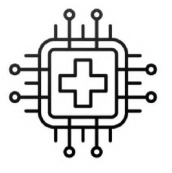


Healthcare AI Adoption & Trust Report

Why Frequency of Care and Human Oversight
Matter More Than Cost in Driving Patient Trust





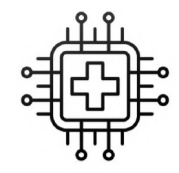
Where Patient Experiences Differ from Industry Assumptions

Where patient-reported experience challenges what the healthcare industry assumes about cost tolerance, AI readiness, and trust.

It's no secret that the U.S. healthcare system falls short in many areas—from the high cost of services and prescriptions to the challenges patients face when paying bills and adapting to the introduction of artificial intelligence (AI). For millions of patients, navigating this system demands more effort, follow-up, and patience than the care itself.

In early 2026, Sogolytics surveyed 1,012 adults across the United States about their most recent healthcare experiences. The study explored not only what patients paid, but how the process felt, who they trusted, and how they viewed the potential role of AI in easing the burden. The findings challenge a simple narrative. On the surface, most patients appear to be managing—but in reality, the number experiencing frustration is growing.

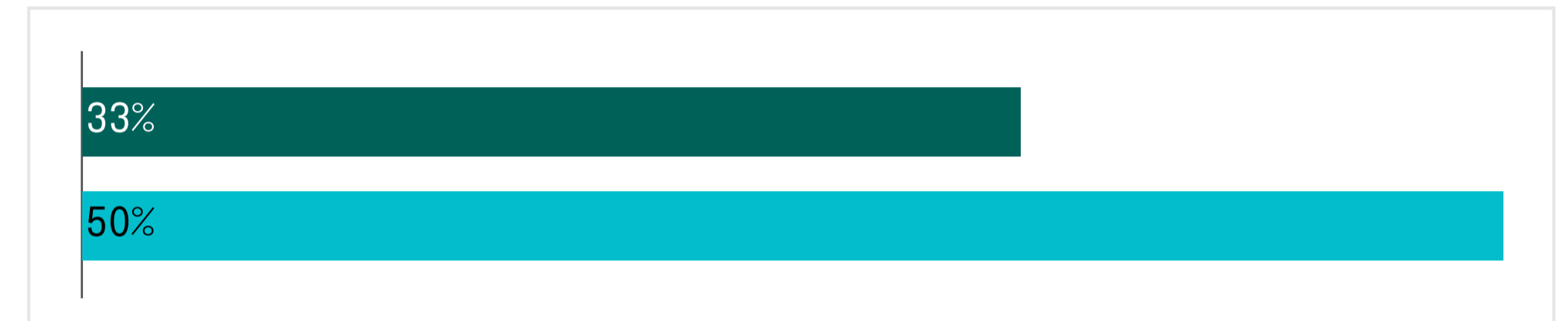




What the data shows

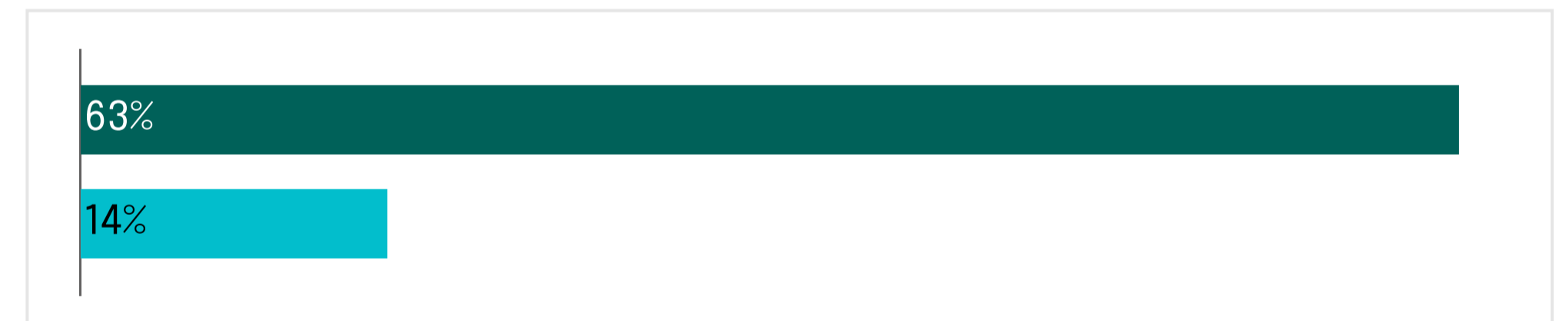
Billing frustration is more widespread than headline numbers suggest.

33% of patients experienced at least one billing issue, rising to 50% among emergency room patients.



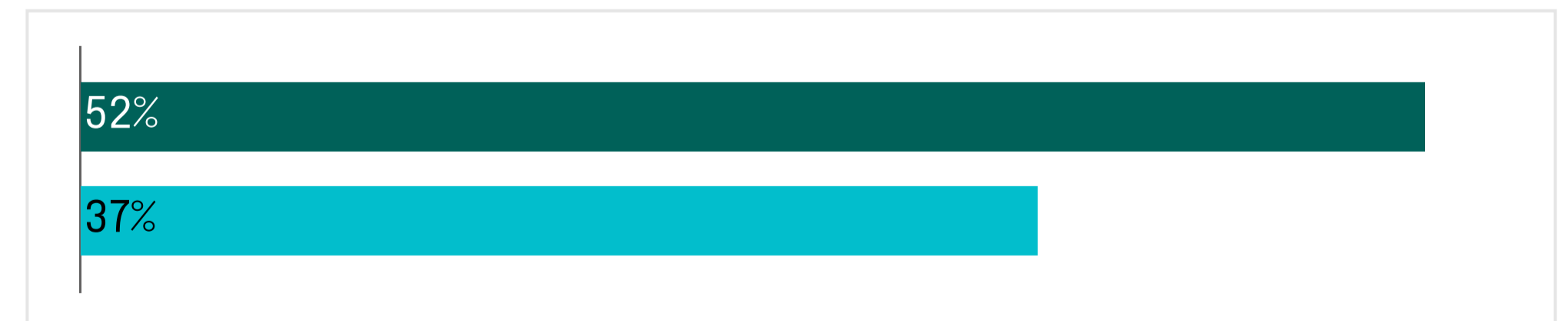
Younger patients face the brunt of system challenges.

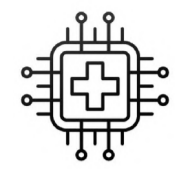
63% of respondents aged 25 to 34 encountered at least one billing problem, compared to 14% among those 65 and older.



People are comfortable with AI, but that comfort varies depending on the task.

52% are comfortable with AI for scheduling, but comfort-level drops to 37% for clinical tasks like diagnosis assistance.

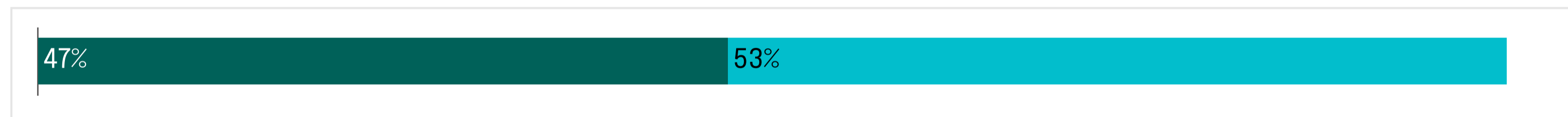




What the data shows

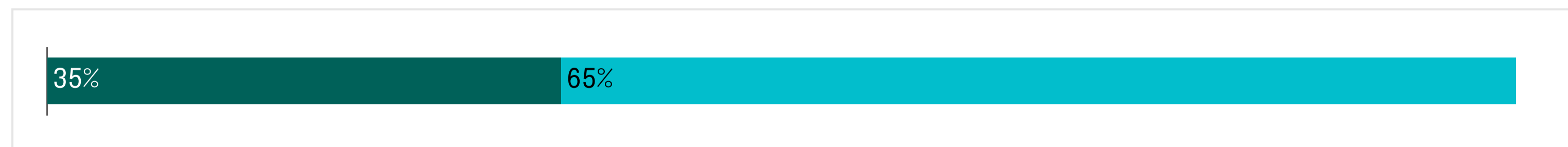
The human factor is non-negotiable.

47% say a human representative always being available would make them more comfortable with AI, the single most cited reassurance factor.



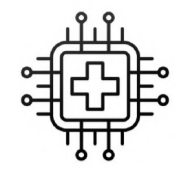
Cost savings alone will not drive AI adoption.

35% say they wouldn't accept AI for billing support at any price, with this group tending to be older and more dependent on Medicare and Medicaid.



35%

of patients say **no amount of cost savings would make them willing to accept AI** for billing support. For this group, the barrier is not price. It is trust.

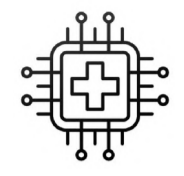


The framing of AI matters as much as the technology itself.

The most accepted scenario is one where a clinician makes the final decision. The least accepted is one where phone support becomes harder to reach.

AI can help reduce the administrative burden documented here. But for that help to land, organizations need to understand what patients are asking for, not what the industry assumes they want. The data makes clear that acceptance is conditional, generational, and deeply tied to how human the experience still feels.





Survey design, respondent demographics, insurance coverage, and interaction types covered.

