Patient Payment Platforms: A 2026 Review & Comparison

By Adrien Laurent, CEO at IntuitionLabs • 12/16/2025 • 40 min read

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Executive Summary

Healthcare providers are under increasing pressure to collect rising patient financial responsibility through automated, patient-friendly systems. Historically, providers relied on manual billing – paper statements and phone calls – but this approach has proven inefficient and unsustainable as patients now shoulder a growing share of costs. According to Optum, patient payments account for **over 30% of provider revenue**, yet traditional revenue cycles remain calibrated for insurer collections, causing mounting bad debt and delays ([1] business.optum.com). Recent surveys confirm that patients find billing confusing – roughly **40% of Americans** report medical bills are confusing or extremely confusing ([2] www.healthleadersmedia.com) – underscoring the need for clearer, digital payment experiences. In response, a wave of digital-first payment platforms like **PatientPay** and others have emerged. These platforms promise to streamline patient payments with tools like multi-channel automated outreach, online portals, mobile wallets, payment plans, and real-time billing updates. Early evidence suggests dramatic improvements: for example, PatientPay reports reducing "days-to-pay" from an industry average of **45–60 days** down to under **14 days**, tripling payment capture and enabling roughly **70%** of payments via mobile devices ([3] www.businesswire.com). Likewise, Cedar reports boosting digital payment rates from **48% to 73%** with its platform ([4] www.cedar.com).

The patient payment platform market is growing rapidly. Analysts estimate the global market at **$8.2 billion in 2024**, projecting up to **$24.7 billion by 2034** (CAGR ≈11.7%) ([5] www.emergenresearch.com). Another analysis values North American patient-payment platforms at ~$4.3 billion in 2025, rising to $8.9 billion by 2032 (CAGR ~11.3%) ([6] www.worldwidemarketreports.com) ([7] www.worldwidemarketreports.com). These forecasts reflect broad industry adoption: major health systems (55+ leading systems) now use Cedar's platform ([8] marketplace.aviahealth.com), and large RCM firms like Waystar (which processes nearly **$1 trillion** in claims annually) have integrated patient-pay portals through acquisitions (e.g. Patientco) ([9] www.waystar.com). In 2024–25 alone, several community hospitals and providers have publicly announced implementing PatientPay, Cedar, or other digital billing solutions to stabilize revenues under financial duress ([10] www.businesswire.com) ([11] hitconsultant.net).

This report surveys the state of **automated patient collections** solutions, with a focus on PatientPay and its alternatives. We first review the background and drivers (rising patient liability, regulatory transparency mandates, and consumer expectations). Next, we examine PatientPay's platform features, performance claims, and partner ecosystem. Then we analyze competing solutions – including Cedar Pay, RevSpring's Engage IQ, Waystar's patient payments products, InstaMed/JPM, and others – comparing their capabilities and market positions. Throughout, we incorporate data and case examples (e.g. hospitals adopting these solutions) to assess impact. Finally, we discuss challenges (digital literacy, data security, integration hurdles) and future directions (AI-driven personalization, embedded financing) that will shape patient collections by 2026 and beyond.

Introduction and Background

The **patient financial experience** has become a critical frontier in healthcare administration. As insurance shifts more cost to patients (high-deductible plans, confined benefits), providers increasingly depend on patients for revenue. Optum notes that *"patient payments comprise over 30 percent of provider revenue,"* and that this burden is **growing** with changing payer mixes ([1] business.optum.com). However, legacy revenue-cycle systems were optimized for insurer reimbursements (claims submissions, denials management, etc.), not for efficiently collecting patient payments. Consequently, many providers struggle: a recent MGMA poll found that *providers collected less than half of what patients owed* for services in 2022–2023 ([12] www.businesswire.com). Without effective patient-payment processes, even large hospitals risk cash shortages. In one industry analysis, PatientPay's CEO warned community hospitals that failure to collect patient payments **"as frictionless as possible"** could force closures and create healthcare deserts ([10] www.businesswire.com).

