

Patient Voice

Sharing Australian's perspectives and experiences with general practice and specialist out-of-pocket costs in Australia



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Disclaimer Inherent Limitations

This report has been prepared as outlined in the section titled “About this Report”. The findings in this report are based on data provided by patients who have received care in the Australian healthcare ecosystem. Any projection to the wider healthcare community and patient experience is subject to the level of bias in the method of sample selection.

No warranty of completeness, accuracy or reliability is given in relation to the statements and representations made by, and the information and documentation provided by, the patients consulted as part of the process.

Patients Australia is under no obligation in any circumstance to update this report, in either oral or written form, for events occurring after the report has been issued in final form. The findings in this report have been formed on the above basis.

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About this report

The *Patient View Report* offers a crucial snapshot of the financial burden Australians face when accessing General Practitioner and Specialist care.

Based on real experiences and perspectives, this report—produced by Patients Australia and La Trobe University in early 2025—captures the voices of adults across the country. Participants shared their experiences with out-of-pocket healthcare costs and provided valuable insights into potential solutions for improving affordability and accessibility.

Opening

Australians are rapidly losing a once cherished feature of healthcare in this country. We are moving from a ‘universal’ system where care can be accessed by anyone at any time to a ‘user pays’ partially insured system in which health practitioner out-of-pocket costs are becoming a major barrier to essential care.

The *Patient View Report* by Patients Australia offers new insights into the financial challenges Australians face when accessing general practice and specialist care. While general practice costs have drawn government attention, out-of-pocket fees for specialist care are significantly higher, signaling a crisis with far-reaching consequences. As more Australians struggle to afford specialist treatment, the risk of worsening health outcomes grows, further straining an already overwhelmed state hospital system.

Patients tell us they’ve experienced “shock costs” from specialists—fees they weren’t made aware of until they were in hospital or, in some cases, only after they’d been discharged. These shock costs, often ranging from hundreds to thousands of dollars, create significant distress and financial

anxiety. Informed financial consent is simply not happening in some instances – financial transparency is lacking.

Our survey suggests that transparency issues in specialist billing may extend beyond informed financial consent. Patients have reported instances of split billing, where fees are divided across multiple bills. This practice can conceal charges that patients should not be paying, as they appear on bills that the government and private health insurers do not see. As a result, it becomes difficult for them to accurately track the true costs of specialist care.

For example, while our findings show that nearly 60% of respondents hospitalised in the private system paid out-of-pocket fees, with a majority (70%) paying a gap exceeding \$500, government data indicates the inverse—suggesting that only around 35% of Australians incur out-of-pocket costs after a private hospital admission. This stark disparity raises significant concerns about the accuracy of government data in assessing the scale of the issue. We must ask: is split billing skewing the data and masking the true extent of out-of-pocket costs for patients?

A broader, more transparent discussion is urgently needed—one that prioritises clarity in specialist billing and addresses the growing affordability crisis in specialist care. Australians deserve to know what they will be charged and to access care

without financial hardship. For this to happen, the government must have accurate data that reflects the full amount patients are paying; otherwise, it risks underestimating the true financial burden on patients. Tackling non-conforming billing practices by specialists is a critical step toward ensuring transparency and fairness in healthcare costs.

Patients are telling us that they feel disempowered and helpless to address issues they face with out-of-pocket costs – they are silently bearing the brunt by delaying care or foregoing it altogether, or by absorbing treatment costs they didn’t even know were coming and really couldn’t afford. They are resorting to loans or going without life essentials to meet repayments for essential healthcare. This must stop.

When it comes to solutions, patients overwhelmingly supported expanding private health insurance coverage to include GP and specialist outpatient fees, as well as placing limits on the out-of-pocket expenses patients can incur. They also strongly affirmed that the government should increase rebates to cover more of these costs. However, until the accuracy of government data on specialist fees is addressed, the primary solution patients are advocating for—higher government rebates—cannot be effectively implemented.

Patients Australia hopes this survey helps bring these pressing issues to the forefront of the national conversation. We commend this report to readers and extend our gratitude to the thousands of Australians who shared their experiences.



Research

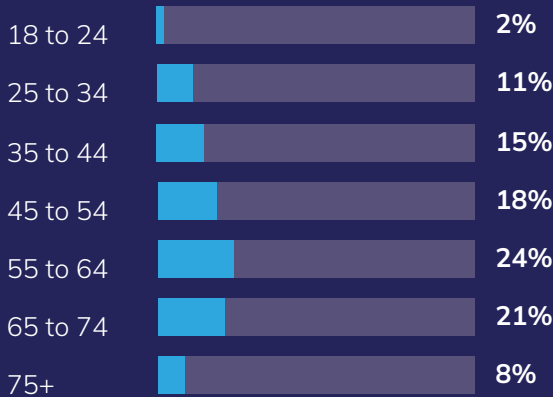
From mid-December 2024 to early January 2025, Australian adults were invited to participate in an online survey distributed by Patients Australia. Research partners from La Trobe University independently analysed and processed the data, with a final sample of 5,451 responses included in the analysis and findings presented in this report.

The survey was promoted via emails, newsletters, and social media by Healthengine and Patients Australia.

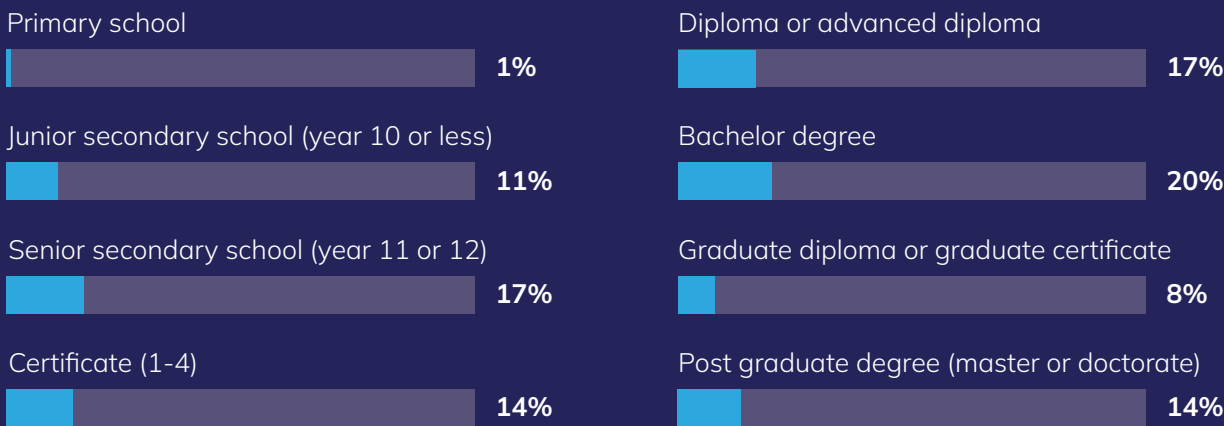
All figures are shown as percentages unless otherwise stated. Due to rounding to the nearest whole number, some totals may sum to 99% or 101%.

Who took part?

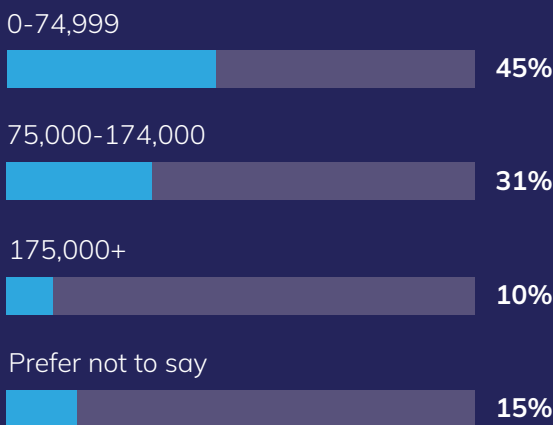
What is your age?