Total respondents

1,012

all had a healthcare interaction in the past 12 months

Work in healthcare

19%

Clinical, administrative, tech, and payer roles

Covered by Medicare

43%

largest insurance group in sample

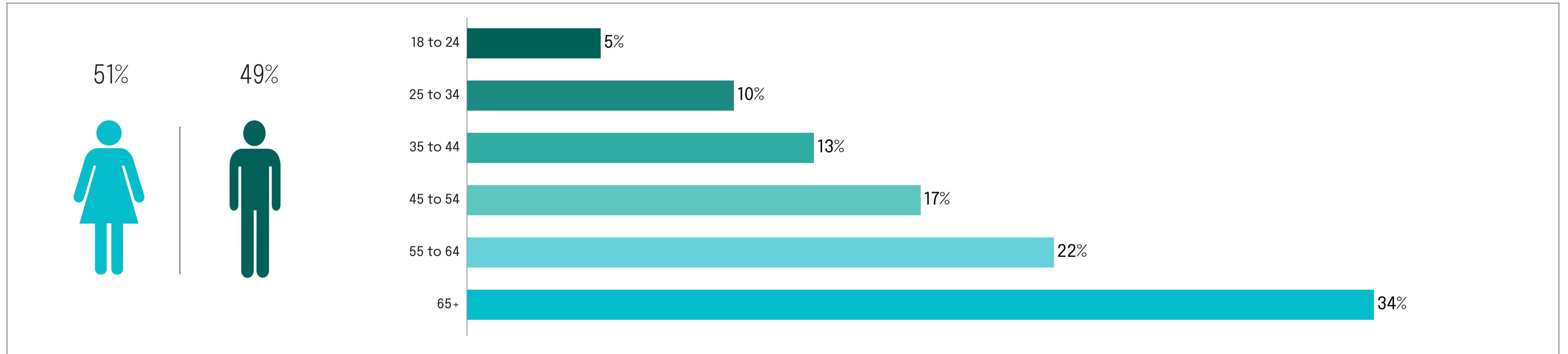
Most common interaction

38%

primary care visit

This report is based on a survey conducted by Sogolytics in early 2026. The survey had **1,012 adult participants in the United States**, each of whom had at least one personal healthcare interaction in the preceding 12 months.

The sample spans a broad range of ages, incomes, and insurance types. The largest age group is 65 and older at 34%.



The survey included single-select, multi-select, 5-point scale, and open-ended questions covering cost transparency, billing experience, trust, and AI adoption. **Results reflect self-reported perceptions and were analyzed to identify patterns, generational differences, and areas where patient experience and institutional delivery do not fully align.**



How clearly did patients understand costs before their visit and what they ended up paying.

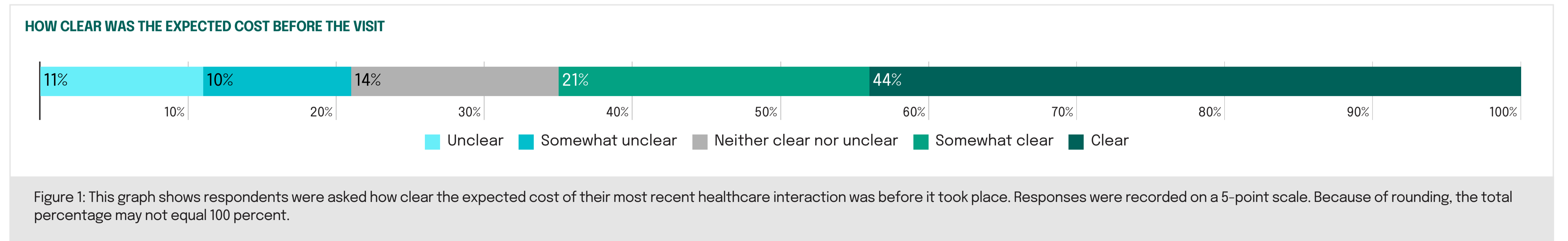
What Patients Are Really Paying

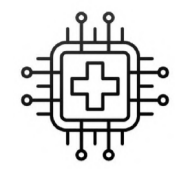
Most patients describe their recent healthcare experience as manageable. Costs were broadly clear; billing was not confusing, and the majority paid close to what they expected. This section examines what patients knew before their visit, what they paid when it was over, and how much effort the process required along the way.

Cost Transparency Before the Visit

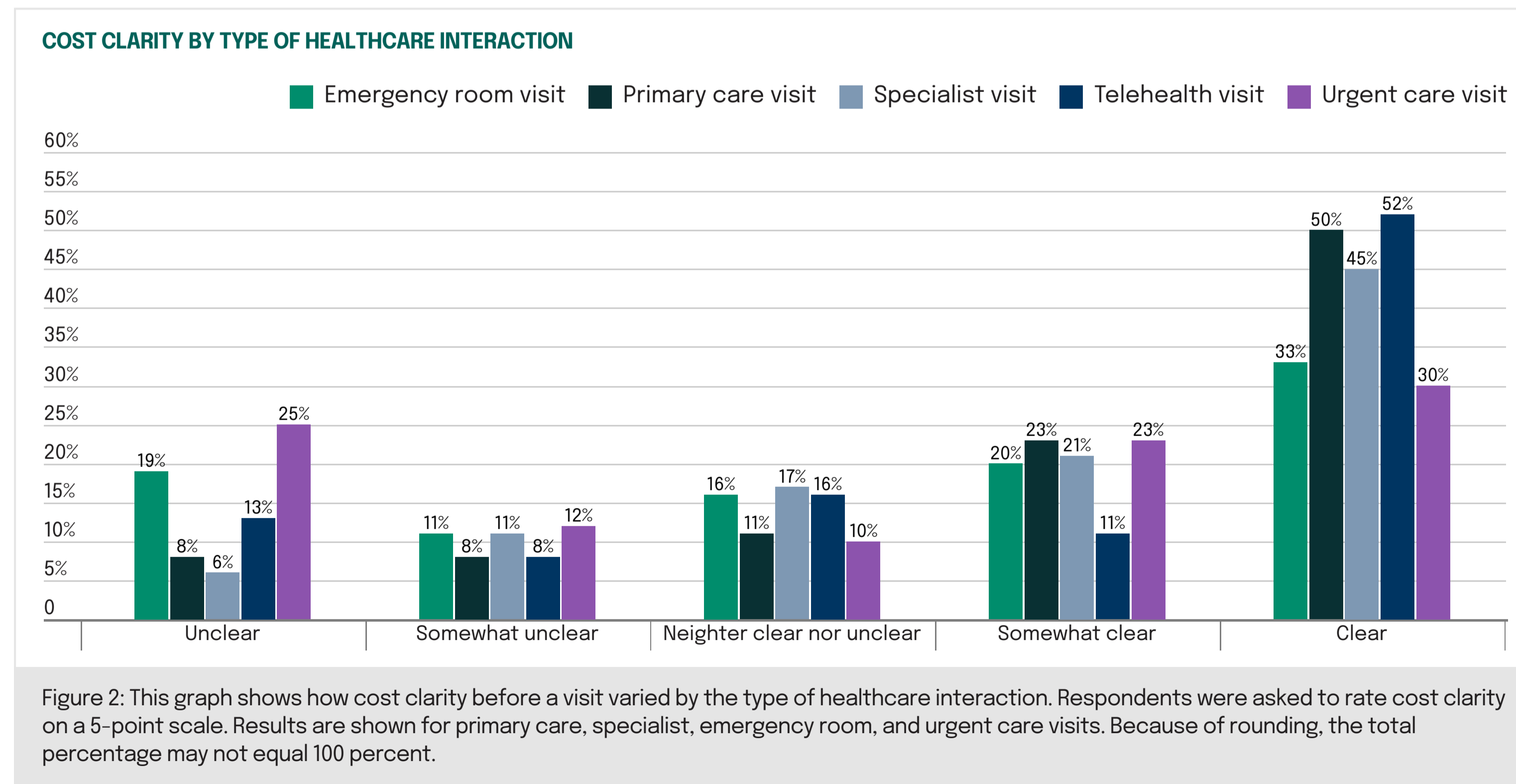
Cost clarity before a healthcare visit shapes everything that follows. How patients prepare, whether they follow through on care, and how much trust they carry into the interaction. The data shows that transparency, while present for most, remains inconsistent in ways that matter.

44% of respondents said the expected cost of their visit was clear before they arrived. Another 21% described it as somewhat clear. But roughly one in five said costs were unclear or somewhat unclear going in, and those patients were disproportionately likely to end up paying more than expected.



