access emerging as dominant barriers.

Call for cost-relief measures to ease travel burden in care-seeking

Respondents whose care-seeking was most impacted by travel (40.7%) identified a range of options to help manage costs (**Table C3**). The most common suggestions focused on reducing direct expenses such as fuel, tolls, and parking fees, alongside improving access to affordable public transport and providing taxi or rideshare vouchers.

Regional and remote consumers emphasised the need for support with long-distance travel and accommodation, while others called for enhanced travel subsidy schemes, decentralised care closer to home, and greater use of telehealth to avoid unnecessary trips. Additional ideas included better appointment scheduling to allow cheaper travel options, upfront government subsidies, and assistance for carers and those with mobility limitations. These responses highlight the importance of practical, cost-reducing measures and accessible transport solutions to improve equity in healthcare access.

RECOMMENDATIONS

Findings from this survey reveal that cost concerns driven by high fees, poor transparency, and unpredictable costs are significantly shaping care-seeking behaviour and impacting consumer confidence. To address these challenges and improve equity, the following recommendations are proposed:

1) Make upfront pricing mandatory

Require providers to publish price lists and provide itemised quotes before treatment, because consumers report specialists, hospitals, and dental/oral health services are the hardest places to obtain pricing and these categories also dominate cost concerns for a new health issue. Respondents explicitly want clear price lists and itemised quotes to plan their care.

2) Strengthen Medical Cost Finder uptake and embed it in referrals

Expand and enforce provider data feeds into Medical Cost Finder and integrate typical costs and public no-gap options into GP e-referrals, aligning with stakeholder feedback that the tool is promising but needs stronger uptake and with consumer preferences for upfront cost information at the point of decision.

3) Introduce billing principles

Require disclosure of all foreseeable costs (consultations, diagnostics, procedures, anaesthesia, devices, and potential add-ons) before care is delivered. This is critical given that seven in ten respondents experienced a healthcare bill higher than expected and that many described costs as confusing, uncertain, or hidden.

4) Improve equity measures

Automate PBS Safety Net eligibility, upgrade patient travel subsidy schemes, and expand telehealth where clinically appropriate, given that respondents highlighted medicine costs, gaps/rebates, and safety nets as key concerns, and noted that current protections often fail to shield households on modest incomes. These measures also address travel and indirect costs that strongly influence care-seeking, especially for regional and remote consumers.⁷ Automation is recommended as a practical policy pathway to strengthen these protections, not as a direct consumer suggestion.

⁷ PBS Safety Net was referenced in the survey options and qualitative coding.

5) Expand bulk-billing and clearly signpost public options

Pilot specialist bulk-billing programs in high-need areas and ensure referrals signpost public no-gap pathways. This addresses consumers' low confidence in finding free or bulk-billed consultations and responds to frequent suggestions that public options and bulk-billing would help.

Next Steps

These recommendations should be implemented in collaboration with governments, provider associations, and consumer groups. Progress can be tracked through annual consumer cost metrics, including confidence in finding affordable care, ease of obtaining cost information, and prevalence of unexpected bills.

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APPENDICES

A. Methods

Australia's Health Panel is a growing group of health consumers who regularly complete surveys on health issues. The project is run by the Consumers Health Forum of Australia (CHF), and surveys from 2025 are delivered through LimeSurvey, an open-source online survey platform for survey creation, distribution and analysis.

We conducted an online survey 3-18 December 2025 to explore how Australians perceive and navigate healthcare costs, including service fees, pricing transparency, and the impact of direct and indirect expenses on care-seeking and health outcomes (please see full survey attached as **Appendix B**).

We summarised the data using the means, frequencies and percentages and only complete surveys were included in our final analysis.

We categorised location of residence at the States or Territory level based on the postcodes or city of residence provided by respondents. Two people (n=2) did not provide their postcode nor specified the city or State or Territory of residence.

To analyse the qualitative data, we applied coding frames using keyword patterns (e.g., *unaffordable*, *gap*, *Medicare*, *private health insurance*, *wait*, *dental*, *PBS*), allowing a response to match multiple themes.

Our tables and figures report findings for 246 respondents, unless stated otherwise. We removed "Not applicable", "No answer" or "Prefer not to say" answer options, and therefore, total *n* (*subsample size*) throughout this report may vary.