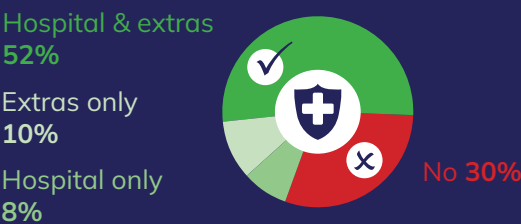
What is the highest level of education you have completed?



What is your approximate average household income?



Are you covered by private health insurance?



What level of hospital cover do you have?



Explanatory statements

To clearly separate out-of-pocket costs for general practice, specialist consults at their practice, and specialist fees during hospital stays, we provided survey participants with detailed explanations of each.



General Practice

These are expenses you have paid directly, beyond any Medicare rebates or bulk-billing arrangements. Your feedback will help us understand how these costs impact access to and affordability of primary healthcare services.



Specialists in outpatient or private practice settings

These costs refer to expenses you've paid directly for specialist consultations, tests, or treatments that are not part of a private hospital admission. Your responses will help us better understand how these costs affect access to specialist care.



Specialist treatment during hospital admissions

Out-of-pocket costs for specialists during private hospital admissions. These costs may include fees for surgeons, anesthetists, or other specialists, as well as any additional charges not covered by Medicare or private health insurance. Your input will help us understand the financial impact of these expenses and improve awareness of patient experiences.

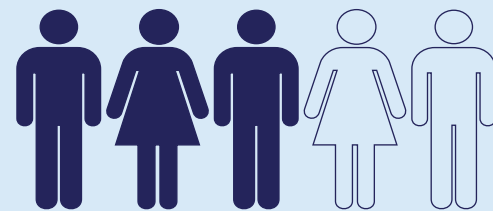
Key findings

Mind the gap



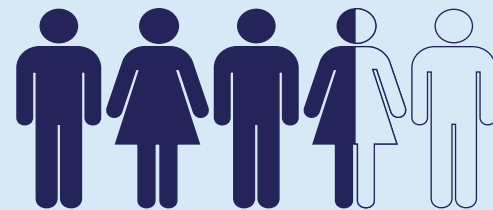
Half of the patients who paid out-of-pocket costs for **general practice visits considered them unreasonable.**

Three-fifths (62%) of patients paid an out-of-pocket fee to see their GP, with just under half (48%) of these paying an average gap fee exceeding \$51. Nearly half (49%) considered the gap unreasonable, primarily due to its size.



Half of the patients who paid out-of-pocket costs for seeing specialists in their **private rooms considered them unreasonable.**

Three quarters (74%) of patients paid an out-of-pocket fee to see their Specialist in their consulting rooms, with two fifths (44%) of these paying an average gap fee exceeding \$201. Over half (56%) considered the gap unreasonable, primarily due to its size.



Two-fifths of patients who paid out-of-pocket costs to specialists for a **private hospital admission considered them unreasonable.**

Three-fifths (62%) of patients paid an out-of-pocket fee to a specialist for a private hospital admission, with one quarter (25%) paying an average gap fee exceeding \$2001. Two fifths (41%) considered the gap unreasonable, primarily due to its size.



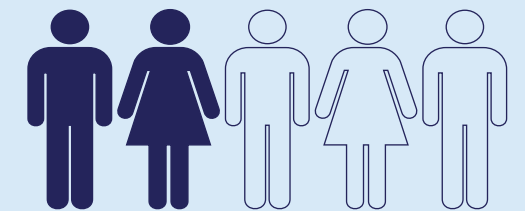
Key findings

Sorry, it costs how much?



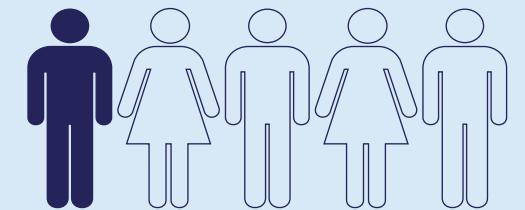
Hidden fees for specialists for a **private hospital admission emerged as a concern for patients.**

Two-fifths (43%) of patients who considered their out-of-pocket fee for a specialist for a private hospital admission unreasonable attributed this to additional fees for hospital-related services not included in the quoted cost, while one-fifth (21%) cited hidden costs for using the facilities.



Informed financial consent was problematic for one-fifth of patients admitted to a **private hospital by a specialist.**

One fifth of patients were only informed of all costs upon arrival at the hospital (12%) or after discharge (10%). Nearly one-in-six (17%) of those who considered their specialist's out-of-pocket fees for a private hospital admission unreasonable attributed this to a lack of fee transparency.



Half of patients admitted to a **private hospital by a specialist were charged fees across multiple bills.**

Fees such as hospital booking fees, specialists fees, pathology, and imaging fees were split across multiple bills for half (50%) of patients admitted by a specialist to a private hospital.



Key findings

Fear and helplessness in the lucky country

Patients aren't empowered to tackle specialists about unexpected out-of-pocket costs.

Fewer than one in ten patients (7%) complained to their specialist when faced with an unexpected out-of-pocket cost. Nearly half (46%) felt there was no point in complaining, one in ten (10%) didn't know how to, and just under a sixth (16%) were concerned it might affect their care

Out-of-pocket medical costs are hurting patients in so many ways.

When faced with unexpected specialist out-of-pocket costs, almost a quarter (24%) of patients took on debt, used a credit card or sought financial aid to cover the cost. Just under a fifth (18%) delayed or postponed essential expenses like groceries or rent.

Patients go without essentials and into debt when they receive unexpected out-of-pocket costs.

Due to out-of-pocket costs, over one-third (36%) of patients delayed care, one-fifth skipped specialist appointments (23%), declined treatment (21%) or delayed diagnostic tests (22%), and more than a third (37%) experienced psychological distress.

Key findings

Thinking outside of the box

Patients believe private health insurance should be allowed to cover GP and specialist outpatient visits.

Nine-in-ten (90%) patients believe private health insurance should cover GP and specialist outpatient visits. Among those without private health insurance, two-thirds (66%) said they'd be more likely to get insured if these services were included.




There is more support for capping out-of-pocket charges than for increasing taxes to reduce costs.

Almost nine-in-ten patients (88%) believe that the government should place limits on how much a doctor can charge out-of-pocket, whilst just under half (48%) support increasing taxes to cut the cost of healthcare for patients.

Patients prioritise increased government coverage of fees to reduce out-of-pocket costs.

For both specialists and GPs, patients ranked government coverage of a larger portion of the fee as the top solution to reduce out-of-pocket costs, followed by private insurers covering more. They saw doctors reducing their fees as the least important priority.

Solutions to to reduce out-of-pocket costs:

-  **Government coverage**
-  **Private insurers coverage**
-  **Doctors reducing their fees**

Learnings and insights



General practice fees

13



Specialist private rooms fees

15



Specialist hospital admission fees

17



Impact and solutions

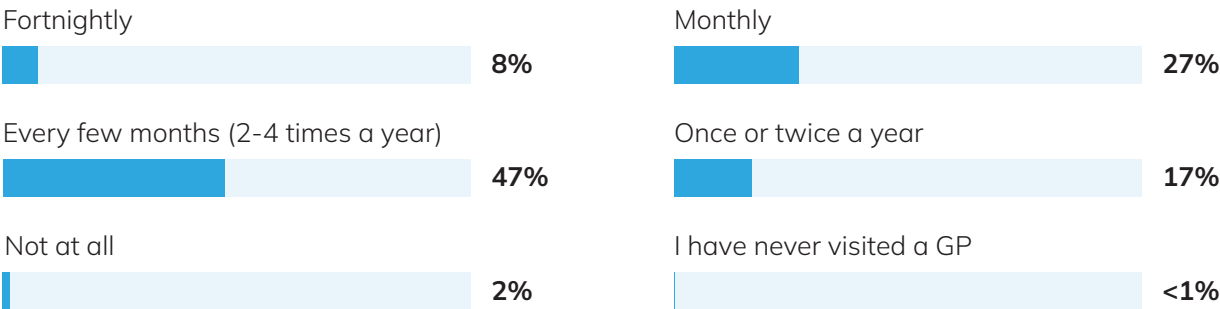
22

Learnings and insights

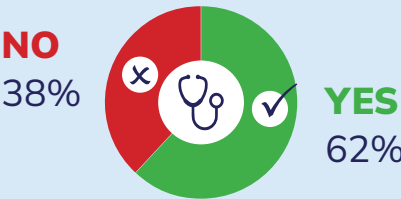
General practice out-of-pocket costs



How often, on average, have you seen a GP in the past year?