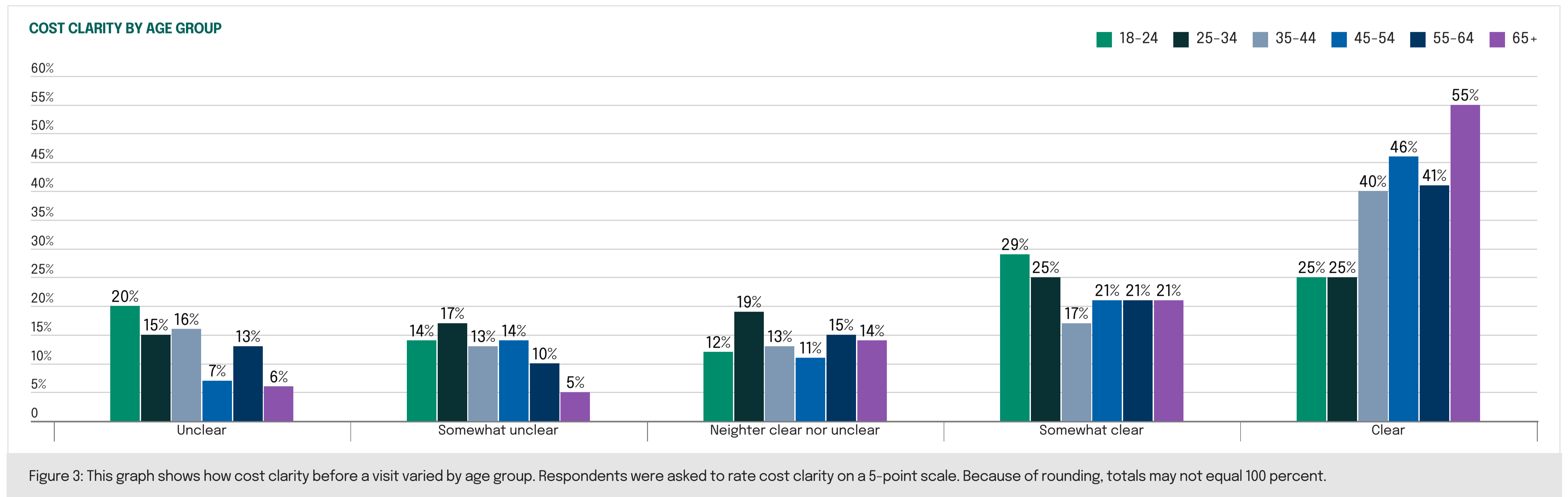


The picture shifts considerably by interaction type. Primary care visits, the most common interaction at 38% of respondents, show the clearest pre-visit cost picture, with **50% of primary care patients describing costs as clear before their visit**. Telehealth performs similarly at 52%. Emergency room and urgent care visits tell a different story. **25% of urgent care patients and 19% of ER patients said costs were unclear going in**, the highest rates of any interaction type. Facility fees, out-of-network variables, and multi-provider billing structures make pre-visit transparency genuinely harder to achieve in those settings.

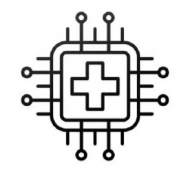


21% of respondents said costs were unclear or somewhat unclear before their visit. Among patients who reported unclear costs going in, the likelihood of paying more than expected was higher.

The generational pattern adds another layer. **Respondents 65 and older reported the clearest pre-visit cost expectations, with 55% describing costs as clear**, a figure that reflects the relative predictability of Medicare's fixed-benefit structure. At the other end, only **25% of respondents aged 18 to 24 said costs were clear** before their visit, and 20% said they were unclear, the highest unclear rate of any age group. For younger patients navigating employer or marketplace plans with variable cost-sharing structures, cost uncertainty before a visit is closer to the norm than the exception.

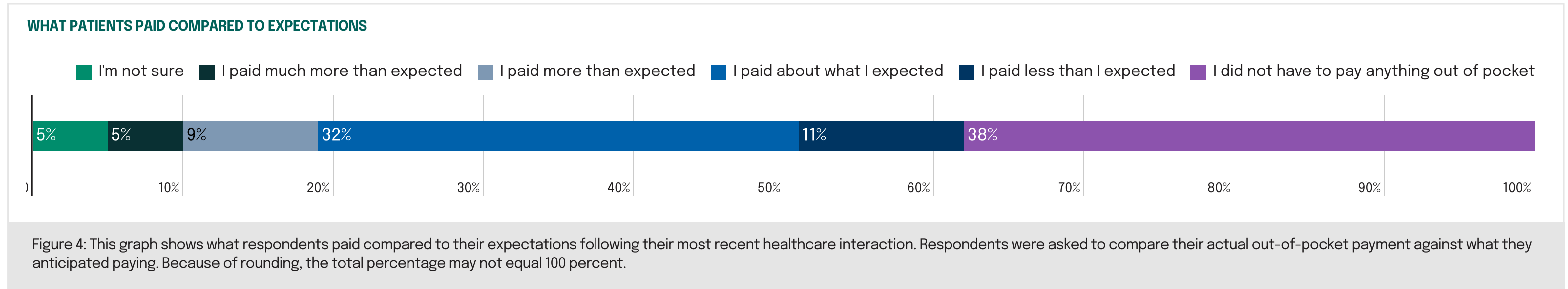


Cost uncertainty is not only a financial problem. When patients do not know what care will cost, they make decisions about whether to seek it, which provider to choose, and whether to follow up, all with incomplete information. The transparency gap is, at its core, a decision-making gap.

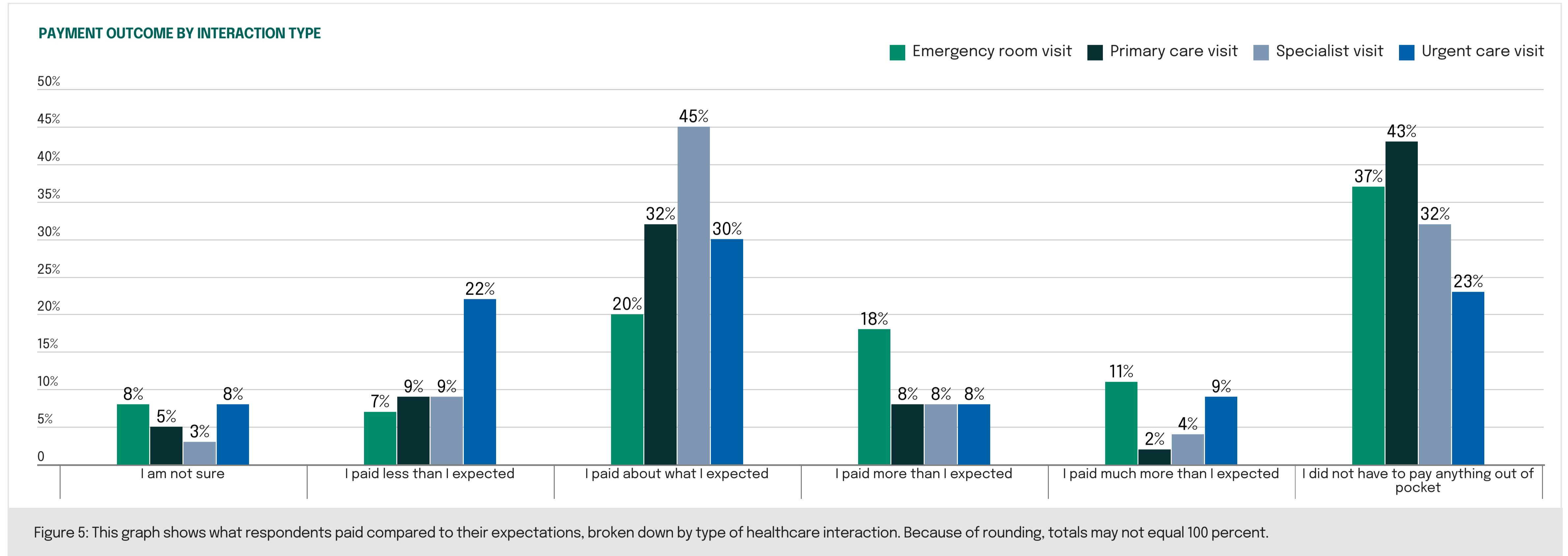
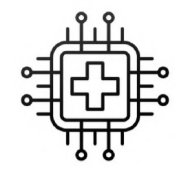


What Patients Are Really Paying

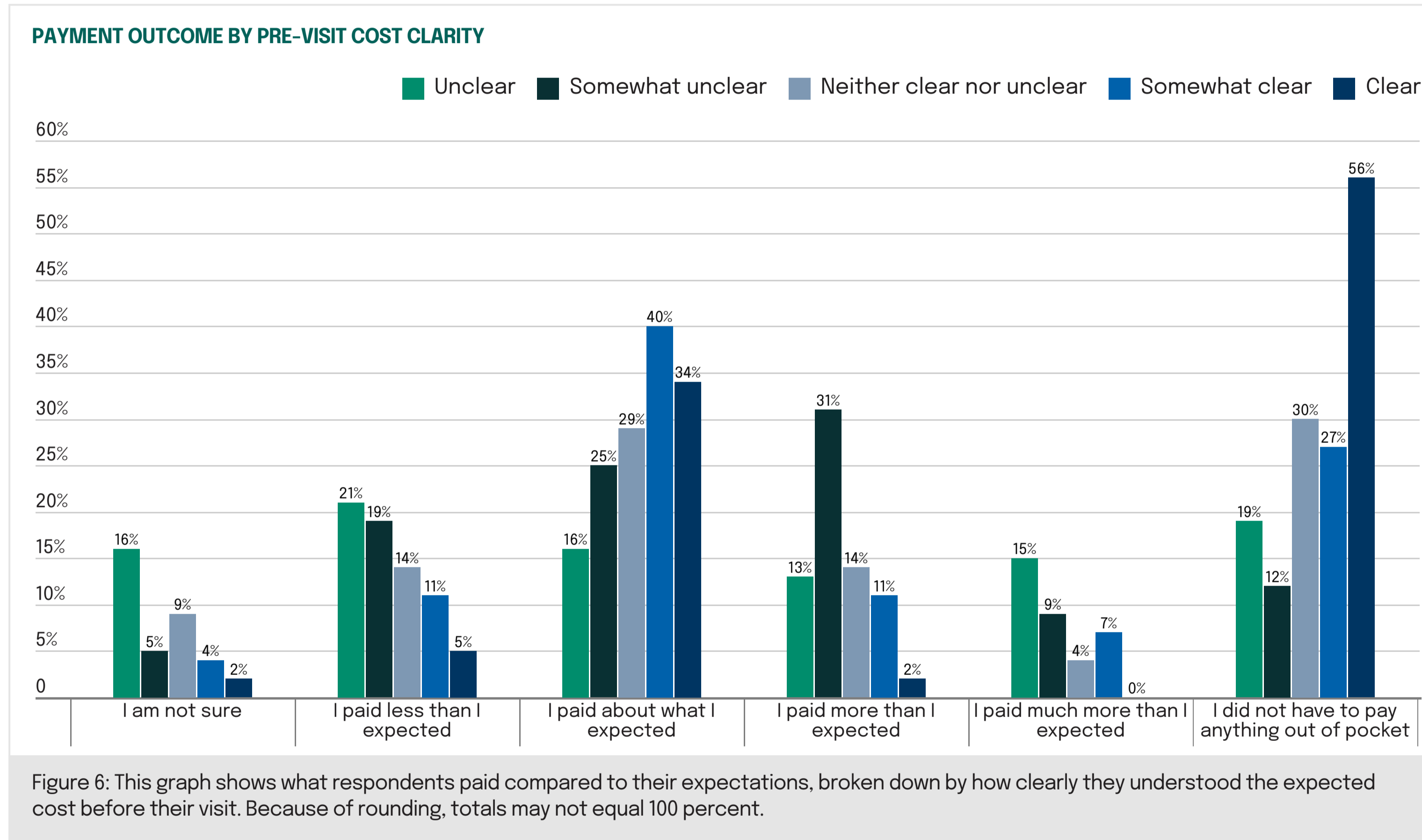
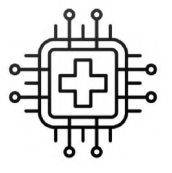
For most respondents, the final bill held no major surprises. **38% paid nothing out of pocket, and 32% paid about what they expected. But 14% paid more or much more than expected**, the kind of financial shock that erodes trust and changes behavior.