Limitations

This survey is based on 246 responses, which may limit the generalisability of findings to the broader population. The sample size reduces statistical power and may not fully capture demographic diversity. Non-response and incomplete answers could introduce bias, and as the data are self-reported, they may be subject to recall or social desirability bias. Finally, the cross-sectional design provides a snapshot in time and cannot establish causality.

B. Survey

Cost of healthcare

We're conducting a short survey (about 10 minutes) to understand people's experiences and perceptions of current healthcare costs in Australia. Your feedback will help inform policy recommendations aimed at reducing financial barriers and improving cost transparency in healthcare.

The survey will ask about:

- Your experiences with healthcare costs
- How predictable or transparent these costs feel
- The impact of unexpected costs and indirect expenses

Your responses are anonymous and will only be used for research purposes. There are no right or wrong answers - please answer honestly based on your own experience.

Section 1: General perceptions

Q01. When you think about the cost of healthcare, which of the following words and phrases come to mind? (you can select up to 3) (Optional, drag to rank up to three)

- Expensive
- Gap fees
- Medical Specialists
- Medicines
- Travel
- Confusing
- Off work / lost income
- Co-payment
- Bulk billing
- Rebate
- Safety net
- Uncertain
- Hidden costs
- Affordable
- GP fees
- Hospital fees
- Dental costs
- Mental health services
- Other (please specify)

Q01a. Do any other words or phrases come to mind when you think about the cost of healthcare? (short text, optional)

Q02. If you had a new health issue, how confident are you that you could find a healthcare provider who meets the following needs? (Scale: 1 = Not at all confident, 2= Not very confident, 3=Moderately confident, 4=Very confident, 5 = Extremely confident, N/A/Don't know [98]) Select one per row

- Free or bulk-billed consultations
- Consultations that have affordable fee or gap payments
- Not a long time until an appointment is available
- Appointments offered at reasonable or convenient times
- Not a long wait on the day of the appointment
- Reputation or view they will provide satisfactory care
- Clear information about all costs that could occur when receiving care

Q03. When dealing with a new health issue, how concerned would you be about the cost of the following?

(Scale: 1 = Not at all concerned, 2 = Not very concerned, 3 = Somewhat concerned, 4 = Moderately concerned, 5 = Very concerned, N/A/Don't know 98]) select one per row

- GP consultations
- Cost of appointment to get referral to other healthcare providers
- Medical Specialists
- Allied health professionals (e.g., physiotherapy, occupational therapy)
- Mental health services (e.g., psychology, counselling)
- Dental or oral health services
- Diagnostic imaging (e.g. X-rays, scans)
- Pathology tests (e.g. blood tests)
- Medicines/medications
- Medical equipment (e.g., nebuliser, wheelchair, blood pressure monitor)
- Hospital visits
- Indirect costs (e.g. travel, care for your dependents, time off work)

Q04. Overall, how much do concerns about costs influence your decision to seek care? (Scale: 1 = Not at all influential, 2=Not very influential, 3=Somewhat influential, 4=Very influential, 5 = Extremely influential, N/A/Don't know [98])

Section 2: Experiences with cost surprises

Q05. In the past 12 months, have you received a healthcare bill that was higher than expected? (Yes[1]/No[2]/Don't know[97])

Q06. [If yes] What bill or bills were higher than expected? (Select all that apply)

- GP fees
- Medical Specialist fees
- Allied health fees (e.g., physiotherapy, occupational therapy)

- Mental health services (e.g., psychology, counselling)
- Dental or oral health services
- Diagnostic imaging (e.g. X-rays, scans)
- Pathology (e.g. blood tests)
- Medicines/medications
- Medical equipment (e.g., nebuliser, wheelchair, blood pressure monitor)
- Hospital fees
- Indirect costs (e.g. travel, care for your dependents, time off work)
- Other (please specify)

Q07. Which of the following would help you estimate your healthcare costs? (Select all that apply)

- Clear upfront cost information from providers (e.g., price list on website or at clinic)
- Online cost calculators
- Itemised quotes before treatment
- Information from your insurer
- Knowing whether a free public service is available or only private options
- Knowing if other coverage applies (e.g., WorkCover, TAC, Veterans' benefits)
- Other (please specify)

Q08. How easy is it for you to find out healthcare costs before a receiving a service from... (Scale: 1 = Very difficult, 2=Difficult, 3=Neither easy nor difficult, 4=Easy, 5 = Very easy, N/A/Don't know[98])