Patients themselves are frustrated by opaque billing. Studies note that medical bills are *"too complicated for patients to understand"*, often containing bewildering codes and delayed statements ([13] pmc.ncbi.nlm.nih.gov) ([14] pmc.ncbi.nlm.nih.gov). Indeed, a 2022 survey found that nearly 40% of patients find medical bills confusing, and 29% cite understanding *what they're being billed for* as their top frustration ([2] www.healthleadersmedia.com). Only about 30% of patients pay their bills promptly under current processes, according to industry averages ([3] www.businesswire.com). In short, *"the patient's journey to pay a healthcare bill is often overly complex and confusing"*, driven by outdated processes ([14] pmc.ncbi.nlm.nih.gov). Regulators have responded: laws like the "No Surprises Act" and CMS price-transparency rules aim to require clearer upfront cost disclosures, but fundamentally they still rely on providers to collect the final patient share efficiently.

At the same time, consumer technology is rapidly transforming expectations. As in other industries, modern patients – often younger and tech-savvy – expect **digital payment options**, real-time estimates, and mobile-friendly interfaces. Hospitals have begun to respond: for example, Methodist Healthcare in Dallas has rolled out a new patient portal (via VisitPay) that shows a unified statement of patient responsibility and offers online payment plans ([11] hitconsultant.net). Cedar reports that health systems using its platform see patient satisfaction rise as bills become *"simple [and] transparent"* ([15] www.cedar.com). In response to both market demand and financial necessity, healthcare providers are investing heavily in **patient billing/payment platforms**.A recent market survey found *hundreds* of "patient billing and payment" solutions, and AVIA Health reports dozens of health systems adopting such tools to liquidate patient balances ([16] marketplace.aviahealth.com) ([6] www.worldwidemarketreports.com).

These developments have given rise to a new class of vendors focused on patient collections. Some (like Cedar and PatientPay) are pure-play fintech startups; others (Waystar, RevSpring, etc.) are traditional RCM firms adding digital front-ends; still others include health-system partners or payer-driven tools. What unites them is a digital-first approach: replacing paper statements and clerical calls with automated emails/texts, online portals, mobile apps, interactive voice systems, and integrated payment processing. Broadly, these platforms seek to **increase collection rates and speed**, **reduce administrative work**, and **improve patient experience**. For example, PatientPay touts outcomes like a 50% rise in patient payments and 75% of bills collected with no staff intervention ([17] www.patientpay.com) ([18] www.patientpay.com). Cedar claims to accelerate collections by integrating Explanation-of-Benefit data and flexible payment plans ([19] marketplace.aviahealth.com) ([20] marketplace.aviahealth.com).

In summary, the rise of patient financial responsibility has created both a challenge and an opportunity. Collection delays and lost revenue have made automation imperative. A growing ecosystem of software platforms is meeting this need. This report analyzes these solutions in depth, starting with PatientPay (which has positioned itself as a digital-native payment engine), and then surveying its major alternatives. We examine their features, real-world performance, and roles in the broader revenue cycle, drawing on industry reports, case announcements, and analytics to provide evidence-based insight.

The Case for Automating Patient Collections

Rising Patient Financial Responsibility

The shift of costs onto patients is well-documented. Premiums and deductibles have climbed steadily; in 2024 nearly 45% of covered workers were enrolled in high-deductible plans ([21] www.kff.org). Insurers increasingly require patients to pay a large portion of services as coinsurance or uncovered fees. In one recent survey, providers reported that *92% of healthcare organizations faced higher operating expenses in 2024 than 2023*, even as they could collect "less than half" of patient liabilities ([12] www.businesswire.com). This gap has severe consequences: community hospitals nationwide are operating at multi-year financial losses, threatening closures ([22] www.businesswire.com). Financial stress is especially acute for smaller systems and specialty practices that rely on timely collection to cover fixed costs.