The interaction type shapes the outcome significantly. Primary care patients were the most protected from unexpected costs, with **43% paying nothing out of pocket and only 10% paying more or much more than expected**. Emergency room patients faced a starkly different picture, with **18% paying more than expected and 11% paying much more**, the highest combined rate of any interaction type. Urgent care patients showed the most variable outcomes, with **22% paying less than expected but 17% paying more or much more**.



The clearest insight emerges when comparing payment outcomes with pre-visit cost clarity. Among patients who said costs were clear going in, virtually none paid much more than expected. Among patients who said costs were unclear, **13% paid more and 15% paid much more than expected**, compared to just 2% for those who entered with clear cost information.



Cost transparency before a visit is not just a communication issue. It is a financial protection issue. Patients who enter without clear cost information are at significantly greater risk of a bill that exceeds what they were prepared to pay.

28%

COST UNCLEAR

Paid more or much more than expected.

VS

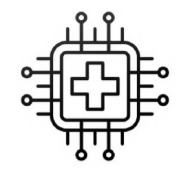
2%

COST CLEAR

Paid more or much more than expected.

14X MORE LIKELY TO OVERPAY

Patients who described pre-visit costs as unclear were 14 times more likely to pay more than expected than those who said costs were clear.



Where billing confusion concentrates, what issues patients encountered, and who they trust.

The Billing Frustration Beneath the Surface

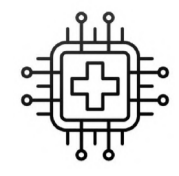
37%

of urgent care patients found billing confusing or worse – the highest of any interaction type.

50%

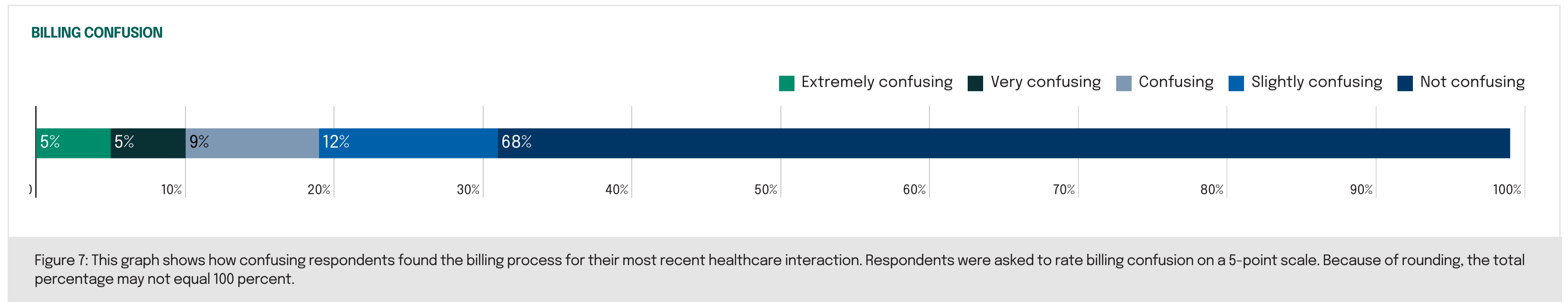
of ER patients experienced at least one billing issue, compared with 28% for primary care.

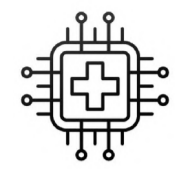




The Billing Confusion

68% of respondents said the billing process for their most recent healthcare interaction was not confusing. But that headline figure obscures a more uneven reality when the data is segmented by care setting and experience.





The type of visit shapes the billing experience considerably. Primary care and specialist patients reported the least confusion, with 75% and 73% respectively describing billing as not confusing. Urgent care patients told a different story. 44% said billing was not confusing, and **37% rated billing as confusing to extremely confusing, the highest rate of any interaction type**. Emergency room patients were not far behind, with 31% describing billing as confusing to extremely confusing.

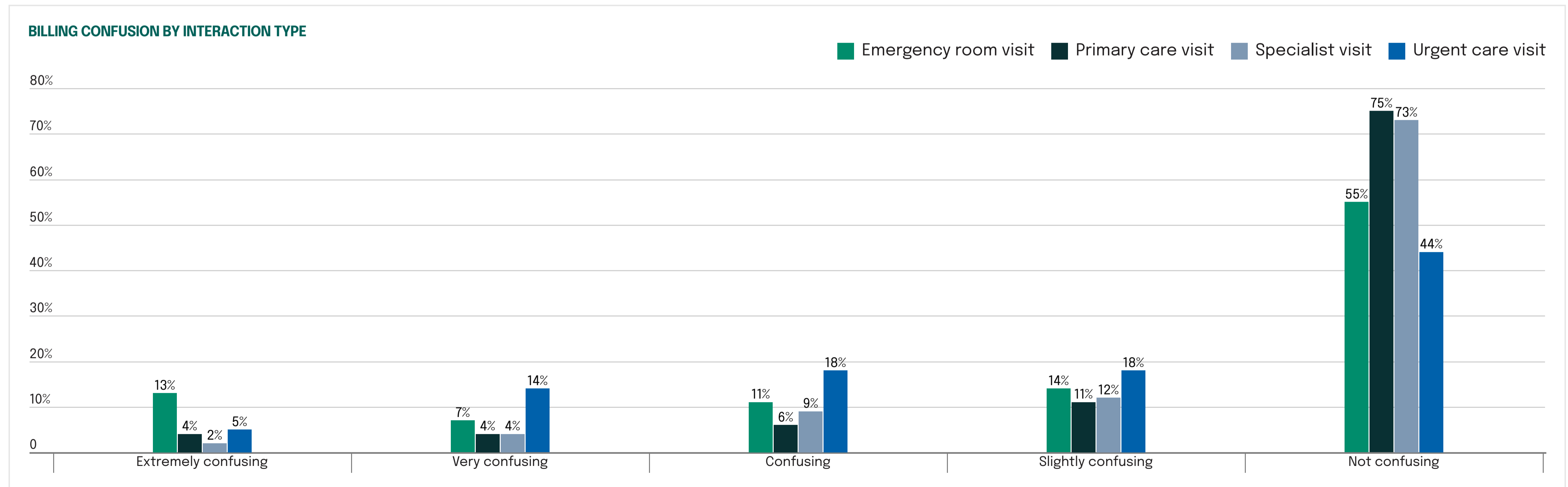
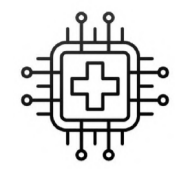
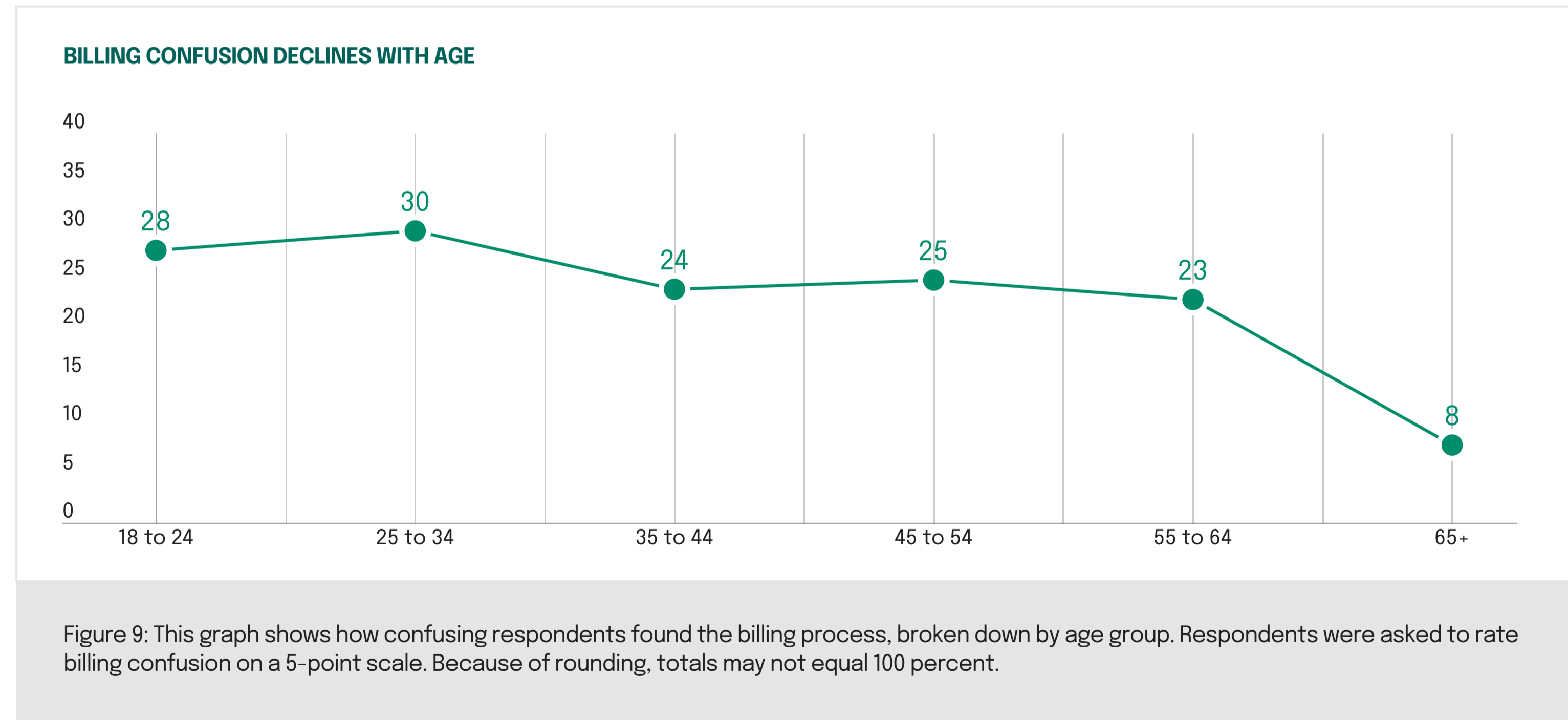