- GPs
- Medical Specialists
- Allied health professionals (e.g., physiotherapy, occupational therapy)
- Mental health services (e.g., psychology, counselling)
- Dental or oral health services
- Diagnostic imaging (e.g. X-rays, scans)
- Pathology (e.g. blood tests)
- Pharmacy for medicines/medications
- Providers of medical equipment (e.g., nebuliser, wheelchair, blood pressure monitor)
- Hospitals

Section 3: Seeking care

Q09. In the past 12 months, have any of the following influenced your decision to seek care? (Scale: Yes[1]/No[2]/Uncertain[97])

- **Travel to appointments** (e.g., fuel, parking, accommodation)
- **Care for your dependents** (e.g., childcare, elder care)
- **Taking time off work** (including fear of losing income or casual shifts)
- Needing a support person to attend with you

- **Anxiety or stress related to attending appointments** (e.g., previous trauma, waiting times)
- Other cost or factor (please specify)

Q10. (if travel selected) **What would help you manage your travel costs to appointments?**
(open)

Demographics

In this part of the survey, we ask a few questions about you—such as your age, gender, postcode and other general characteristics. These questions help us understand who is participating in the panel and allow us to analyse the results of this and future surveys in meaningful ways.

Your responses will be kept **confidential** and used only for research purposes. You can skip any question you're not comfortable answering.

Thank you for helping us ensure our research reflects a diverse range of perspectives.

D0. Do you currently have private health insurance?

Note this question can be skipped. (Choose one)

1. Yes – Hospital cover only
2. Yes – Extras cover only
3. Yes – Both hospital and extras cover
4. No, I do not have private health insurance

D1. What is your age? *

Choose one of the following answers

Please choose **only one** of the following:

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85 or over

- Prefer not to answer

D2. How do you describe your gender?

Note: Gender refers to current gender, which may be different to sex recorded at birth and may be different to what is indicated on legal documents

Please choose **only one** of the following:

- Man or male
- Woman or female
- Non-binary
- I use a different term (please specify)
- Prefer not to answer

D3a. Where do you live?

	Please enter a four digit number	I don't know / prefer not to answer
Postcode		

D3b Where do you live? *

Please choose **only one** of the following:

- Sydney
- Rest of New South Wales
- Melbourne
- Rest of Victoria
- Brisbane
- Rest of Queensland
- Adelaide
- Rest of South Australia
- Perth
- Rest of Western Australia
- Tasmania
- Northern Territory
- Australian Capital Territory
- Outside Australia
- Prefer not to answer

D4. Do you identify as any of the following?

Please choose **all** that apply:

- Aboriginal and/or Torres Strait Islander
- Person with a disability
- Person with a chronic condition
- Person with a mental health experience

- Culturally and linguistically diverse (CALD)
- LGBTQIA+ person
- None of the above
- Prefer not to answer

(if chronic condition selected) **Which of the following chronic conditions do you have?**

Note this question can be skipped (Select all that apply)

- Arthritis or osteoporosis
- Asthma
- Cancer
- Diabetes
- Heart or circulatory conditions
- A mental health condition (such as anxiety, depression, or psychotic disorder)
- Long term injury
- None of the above
- Other (please specify)

Thank you for your feedback – it will directly shape how we run our future surveys. We'll share a short summary of what we hear with everyone who responds.

Submit your survey. Thank you for completing this survey.

C. Supplementary Tables

Table C1: *Healthcare cost themes based on respondents' comments, n=197*

Theme	Description	Example quote
Affordability and cost pressure Mentions: 37 (18.8%)	Perceived high and rising fees making care unaffordable or prohibitive for many, including references to overpriced and exorbitant costs.	"Overpriced."
Gaps, rebates and out-of-pocket Mentions: 30 (15.2%)	Gap payments and insufficient Medicare/PBS rebates leading to significant out-of-pocket expenses.	"Wanted to do more than 3. GPs get paid more than complementary med practitioners and get more incentives, rebates, support and then complain like quarter million year not enough. Patients see naturopath cost upfront. Patients don't see how..."
Equity, fairness and exclusion Mentions: 27 (13.7%)	Concerns that the system is unfair or exclusionary, benefiting those with means while disadvantaging others.	"Exclusionary, unaffordable."
Access, availability and wait times Mentions: 21 (10.7%)	Barriers to timely access—long waits, limited appointments, and geographic constraints (rural/remote availability).	"Unaffordable and unavailable in rural communities."