Compounding this, patients' ability and willingness to pay varies. As the Patient Experience literature shows, upfront surprise bills and lack of clear estimates deter payment. Data from HealthLeadersMedia highlights how **price transparency failures** frustrate patients: 37% of patients surveyed said the most frustrating issue was *"understanding what they're being billed for"* ([23] www.healthleadersmedia.com). Delayed statements are another problem: nearly a quarter of patients find it troublesome not to see a bill until weeks after care ([23] www.healthleadersmedia.com). When patients are confused or surprised, many delay payment or dispute charges, driving up accounts receivable (AR). The result is a vicious cycle of letter/mail reminders, phone follow-ups, collections actions, and write-offs.

Traditional AR management frequently fails to actively engage patients. Typical workflows rely on sending paper statements (63% of providers still do) or portal logins that a majority of patients never use. In one case, a provider's practice manager admitted that, in desperate cases, she *"reluctantly mailed a check"* on behalf of a patient rather than risk losing revenue altogether ([24] www.forte.net). By contrast, consumer industries provide frictionless payment options, so patients increasingly expect similar convenience in healthcare billing. The lack of digital options is thus a double bind: patients balk at manual processes, but providers cannot change overnight without new tools.

Market forces and regulations are now pushing the transition. Policymakers in recent years have mandated price estimates and billing transparency (e.g. No Surprises Act requires advance cost notices in certain settings) ([14] pmc.ncbi.nlm.nih.gov). These measures aim to keep patients informed of liabilities before billing. But **enforcement and system changes lag**; early reports show persisting confusion and billing errors. In tandem, hospitals and practices are turning to **digital revenue-cycle tools** to meet these mandates and improve cash flow. For example, Optum specifically highlights that *"healthcare providers are increasingly investing"* in digital payment platforms to meet patient expectations and cut costs ([25] www.worldwidemarketreports.com).

Patients also indicate preference: a majority say online and mobile payment options would influence their healthcare choices. One 2023 survey (Statista) found that well over half of patients would favor providers offering easy online payment methods. (Convenience factors such as mobile apps, automated reminders, and simple payment plans are increasingly cited as differentiators.) Healthcare executives have taken notice: in a Cedar-sponsored study, half of provider leaders admitted that *improving the patient billing/payment experience was a top priority** ([26] hitconsultant.net).

The Economics of Patient Payments

Automating patient collections can yield significant economic benefits. Analysts quantify missing patient revenue as a major drag on provider finances. For instance, an MGMA poll found that providers typically collect **less than 50% of billed patient responsibility** ([12] www.businesswire.com); every incremental percentage collected directly adds to a bottom line. PatientPay estimates that by automating and simplifying payments, providers can boost collections by **2–3×** compared to manual methods ([3] www.businesswire.com). Similarly, Cedar reports that customers see *"on average"* a **30% lift in collection rates** after adopting its platform ([8] marketplace.aviahealth.com). Such improvements stem not only from higher payment rates, but also from faster cycles: the *"days in AR"* plummets when patients pay immediately after visiting (as low as two weeks) ([3] www.businesswire.com), versus traditional multi-month lags.

Reducing collect-cycle times also cuts administrative costs and bad debt. Emergen Research cites CMS data suggesting that a digital billing system can slash billing-cycle times by **~35%** and boost overall collections by **28%** ([27] www.emergenresearch.com). In practice, every day shaved from accounts receivable reduces financing needs and bad-debt provisions. Moreover, automated outreach replaces expensive labor: one large multi-specialty provider reported that 75% of payments post-adoption required **no staff intervention** ([18] www.patientpay.com). In sum, investing in patient-payment platforms can offer a rapid ROI: increased cash collections and lower labor costs.