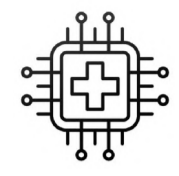
Figure 8: This graph shows how confusing respondents found the billing process, broken down by type of healthcare interaction. Respondents were asked to rate billing confusion on a 5-point scale. Because of rounding, totals may not equal 100 percent.



The generational pattern is equally striking. **83% of respondents aged 65 and older described billing as not confusing**, which could reflect both Medicare's more standardized billing structures and greater familiarity with the system over time. Among younger respondents the picture looks very different. **30% of respondents aged 25 to 34 rated billing as confusing to extremely confusing**, nearly four times the rate seen among those 65 and older. Among respondents aged 18 to 24, that figure was 28%.



30%
of patients aged 25 to 34 described billing as confusing to extremely confusing, nearly four times the rate of those 65 and older.



Specific Issues Patients Encountered

For most patients, billing was straightforward. But for those who encountered problems, the issues were consistent and concentrated. **One in three respondents experienced at least one billing issue**, with ER and urgent care patients and younger respondents reporting the most experiences.

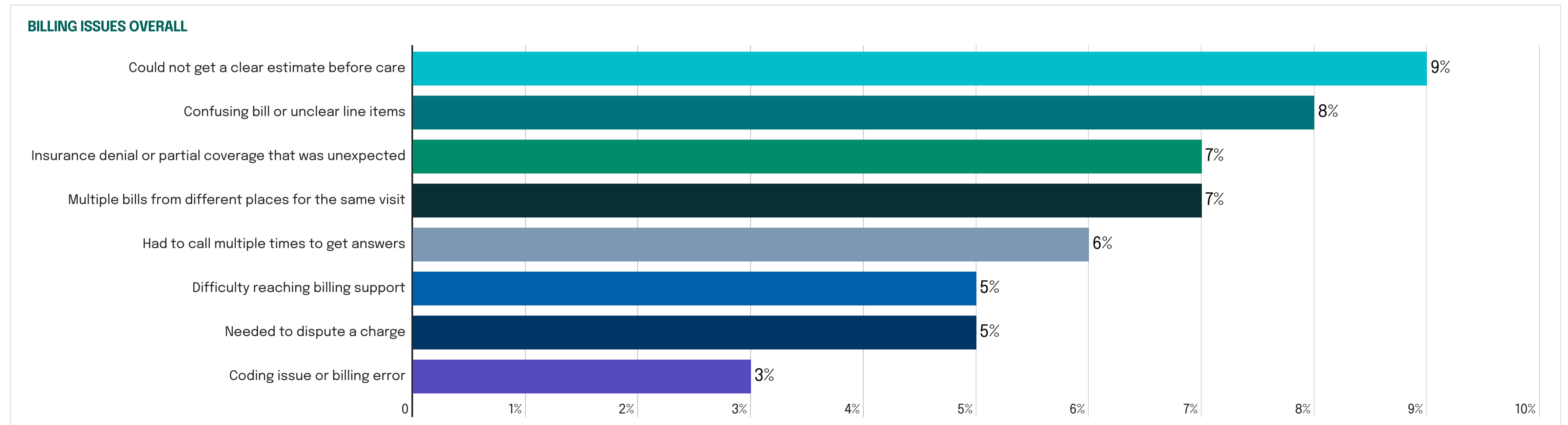
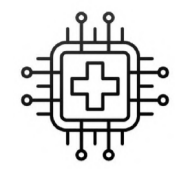
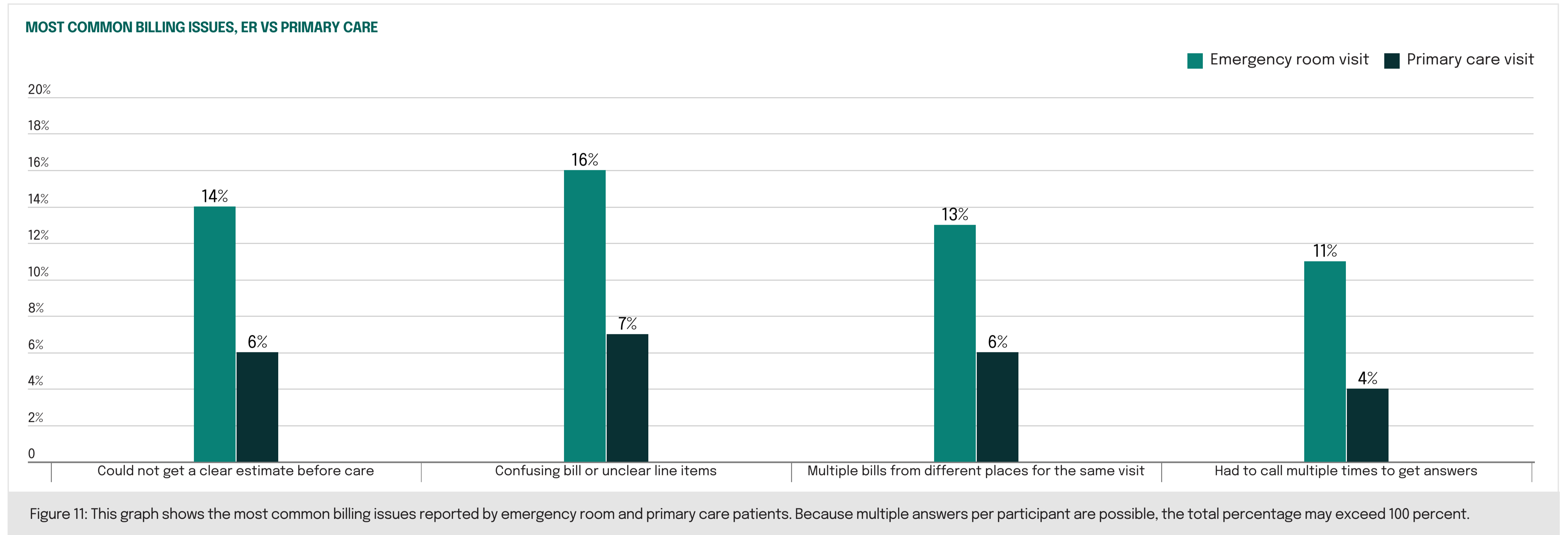
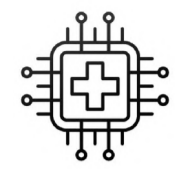


Figure 10: This graph shows the billing-related issues respondents experienced during their most recent healthcare interaction. Results shown reflect the most commonly reported issues. Because multiple answers per participant are possible, the total percentage may exceed 100 percent. Respondents who experienced no issues are excluded from this view.



ER patients were twice as likely as primary care patients to report a confusing bill, an inability to get a pre-care estimate, or multiple bills for the same visit.





63% of respondents aged 25 to 34 experienced at least one billing issue. Among those 65 and older, that figure was 14%. The pattern holds steadily across every age group, suggesting both greater insurance complexity and less system familiarity among younger patients.