Theme	Description	Example quote
Vulnerable groups (pensioners, low income, chronic) Mentions: 18 (9.1%)	Cost burden on pensioners, low-income households, and people managing chronic conditions.	“Inconsistency of the public health system across states; patient travel subsidy schemes; variable costs of medications; doctors not advising patients when they prescribe a non-PBS item, particularly when it is very costly for pensioners.”
Private health insurance Mentions: 14 (7.1%)	Concerns about rising premiums/excess and perceived limited value of private health insurance.	“Private health insurance, non pbs medication.”
Dental, allied health and specialists Mentions: 12 (6.1%)	High costs for dental care, allied health, pathology, and specialist consultations/surgeries.	“Specialist greed.”
Prevention, value and quality Mentions: 12 (6.1%)	Calls for investment in prevention and health promotion, and questions about value-for-money and quality/safety.	“Value.”
Transparency and complexity Mentions: 10 (5.1%)	Confusing or opaque pricing and coverage; hidden or undisclosed costs at time of referral/service.	“Not transparent (Opaque?), Antiquated system, Out-of-pocket costs, Out of touch (Medicare rebates haven't kept up with Drs fees = large out-of-pocket costs).”
Medication and prescription costs Mentions: 10 (5.1%)	Costs for PBS/non-PBS medicines, scripts, and over-the-counter items.	“Medicine is too expensive for me on a pension. I go without meds and specialist appointments.”

Theme	Description	Example quote
Emotional impact (Stress, Fear) Mentions: 9 (4.6%)	Emotional and psychological strain associated with healthcare costs (stress, fear, overwhelm).	“Exhausting.”
Ethics, greed and profit motive Mentions: 8 (4.1%)	Perceptions of unethical behaviour—greed, profiteering, or extortionate fees.	“Unaffordable, anti-basic rights, greedy industry operated by the wealthy for the wealthy, degrading.”
Communication and continuity of care Mentions: 4 (2.0%)	Breakdowns in communication, feeling unheard, and fragmented continuity of care.	“Lack of expertise in my illness; shopping around for relevant expertise; being gaslit costs a bomb”

Table C2. *Other impacts as influential when deciding to seek care, n=79*

Theme	Description	Example quote
Affordability and cost pressure Mentions: 30 (38.0%)	Direct and indirect costs influencing care-seeking decisions (fees, total cost, affordability).	"I cannot afford care. I already pay \$10k per year in medical expenses - I cannot afford any more."
Access, availability and wait times Mentions: 21 (26.5%)	Ability to obtain timely appointments and treatment; wait periods and scheduling constraints.	"Co-occurring health conditions that require specialist medical equipment to survive (including oxygen concentrator/tank at all times) which medical appointment locations couldn't care less about, and I am then burdened with carrying all ..."
Gaps, co-payments and out-of-pocket Mentions: 7 (8.9%)	Impact of co-payments, gap fees, and out-of-pocket expenses.	"If the out of pocket and continuing care is too expensive."
Quality, expertise and reputation Mentions: 7 (8.9%)	Perceived expertise, quality, or reputation of providers; concerns about being stigmatised.	"Medical professionals being unknowledgeable of my health condition, or stigmatic."
Continuity and care coordination Mentions: 6 (7.6%)	Breakdowns in continuity, coordination, or referral processes; appointment policies limiting issues.	"Potential knock-on costs e.g. diagnostics, imaging, treatment plan, medications, onward referrals."
Health status variability and risk Mentions: 6 (7.6%)	Uncertainty about outcomes, fear/risks of procedures, and variable health status affecting attendance.	"Willingness to expose self to risk, ability to manage mental health, stigma of obesity and mental health and AOD diagnosis and seeking care."

Theme	Description	Example quote
Carer responsibilities and pets/farm Mentions: 6 (7.6%)	Care responsibilities for family or animals that constrain seeking care.	"Farm commitments; inability to drive or obtain community care transport beyond my local area."
Mobility, pain and co-occurring conditions Mentions: 5 (6.3%)	Physical limitations, mobility/pain, or co-occurring conditions and supports like NDIS.	"Mobility and pain."
Medicare/PBS and Insurance coverage Mentions: 5 (6.3%)	Coverage issues including Medicare rebates, PBS status, private insurance limits, and bulk-billing availability.	"I sought care but was told that I couldn't access the public system without being on 4 blood pressure medications at the same time. Given I was having trouble staying on ONE without side-effects that were possible to live (as opposed to ..."
Travel, distance and transport Mentions: 4 (5.0%)	Travel burden to access services, including regional/rural distance and transport barriers.	"Pets are included in same category as children. Heat, leaving pet in hot house. Pet sick. Relapse on day with fluctuations disability, practise managers and receptionists being bullies frightened to see them, not getting sick in waiting ..."
Administrative burden and system navigation Mentions: 4 (5.1%)	Complex or confusing administration, navigating cover options, or unclear/unknown costs.	"Unknown costs."
Time constraints (Work/Study) Mentions: 3 (3.8%)	Work/study commitments and time pressure that limit ability to seek care.	"Study and caring for elderly parents"