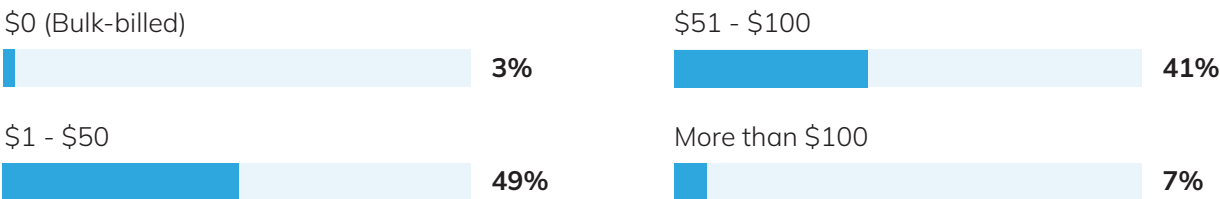


Have you paid an out-of-pocket cost to see your GP on any of these visits?



Those who had paid an out-of-pocket fee, were asked:

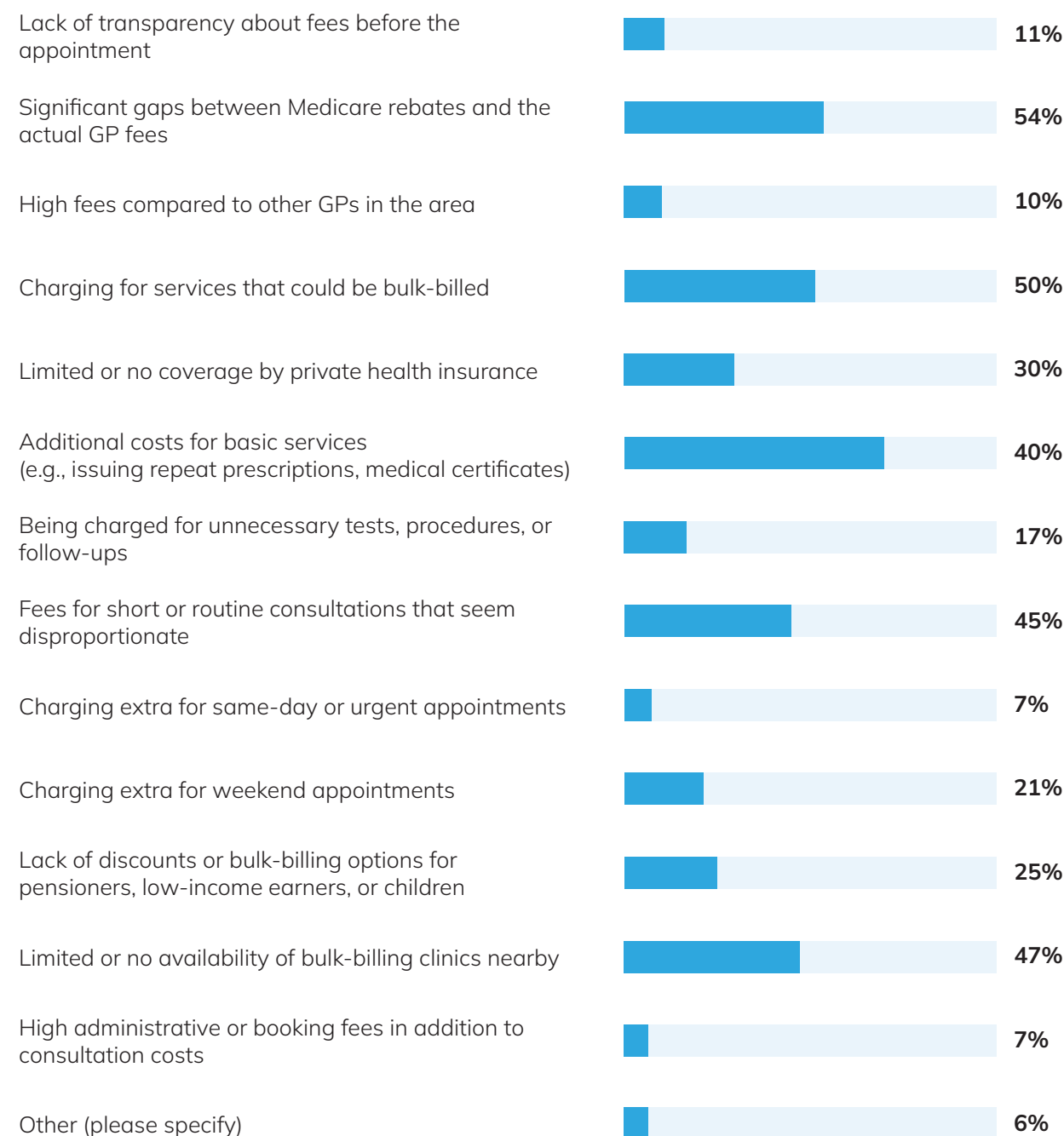
How much, on average, was the out-of-pocket cost to see your GP?



How reasonable did you think the out-of-pocket cost has been for your GP's services?



Those who thought it was unreasonable were asked:
Why was it unreasonable?

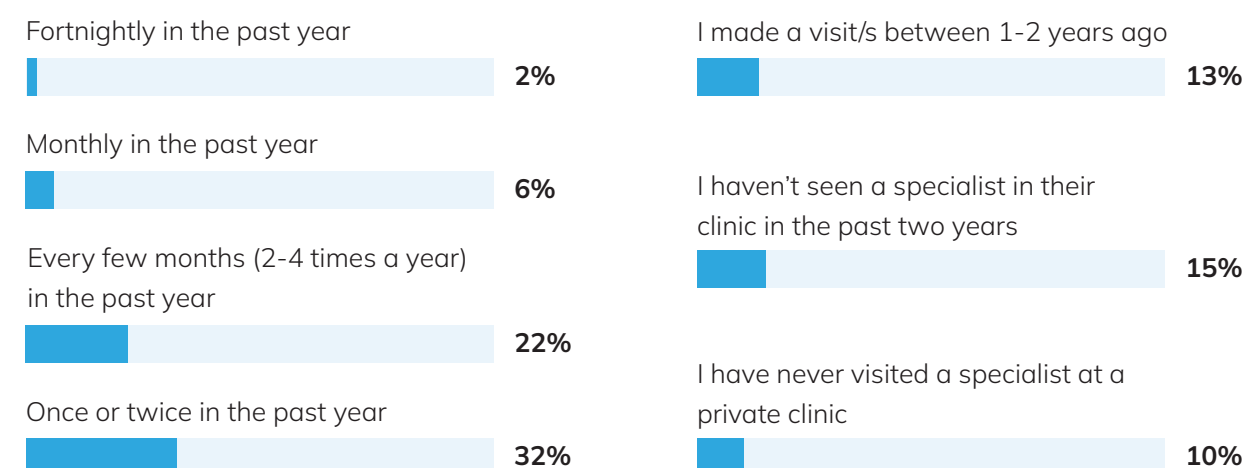


Learnings and insights

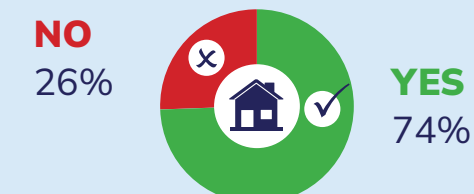
Out-of-pocket costs to see a specialist in their private rooms



How often, on average, have you visited a specialist at their private clinic?