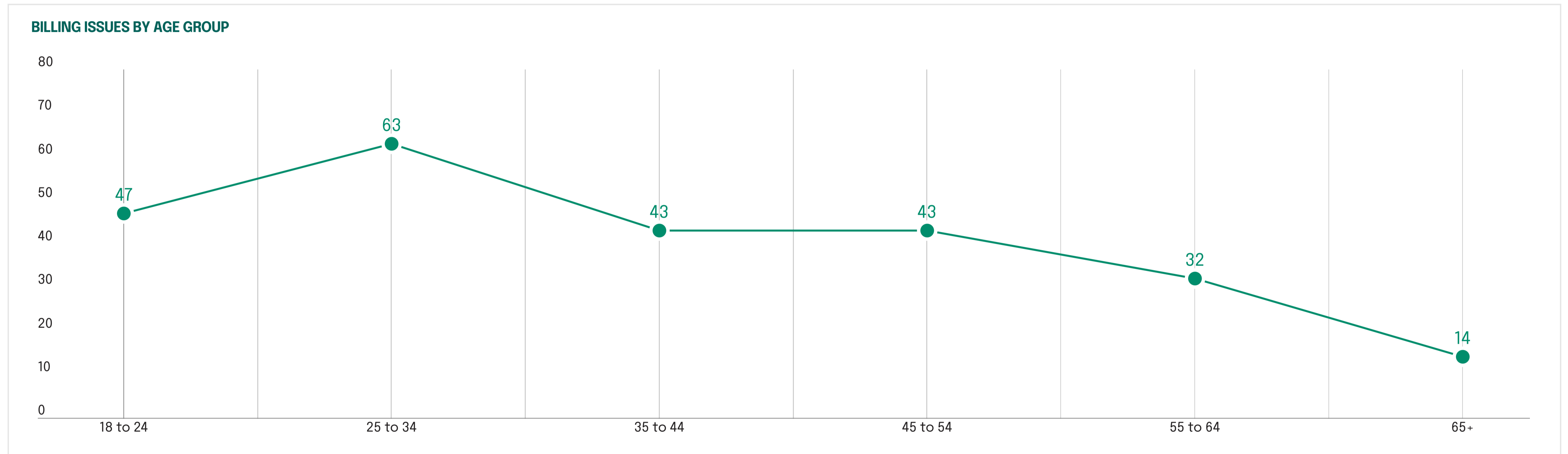


Figure 12: This graph shows the share of respondents who experienced at least one billing issue, broken down by the age group. Because of rounding, totals may not equal 100 percent.

Who Patients Trust and Who They Don't

Trust in healthcare is not uniform. Patients draw distinctions between the people who treat them and the institutions that bill them. These distinctions matter how any new technology, such as AI, would be received.

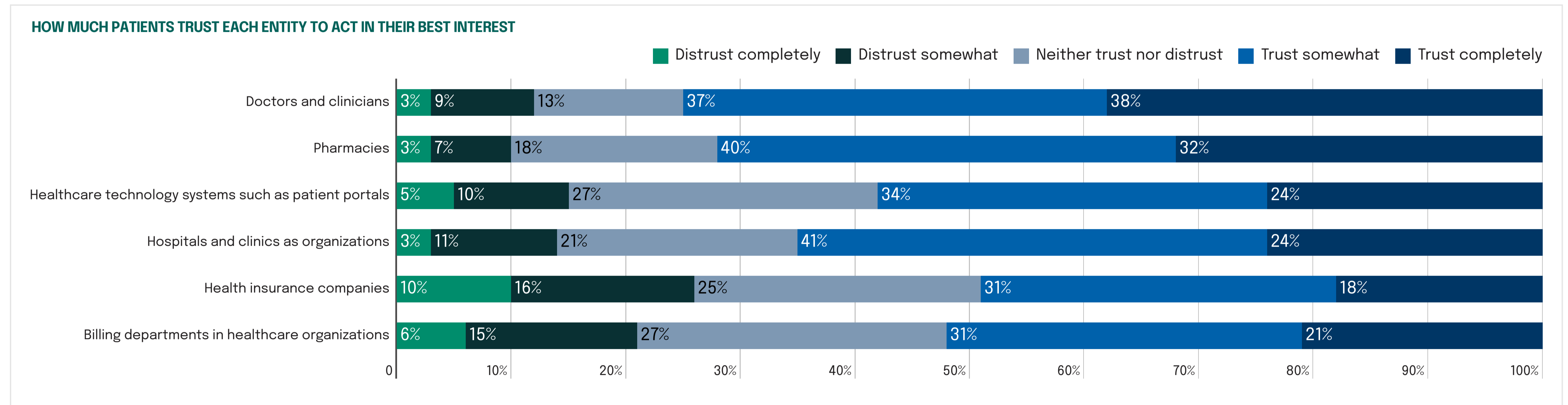
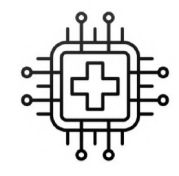


Figure 13: This graph shows how much respondents trust each entity to act in their best interest. Respondents were asked to rate trust on a 5-point scale. Because of rounding, totals may not equal 100 percent.

Doctors lead by a wide margin, trusted at least somewhat by **75% of respondents**. Pharmacies follow at 72%. The gap opens further down. **Billing departments and insurance companies sit at 52% and 49% respectively**, with insurance companies carrying the highest distrust rate of any entity at 26%. The dividing line in this chart is not between clinical and administrative. It is between entities patients experience as working for them and those they experience as working against them.



When Billing Shapes What Happens Next

Billing confusion does not stay contained to the administrative experience. For a large percentage of respondents it changed behavior, including delaying care, switching providers, or simply disengaging from a process that feels too difficult to navigate.

Delayed care



"Yes delaying care. What other industry is unable to give you an accurate estimate up front?"

Gave up entirely



"I am still waiting for the bill for my last procedure where I received a Reclast infusion. Got different answers from everyone I spoke with so just gave up."

Could not afford follow-up



"Yes I decided to not follow up because I couldn't afford more treatment."

Delayed care because of an unpaid bil



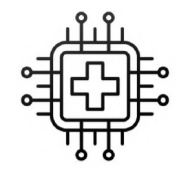
"I delayed further care because I haven't paid off the initial care."

Switched providers



"I switched insurance companies and Dr over that billing discrepancy."

These are not isolated frustrations. They are the downstream consequences of a system where cost confusion and billing friction have become normalized, and where the burden of resolution falls consistently on the patient. For patients, the consequences can be both financial and clinical. Confusing bills can lead people to **delay care, skip follow up, abandon treatment, or disengage from care altogether**. In some cases, that can be **life threatening**. For healthcare institutions, the impact compounds. Every patient who disengages or switches providers represents **lost revenue**, and every poor billing experience becomes a **CX failure with reputational consequences**. In a review-driven environment, a confusing bill does not stay between the patient and the billing department. **It travels.**



Which AI tasks patients are most open to, and where comfort levels drop.

Overall Comfort with AI in Healthcare

Health tech and patient portals already earn 58% trust among respondents, higher than both billing departments and insurance companies. That baseline matters. AI in healthcare is not starting from scratch. It is starting from a foundation of existing technology trust, with conditions attached.

33% are comfortable with AI for follow-up questions; lowest of any healthcare task.

Comfort with AI varies significantly by task. **The further AI moves from scheduling and administrative support toward clinical judgment, the more resistance it encounters.**



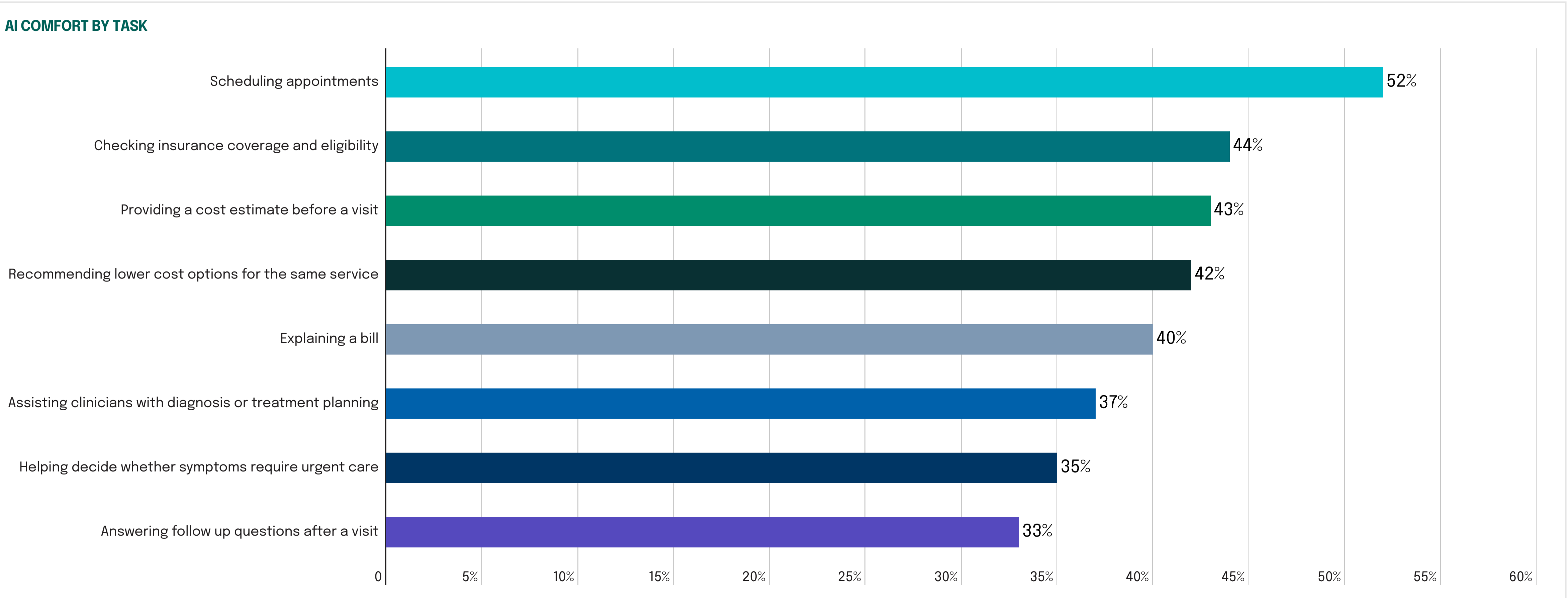
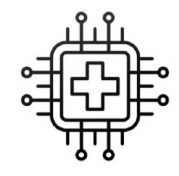
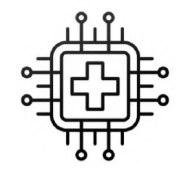