Theme	Description	Example quote
Policy/eligibility barriers Mentions: 3 (3.8%)	Eligibility rules or regulations that restrict access to public care or raise costs.	"Length of time care has been required.... months longer than expected."
Cultural safety, stigma and sensitivity Mentions: 3 (3.8%)	Need for culturally appropriate care and avoidance of stigma or insensitive consultations.	"Clear information on options and culturally appropriate care."
Technology concerns Mentions: 1 (1.3%)	Concerns about technology use (e.g., AI monitoring) during consultations affecting experience/cost.	"The cost of a GP visit has a gap of \$60-\$90 which is unaffordable!!! I go as rarely as possible. They use AI to record the conversation and then read info off their computer so there is even less face-to-face interaction."

Table C3. *Consumer suggestions to reduce travel burden when seeking care, n=100*

Theme	Description	Example quote
Fuel/tolls/general travel costs Mentions: 21 (21.0%)	Direct travel expenses including fuel, tolls, and per-kilometre reimbursements.	"Cheaper tolls, cheaper/free parking, cheaper fuel!"
Parking cost and availability Mentions: 21 (21.0%)	High parking fees and limited or unreliable parking availability at clinics and hospitals.	"Cheaper parking."
Public transport access and fares Mentions: 13 (13.0%)	Need for reliable, available, and affordable public transport options.	"Getting an appointment to a specialist that is easily accessible via public transport."
Taxi/Uber/transport vouchers Mentions: 10 (10.0%)	Provision of taxi/Uber vouchers or travel cards to reduce out-of-pocket transport cost.	"Free taxi whenever I need due to have no partner no parents and on DSP."
Closer/localised services and decentralised care Mentions: 10 (10.0%)	Locating specialists and services closer to where patients live, including more regional outreach.	"More decentralised care."
Regional/remote distance and accommodation Mentions: 9 (9.0%)	Support for long-distance travel and accommodation when care is far from home.	"Facilities close to main regional towns."
Travel subsidy schemes (PTS/VPTAS etc.) Mentions: 8 (8.0%)	Improved patient travel subsidy schemes, rebates, and equitable reimbursements.	"Prepaid PTS."

Theme	Description	Example quote
Appointment scheduling and notice Mentions: 7 (7.0%)	Better appointment timing, shorter waits, and advance notice to plan lower-cost travel.	"The most helpful thing would be receiving as much advance notice as possible for scheduled appointments. This would allow me to take advantage of cheaper travel options."
Telehealth availability Mentions: 6 (6.0%)	Ability to replace travel with telehealth when appropriate and with equal commitment from providers.	"Tele health that provided the same commitment from "medical professionals" and wasn't used as an opportunity to brush you off."
Mobility and health limitations Mentions: 6 (6.0%)	Physical limitations or pain that make travel harder and add cost.	"Travel costs not so much the problem as the pain I was in after a fall. Went to community-based services instead of hospital and there was no assistance to get btw GP and X-ray service and back again for results, for example."
Government subsidy and cost-of-living support Mentions: 5 (5.0%)	Upfront government subsidies or payments to offset travel and related costs.	"Government subsidy."
Admin/communication & quotes Mentions: 3 (3.0%)	Clear cost information and communication in advance to plan travel and avoid surprises.	"a decent government subsidy in advance rather than waiting for regional scheme to reimburse."

Theme	Description	Example quote
Carer support and responsibilities Mentions: 2 (2.0%)	Help with caring responsibilities (family, pets/farm) that affect ability to travel.	"A more comprehensive and cost-effective patient travel scheme; farm sitter service included in home care packages for rural landholders."
NDIS/patient transport options Mentions: 2 (2.0%)	Use of NDIS plans or patient transport services for travel assistance.	"Better funded community transport. More accessible ambulance."
Insurance contributions Mentions: 2 (2.0%)	Greater contribution from private health insurance toward travel-related costs.	"Should be covered with private health cover."