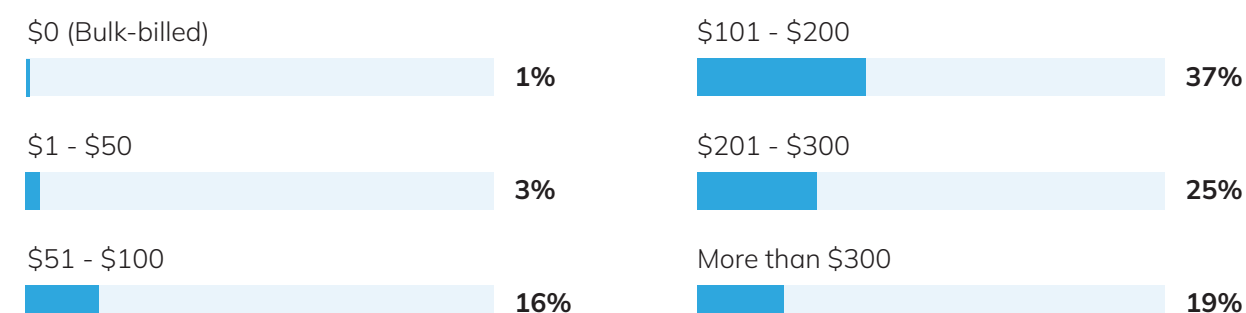


Have you paid an out-of-pocket cost to see your specialist in their private clinic in the past two years?

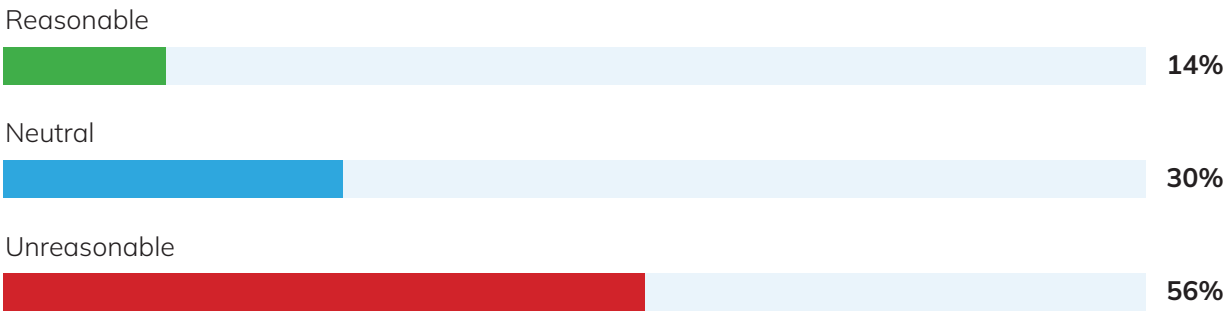


Those who had paid an out-of-pocket fee, were asked:

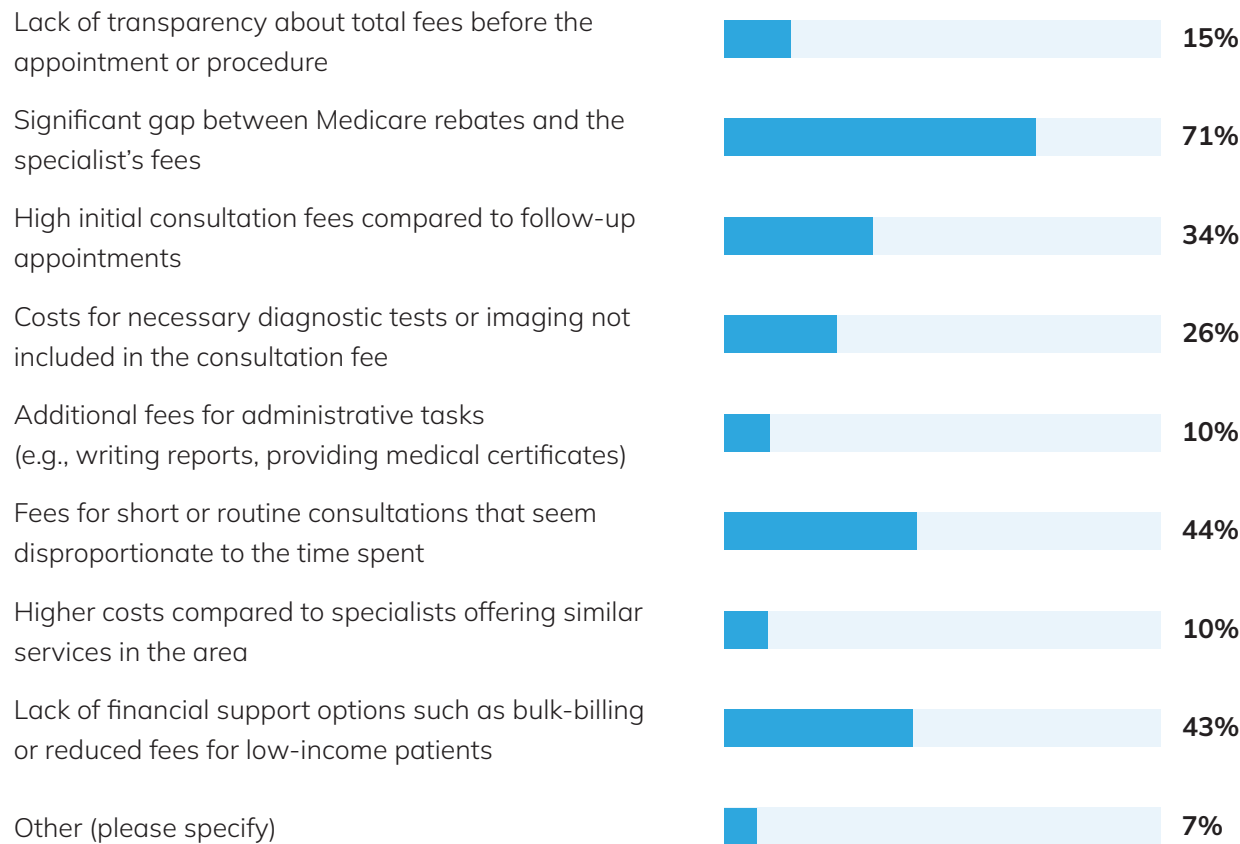
How much, on average, was the out-of-pocket cost to see your specialist in their private clinic?



How reasonable do you think the out-of-pocket cost has been for your specialist's in-clinic services?



Those who thought it was unreasonable were asked:
Why was it was unreasonable?

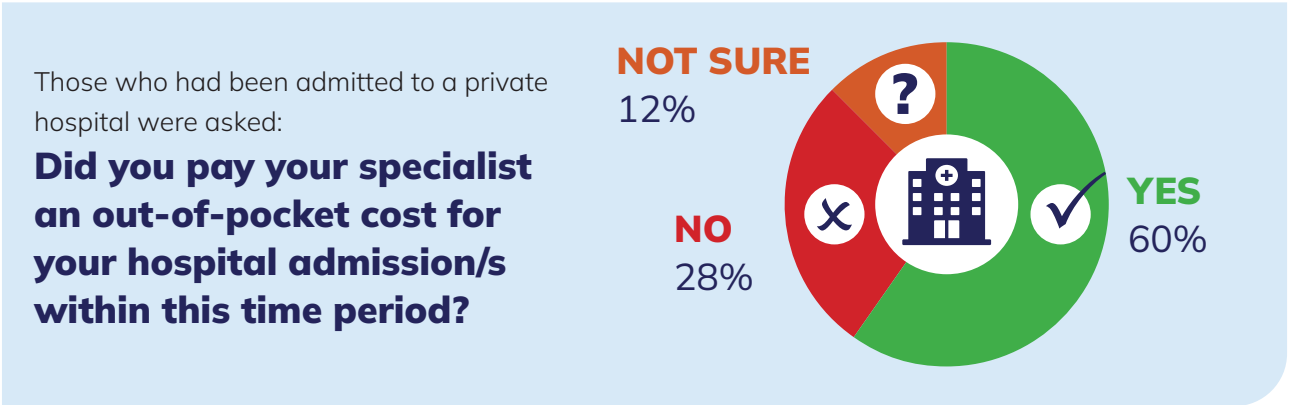
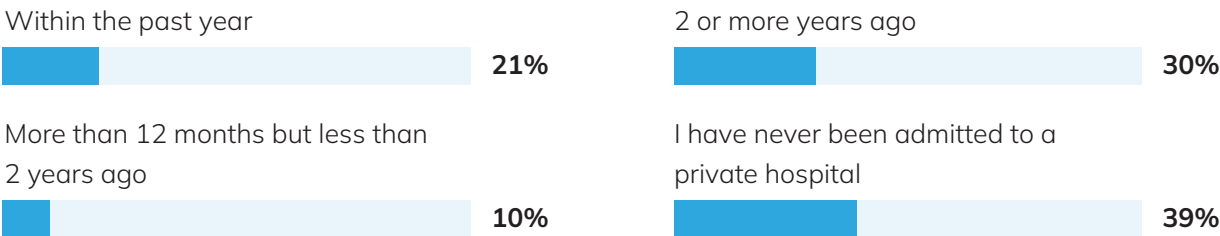