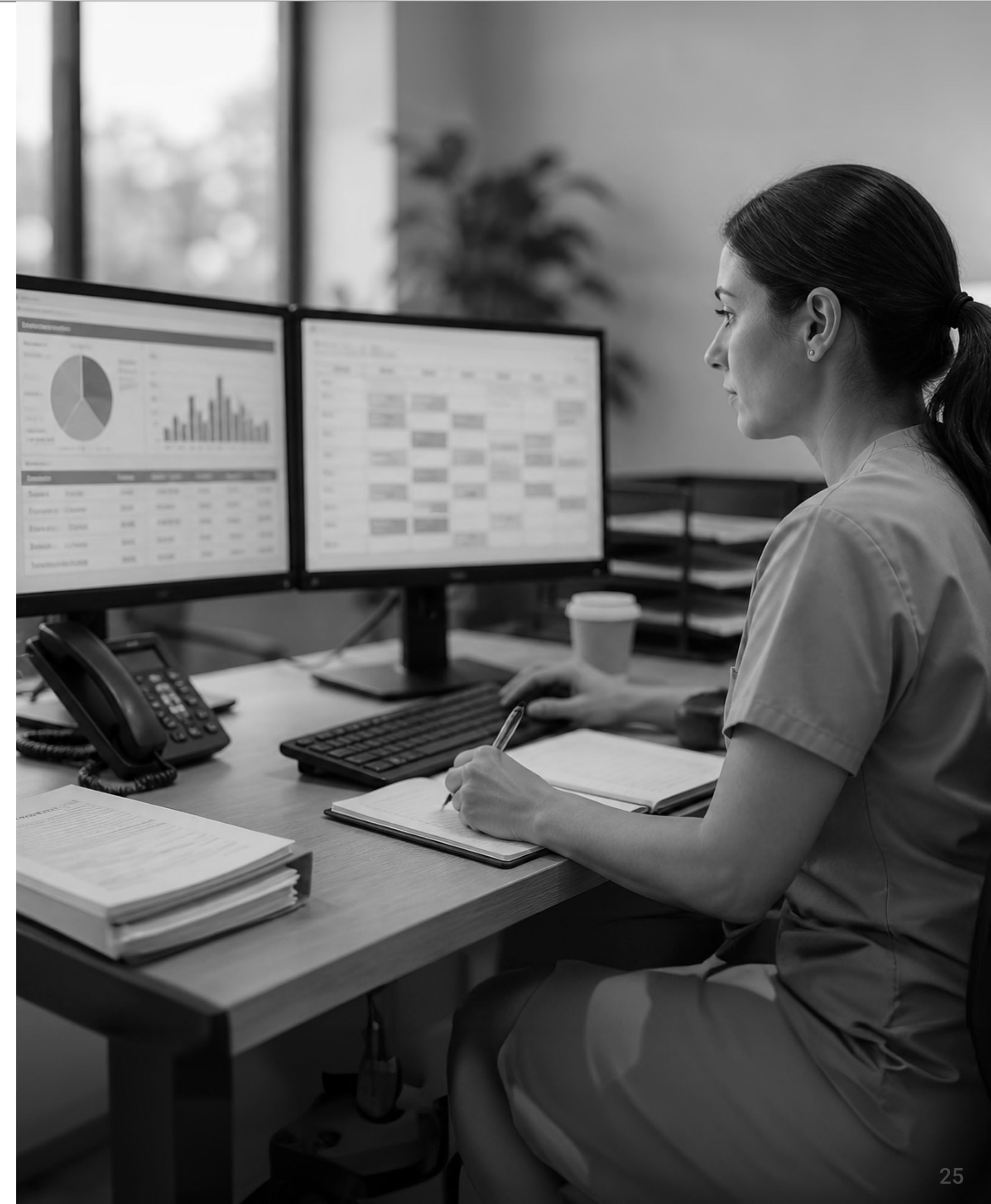
Figure 14: This graph shows the share of respondents who said they were comfortable or somewhat comfortable with AI being used for each task. Respondents were asked to rate comfort on a 5-point scale. Because of rounding, totals may not equal 100 percent.

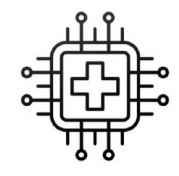


Scheduling leads at 52%, the only task where comfort clearly outpaces discomfort across all age groups. Administrative tasks including insurance checking at 44%, cost estimates at 43%, and bill explanation at 40% cluster closely together. These represent the strongest practical opportunity for AI in healthcare administration. Answering follow-up questions sits lowest at 33%.

AI

Scheduling is where AI finds its broadest acceptance. The administrative layer covering costs, insurance, and billing is where the real opportunity sits.





Scenarios Where Acceptance Rises and Falls

Five specific tradeoff scenarios reveal where acceptance rises and where it stalls. The more human oversight is built into the scenario, the higher the acceptance.

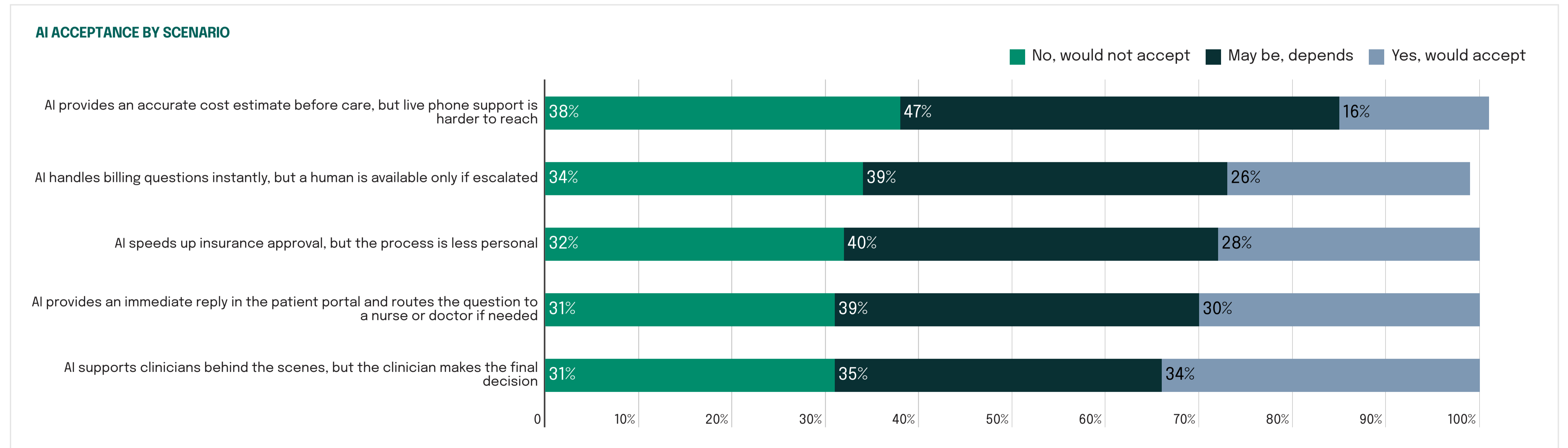
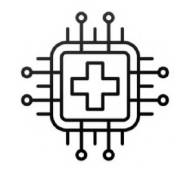


Figure 15: This graph shows whether respondents would accept AI involvement across five specific healthcare scenarios. Respondents were asked to indicate yes, no, or maybe for each situation. Because of rounding, totals may not equal 100 percent.



The scenario with the highest acceptance is also the most human-centered. **34% said yes to AI supporting clinicians behind the scenes while the clinician makes the final decision.** At the other end, only 16% said yes to AI providing cost estimates when phone support becomes harder to reach, the lowest acceptance of any scenario and the one where human access is most visibly reduced.

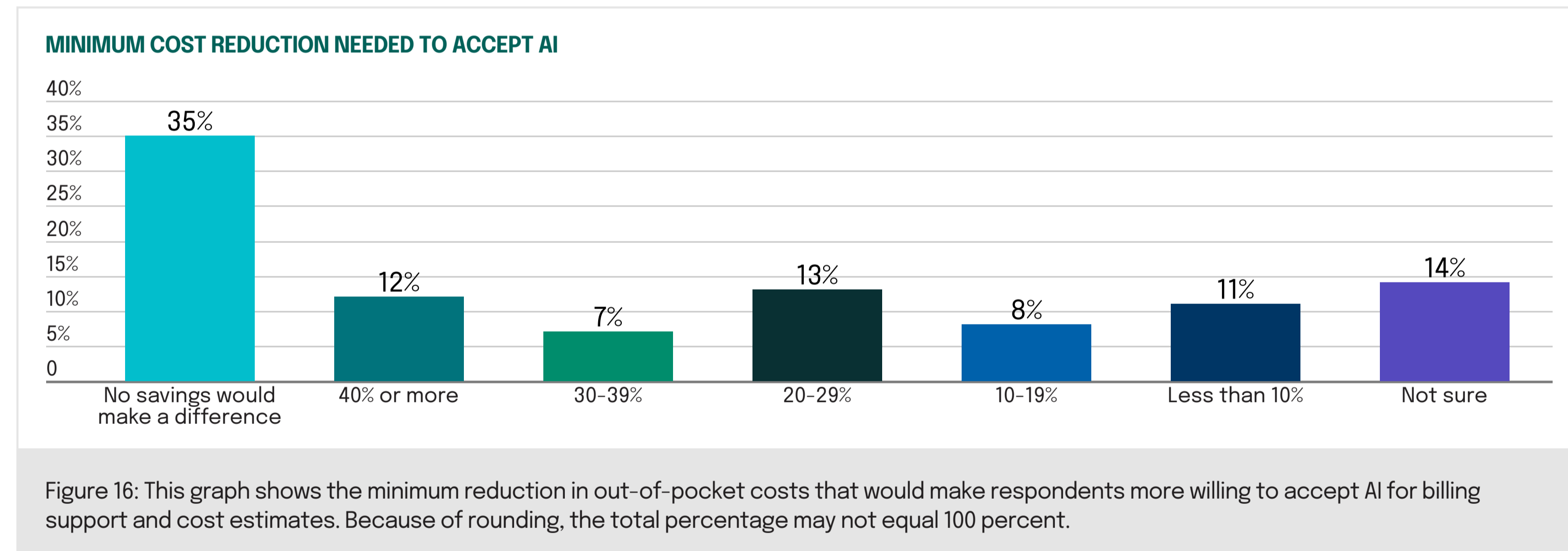
The difference between the most and least accepted scenario is not the technology. It is the presence of a human.