Learnings and insights

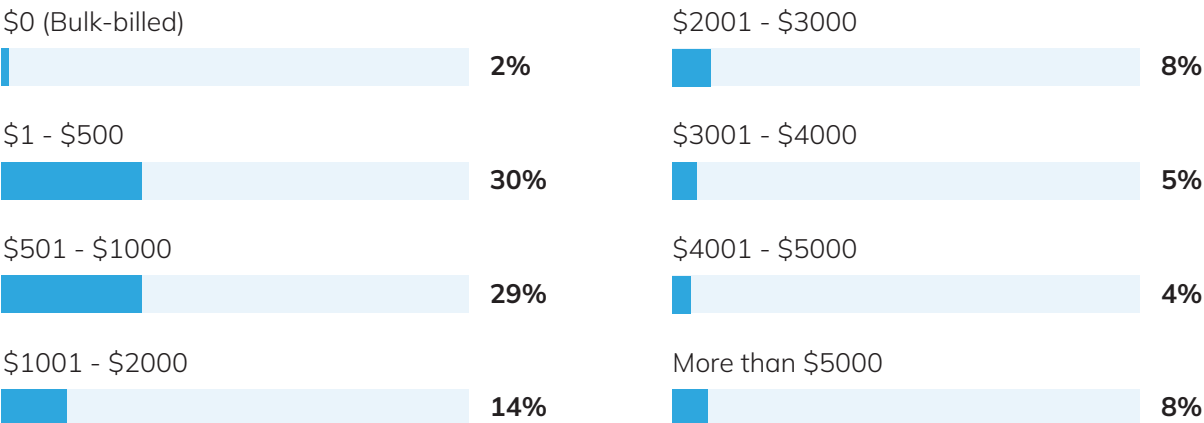
Specialist out-of-pocket costs for private hospital admissions



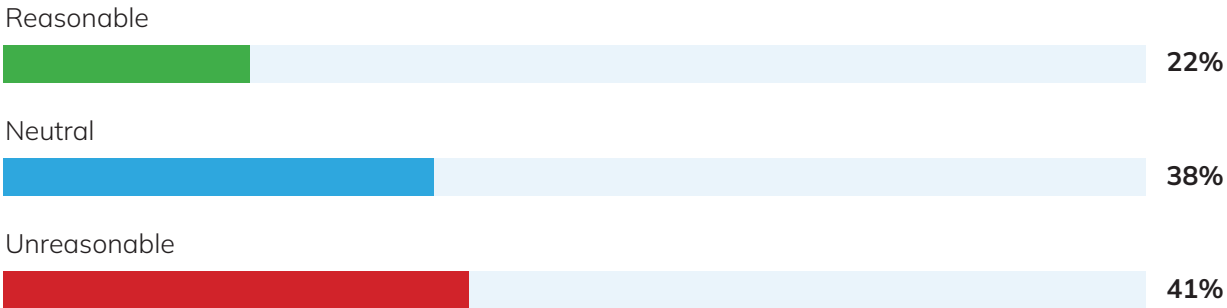
How recently have you been admitted to a private hospital for any reason?



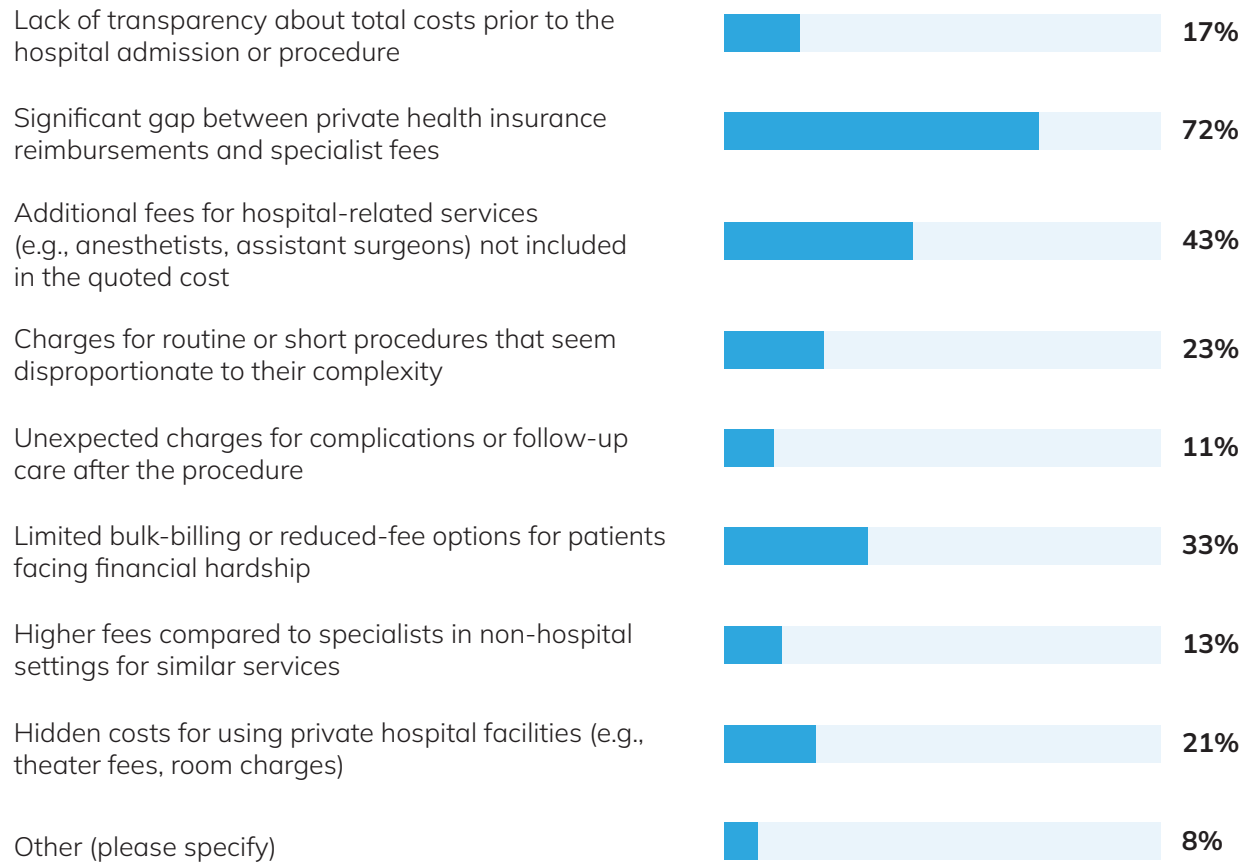
Those who said they had paid an out-of-pocket cost were asked:
How much, on average, was the specialist's out-of-pocket cost for your hospital admission?



How reasonable do you think the specialist's out-of-pocket cost was for your hospital admission?

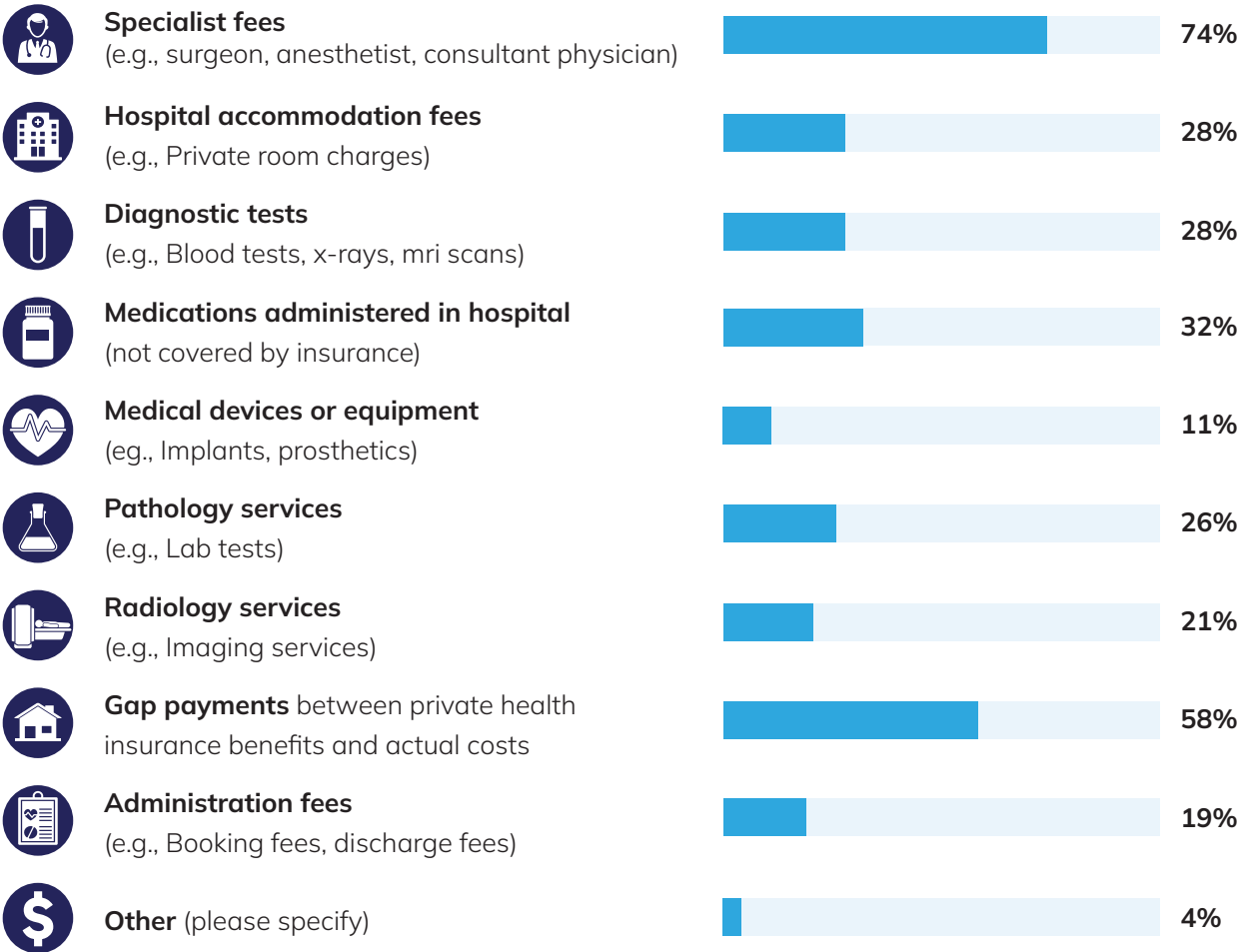


Those who thought it was unreasonable were asked:
Why was it was unreasonable?

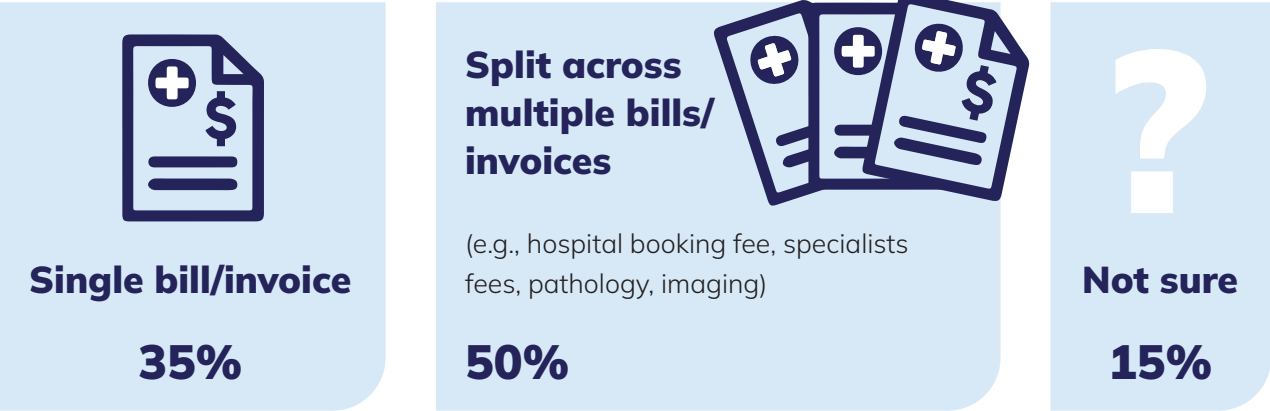


Specialist out-of-pocket costs **deep dive**

Which of the following out-of-pocket fees did you incur for your hospital admission?



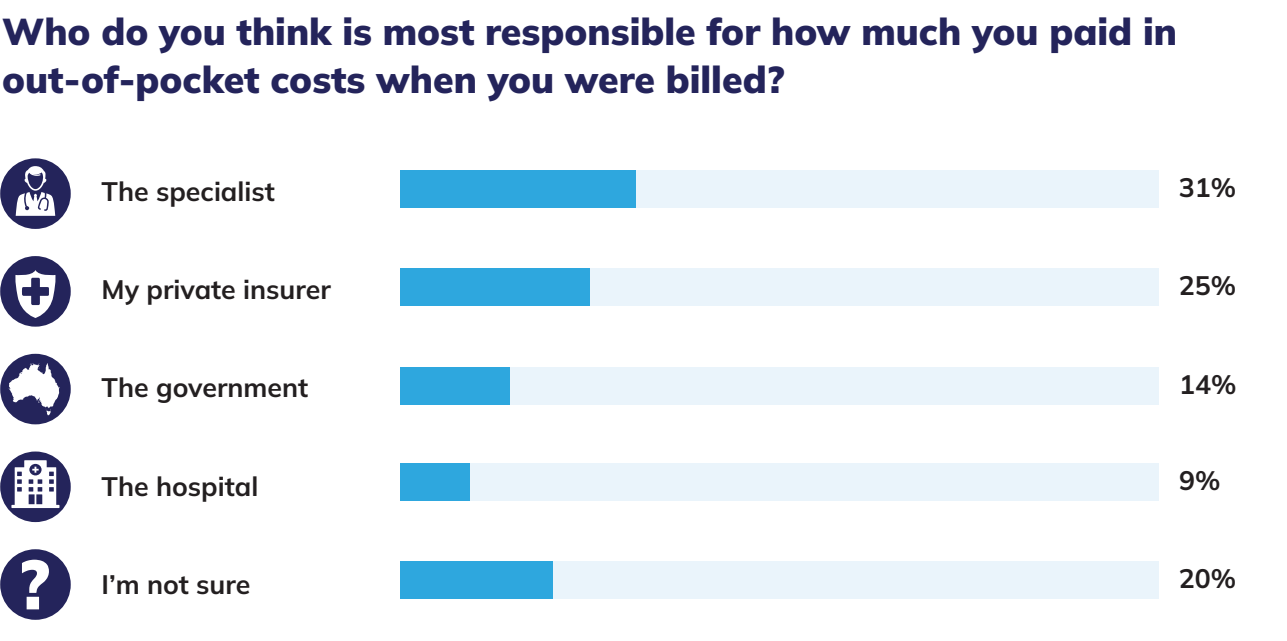
How were you charged for your hospital admission fee/s?