The maybe responses across all five scenarios are significant. Between 35% and 47% of respondents selected maybe rather than committing either way. That undecided group represents a reachable audience, one that has not rejected AI but has not yet seen a version of it they trust enough to accept.



The Price of Adoption

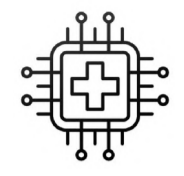
Cost savings are often positioned as the primary argument for AI in healthcare administration. The data suggests that argument has limits.



35% of respondents said no amount of savings would make a difference. Among those who could be convinced, the bar is meaningful. **13% would need a 20 to 29% reduction,** and **12% would need 40% or more.** Only 11% would accept AI for less than 10% in savings.

More than one in three patients would not accept AI regardless of cost savings.
The barrier is trust, not price.

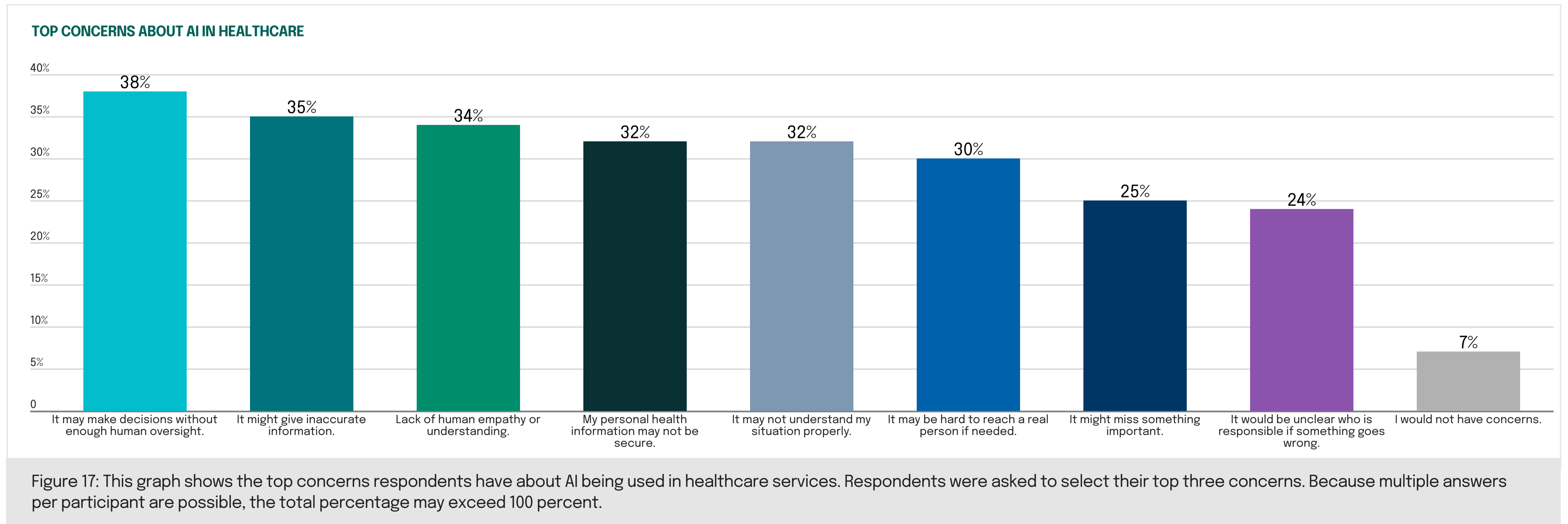
That distinction matters for how healthcare organizations approach AI rollout. Financial incentives alone will not move the largest percentage of holdouts.



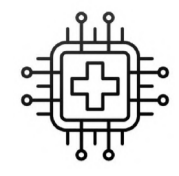
The concerns and reassurance factors that will shape AI acceptance in healthcare.

What Concerns Patients Most

The concerns patients have about AI in healthcare are specific and point directly to what needs to be addressed before adoption can scale.



38% of respondents cited a lack of human oversight as their top concern. **The most cited concerns are not about whether the technology works. They are about who is in control when it does not work.**



What Would Make Patients Reconsider AI

The reassurance factors patients cite are the direct answer to the concerns. And the pattern is unambiguous.

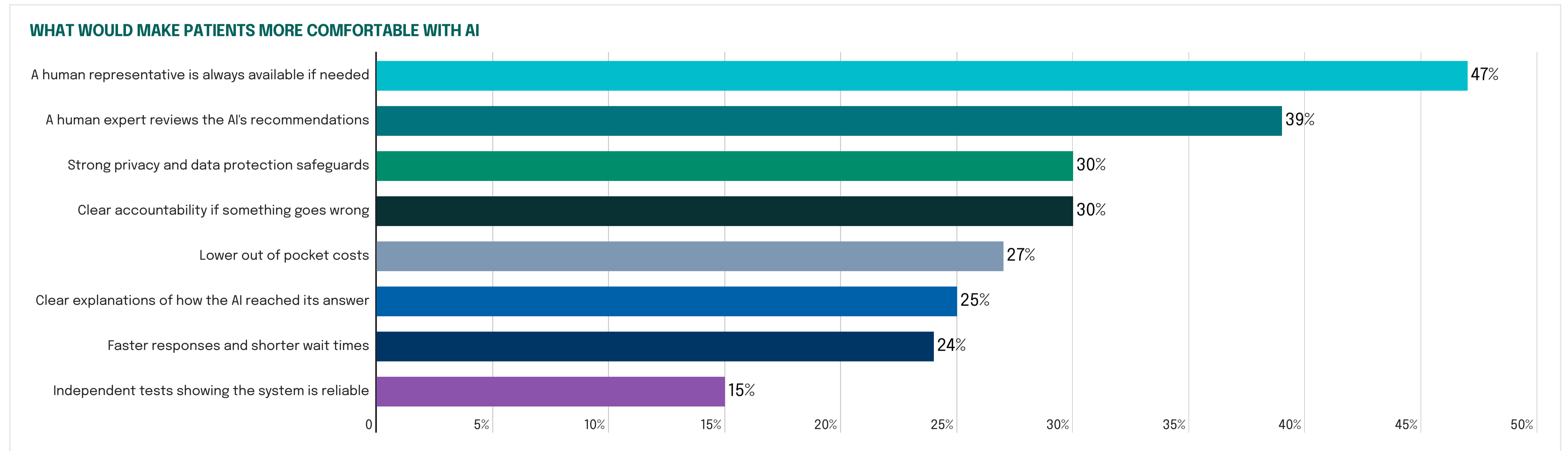
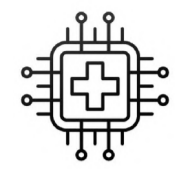


Figure 18: This graph shows what would make respondents more comfortable with AI being used in healthcare services. Respondents were asked to select all that apply. Because multiple answers per participant are possible, the total percentage may exceed 100 percent.

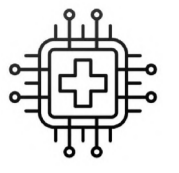


47% said a human representative being always available would make them more comfortable. A human expert reviewing AI recommendations followed at 39%. Clear accountability at 30%, strong privacy safeguards at 30%. Lower out-of-pocket costs ranked fifth at just 27%.

The four most cited reassurance factors are all about human presence and accountability. Cost savings rank fifth.

Patients are not asking for cheaper medical care. They are asking for AI that keeps humans visible, accountable, and reachable. Organizations that lead with cost savings as their primary argument for AI adoption are addressing the wrong concern for the majority of their patients.





Four clear, action-oriented priorities based on patients' own words and experiences.

The data does not argue against AI in healthcare. It argues for a more deliberate approach to how it is introduced, to whom, and under what conditions. Patients are not opposed. They are waiting to see whether organizations understand what actually matters to them.

01

Start with scheduling and administrative tasks, not clinical ones.

The comfort gap between scheduling at 52% and diagnosis assistance at 37% is a signal about sequencing. Administrative AI covering scheduling, cost estimates, insurance checking, and bill explanation is where patients are most open and where the practical need is greatest.

02

Keep humans visible, accountable, and reachable.

The most accepted AI scenario was one where a clinician makes the final decision. 47% of patients said human availability would always make them more comfortable. Any deployment that reduces human access will face resistance no efficiency gain can offset.

03

Make accountability explicit before patients have to ask.

24% cited unclear accountability as a top concern. 30% named clear accountability as a top reassurance factor. Patients are not asking organizations to be perfect. They are asking to know who is responsible when something goes wrong.

04

Build trust before you build scale.

The 35% who say no savings would make a difference tend to be older and more likely to rely on Medicare and Medicaid. Reaching them requires trust built through consistent, human-centered experiences over time, not a financial argument at the point of adoption.

The administrative burden this report documents is real. AI has a genuine role to play in reducing it. But that role will only be realized by organizations willing to earn it.

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