Which specialist/s billed the out-of-pocket cost/s for your admission?

The infographic displays four categories of specialists, each with a corresponding icon in a blue circle and a percentage below it. A vertical line separates the first three categories from the 'Not sure' category. The categories are: Physician (12%), Surgeon (65%), Anaesthetist (68%), and Not sure (17%).

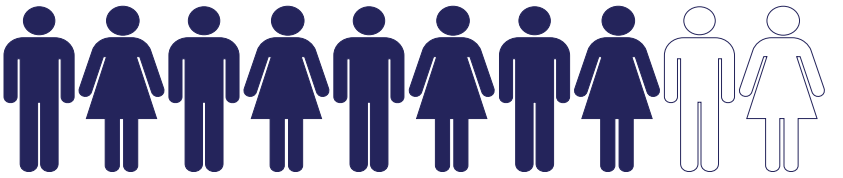
Specialist	Percentage
Physician	12%
Surgeon	65%
Anaesthetist	68%
Not sure	17%



When were you informed about the out-of-pocket cost/s for your hospital admission?

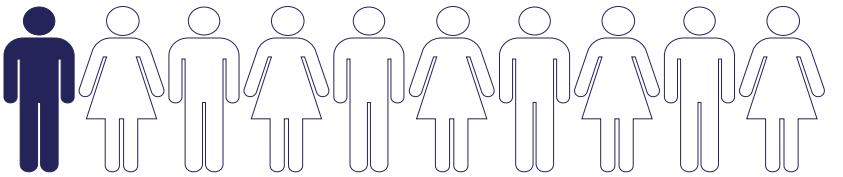
Before I attended hospital
(there were no unexpected costs)

77%



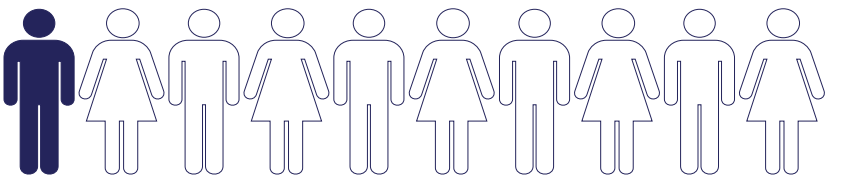
Once I was at the hospital
(there were unexpected costs)

12%



**After I was discharged
from hospital**
(there were unexpected costs)

11%



Those who were NOT informed of all of the costs before arriving to hospital were asked:

What actions did you take in response to unexpected out-of-pocket costs for a hospital admission? (Select all that apply)

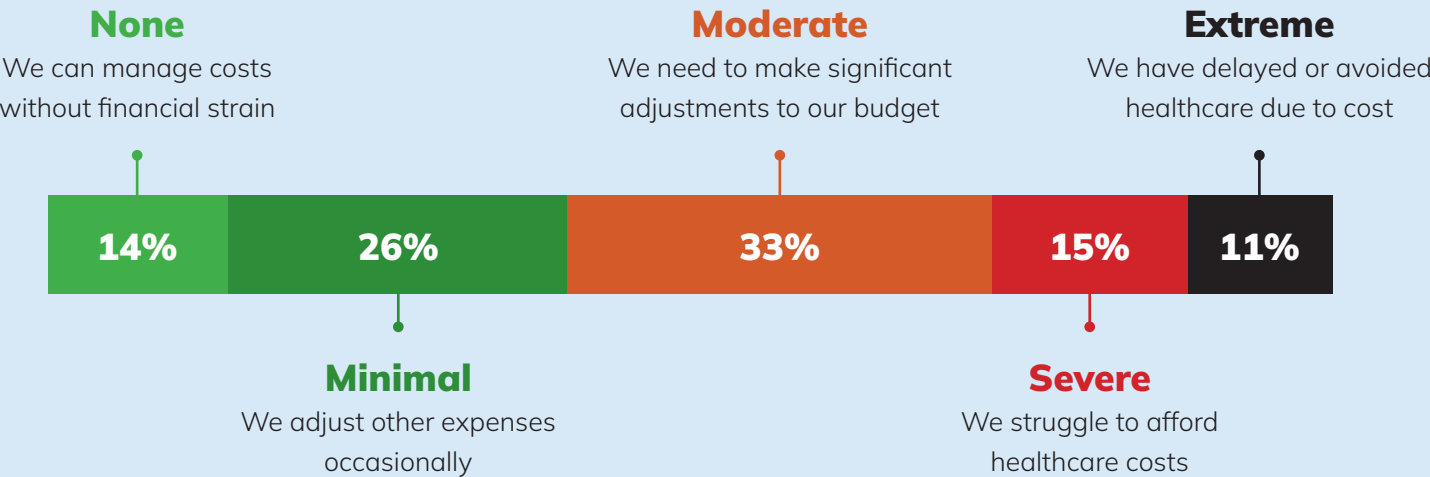


Out-of-pocket costs impact and solutions

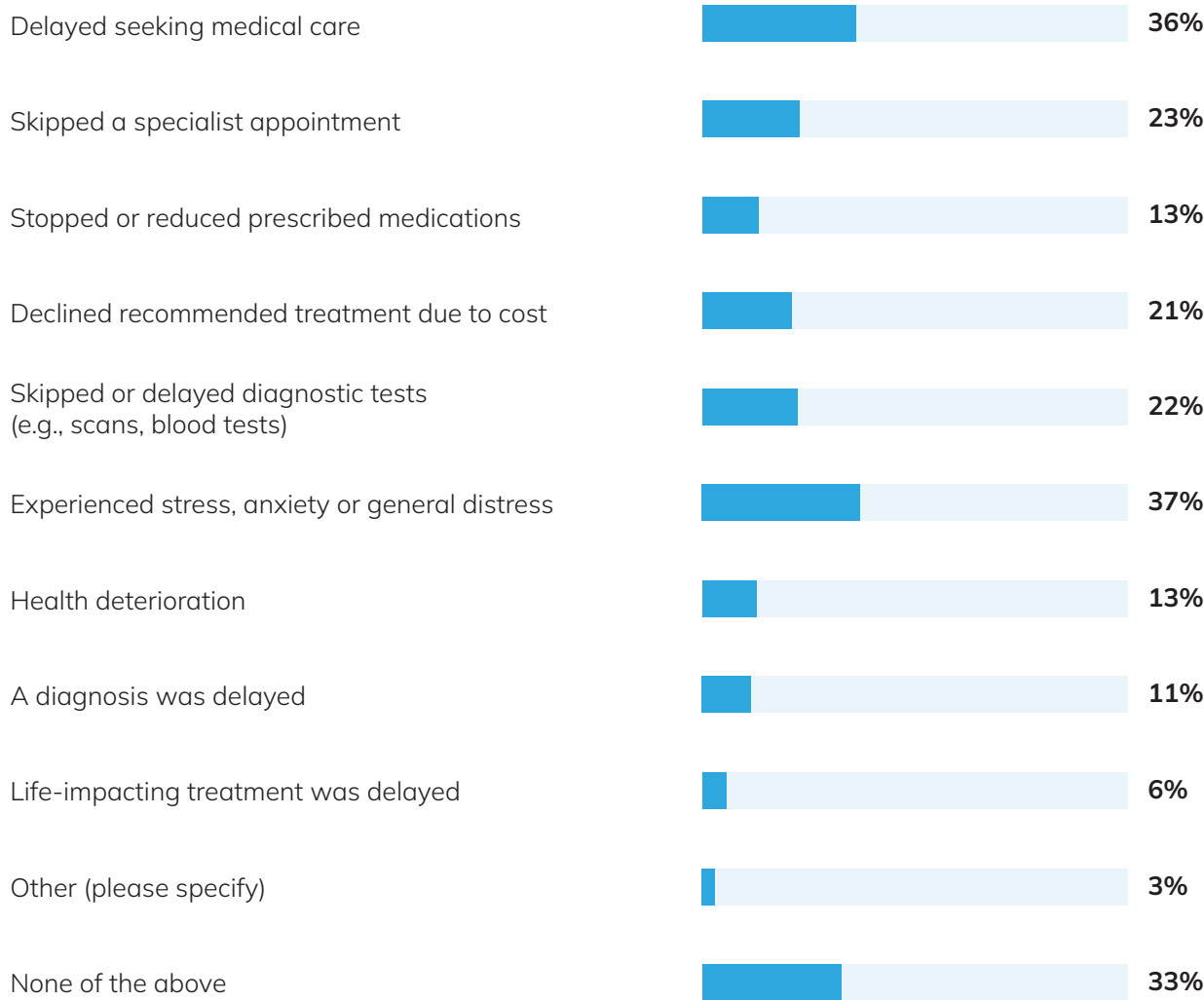


General impact of out-of-pocket costs

How have healthcare out-of-pocket costs impacted your family's finances?

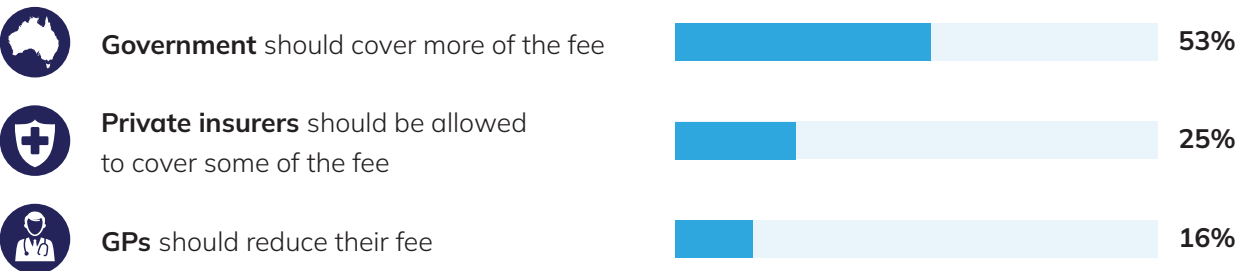


Because of out-of-pocket healthcare costs, have you experienced any of the following? (Select all that apply)

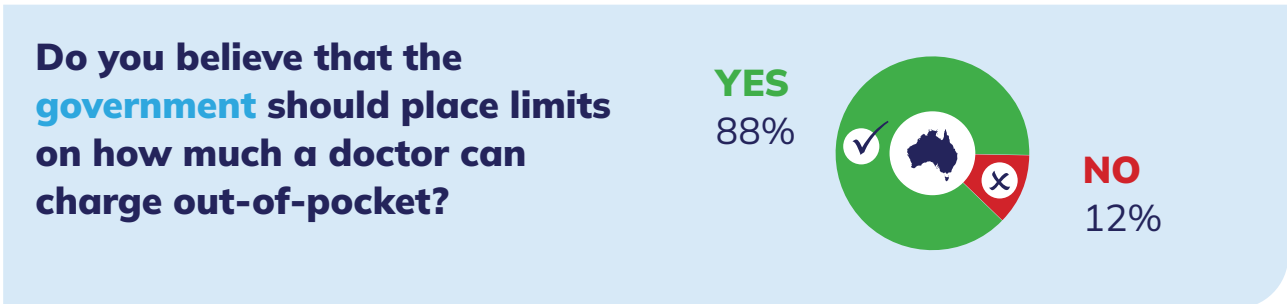
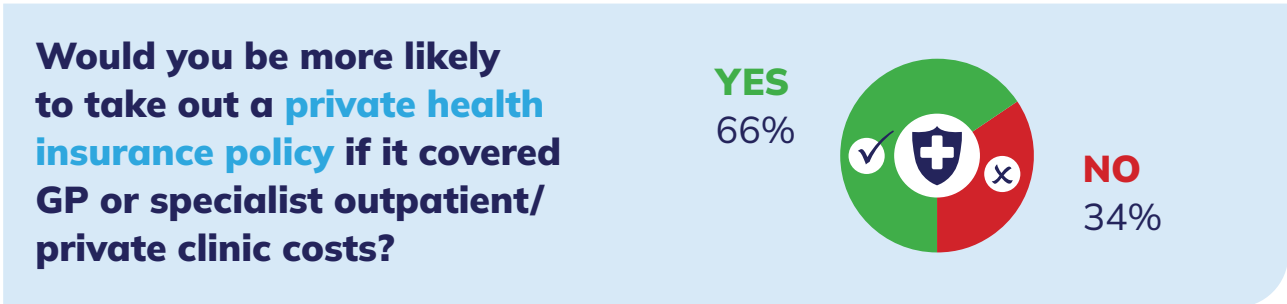
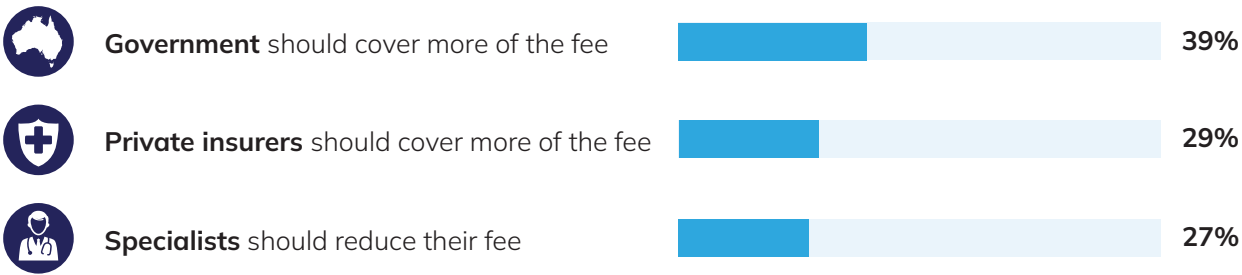


Solutions to high healthcare costs

Rank the following in terms of priority to reduce GP out-of-pocket costs: (1 = Most important, 3 = Least important)



Rank the following in terms of priority to reduce **specialist out-of-pocket costs**: (1 = Most important, 3 = Least important)



With thanks

This survey and report was initiated by Patients Australia. We thank the La Trobe University team who provided input into the survey and interpretation and processed and analysed the data for this report.

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Closing

On behalf of Patients Australia, we thank the more than 5,700 individuals who took the time to participate in the Patient View survey and share their experiences with us.

By doing so, they have contributed to vital conversations about the impact of out-of-pocket fees in General Practice and Specialist care, as well as the key considerations for future healthcare investment. We hope this report highlights both the challenges and opportunities in addressing the financial burden patients face when accessing medical care.

We welcome the government's recent \$8.5 billion investment in General Practice but recognise that more must be done to strengthen consumer protections and ensure the long-term affordability of specialist care for Australian patients.

Patients Australia is keen to engage with organisations across the country to discuss the findings of this report and explore solutions to the critical issues it raises. We encourage you to reach out—collaboration is essential to improving the patient experience and ensuring our healthcare system remains accessible, affordable, and fit for purpose.

About Us

Patients Australia

Patients Australia is a leading independent not-for-profit organisation championing the rights of patients across Australia. We're here to ensure that patients' voices are amplified and their needs prioritised within the healthcare system. Our organisation drives significant improvements in patient care, advocating for greater transparency, accessibility, and quality within Australia's healthcare landscape. By actively engaging with health consumers, policymakers, and industry stakeholders, we empower patients to create a more responsive and equitable healthcare system for all Australians.

Care Economy Research Institute, La Trobe University

CERI is Australia's first institute dedicated to all aspects of Care Economy research. We believe that the scope of the care economy encompasses all essential social, health, and well-being support services provided to individuals of all ages, abilities, and diverse backgrounds. Our perspective emphasises the lived experiences of all those involved in care, highlighting both the challenges and benefits of caring for individuals, communities, and broader society. We view caregiving as crucial for enhancing workforce productivity, and future-proofing economic growth, while serving as a foundation for advancing systemic gender equality.