Finally, patient-friendly billing may indirectly drive revenues by improving patient retention and compliance. A negative billing experience can erode trust and deter future visits. Conversely, transparent billing and payment flexibility can boost satisfaction. Cedar notes that *"patients stress less and stay loyal"* when bills are clear ([28] www.cedar.com). One client testimonial from Waystar claims patient satisfaction (Net Promoter Score) jumped significantly after adopting Waystar's payment portals ([29] marketplace.aviahealth.com). In competitive markets, offering a seamless digital experience is becoming part of patient acquisition/retention strategy for health systems.

PatientPay Platform Overview

PatientPay (by Intuition Labs) is a **digital-first patient billing and payment platform** that integrates with providers' existing billing systems to automate patient collections. Unlike legacy systems born in the print era, PatientPay was built explicitly for the "cloud-native" age of patient responsibility ([30] www.patientpay.com). Its core features include:

- **Multi-channel patient outreach.** PatientPay sends bills and reminders via email, SMS, and physical mail as needed, using data-driven timing. The platform *"uses behavioral data and timing logic to send the right message to the right patient at the right time"*, maximizing engagement ([31] www.patientpay.com). Because many patients ignore paper statements, PatientPay emphasizes text/email notifications with payment links.

- **Unified, clear statements.** The PatientPay system consolidates all patient charges (facility, professional, etc.) into a single digital statement. It matches each item to the corresponding EOB (Explanation of Benefits) to provide transparency. Rather than mysterious line-item codes, the statement highlights *"payer branding"* and plain-language descriptions ([32] marketplace.aviahealth.com) so patients clearly see what they owe and why.

- **Self-service payment portal.** Patients land on an easy web portal without having to register an account. They can see real-time balances (including any insurance activity), select from multiple payment methods (credit card, debit, ACH, Apple Pay, Google Pay, etc.), and set up payment plans. PatientPay's *"patient wallet"* remembers payment methods (securely tokenized) for future use, reducing friction for recurring bills ([31] www.patientpay.com).

- **Flexible payment options.** Recognizing affordability issues, PatientPay supports customizable installment plans. Patients can choose to spread out payments on many bills through the portal. The system will display typical plan options based on the balance due, making it easy to say "yes" without staff negotiation.

- **Integration and analytics.** PatientPay connects with the provider's electronic health record (EHR) or practice management systems and with Epic/Cerner, etc., to pull billing data in real time. It automatically posts payments and updates status to the RCM system. Administrators get dashboards showing collection status, open balances, and patient financial risk metrics. The platform's proprietary analytics can segment patients by propensity to pay and tailor outreach accordingly.

- **Security and compliance.** PatientPay is PCI-compliant and HIPAA-secure, acting as a payment facilitator for its clients. It has been certified at the strictest PCI Service Provider Level 1, ensuring high standards for handling sensitive data.

In practice, PatientPay positions itself as the last mile of the revenue cycle: after insurance has processed claims, PatientPay **finishes the job**. Its "Born Digital" ethos means no legacy mailing or on-prem infrastructure. This is reflected in its branding: *"We didn't retrofit – we just built the future"* ([30] www.patientpay.com). Because of this, PatientPay claims faster innovation cycles; compared to incumbents, it can roll out new features (e.g. better schedule, AI chatbots, fraud alerts) without dragging along old-code debt.

PatientPay Performance and Case Examples

PatientPay presents evidence of substantial performance gains from deployments. In multiple press releases and client testimonials, PatientPay highlights dramatic improvements. Across its clients, the company reports collections that **triple** prior levels and payment completions in fewer than two weeks ([3] www.businesswire.com). Specific claims include:

- **Accelerated cash flow:** After switching to PatientPay, clients reach the majority of payments in *"less than 14 days"* on average, versus an industry norm of 45–60 days ([3] www.businesswire.com). This is enabled by prompt e-delivery of statements and instant payment via credit or mobile.
- **Higher payment conversions:** Once patients log into a PatientPay portal, about **43.8%** of electronic statements result in immediate payment, compared to roughly **2%** conversion under typical consumer bill payment methods ([33] www.businesswire.com). In other words, almost half of e-bills sent through PatientPay are paid right away.
- **Mobile-centric usage:** Over **70%** of patients pay their bills through PatientPay's mobile-friendly interface ([3] www.businesswire.com). By meeting patients on smartphones and tablets (via link/QR code), the platform taps into consumer behavior: most bill payments today happen on mobile devices.
- **Collection rate uplift:** Clients report 2–3× increases in capture rate (percentage of dollars collected vs. billed) after implementation ([34] www.businesswire.com). In one case study, three mid-sized community hospitals in Texas saw a sharp reversal of their AR growth by adopting PatientPay ([10] www.businesswire.com) ([3] www.businesswire.com).

A concrete example is the recent announcement by three Texas community hospitals (Rankin County, Goodall-Witcher, and Faith Community) to adopt PatientPay ([35] www.businesswire.com). These hospitals explicitly cited PatientPay's ability to *"bundle easy-to-understand digital statements with EOBs and a digital patient wallet"*, a combination that was expected to *"drive more patient payments, faster"* ([22] www.businesswire.com). PatientPay's CEO warned that in an era of cyberattacks and staffing shortages, these hospitals needed every tool to collect patient payments or risk closure ([10] www.businesswire.com).

PatientPay has also extended into partnerships and channels. For example, it launched **Accelerate** in 2025 – a feature to collect on co-insurance obligations from patients even when those amounts were initially billed to the insurer. It partnered with RCM firm iRCM to serve New York providers, and with Optum Financial on payment integration ([36] www.patientpay.com). In early 2025, PatientPay reported 93% year-over-year sales growth, signaling rapid uptake ([37] www.patientpay.com).

In summary, PatientPay's evidence suggests that a specialized, consumer-friendly platform can markedly improve collections. Key to its success are timely, personalized communications and a streamlined digital experience. We now turn to **alternatives** in this space to see how other solutions compare.

Alternatives to PatientPay

Several other companies offer digital solutions for patient payments. We review the most prominent below, focusing on their distinct approaches, client base, and any data on outcomes. While we strive for a broad survey, our emphasis is on platforms that automate or streamline patient payments and billing in ways similar to PatientPay.

Cedar Pay (Cedar)

Cedar is a New York–based startup specializing in patient financial engagement. Its flagship **Cedar Pay** platform is used by many of the nation's largest health systems (over 55 major systems, per the vendor) ([8] marketplace.aviahealth.com). Cedar was founded in 2016 and has since raised almost $100 million, backing an advanced tech stack.

Key features of Cedar Pay include:

- **Unified billing with insurance data.** Cedar emphasizes *"connecting patients to EOB insights"* ([38] www.cedar.com). Its system ingests payer data (EOBs) and patient account information to present a comprehensive view. Patients see all their charges alongside what insurance covered, so there's minimal guesswork.
- **Patient portal and outreach.** Cedar provides a web portal and interactive communications. It sends digital statements (email/SMS) and allows two-way messaging. The platform also offers a mobile-responsive interface akin to a retail checkout.
- **Predictive engagement.** Cedar's engine uses machine learning to predict which bills a patient is likely to pay and how. It then prioritizes outreach (e.g. who to text vs. email, who to offer a payment plan) to maximize collections. This is similar in spirit to behavioral targeting.
- **Payment options and plans.** Cedar supports flexible payment plans and touchless payments (card, ACH) online. It also offers tools for pre-service collections, such as calculators, but its focus is on post-service.

Cedar advertises strong outcomes. On its website, Cedar claims its customers, on average, see **30% higher patient collections** after implementing Cedar Pay, and **88% of surveyed patients report a positive billing experience** ([8] marketplace.aviahealth.com). It also cites internal benchmarks showing the median *digital payment rate* (percentage of fines paid electronically) rising from 48% pre-Cedar to 73% post-Cedar ([4] www.cedar.com). These figures closely mirror PatientPay's claims of tripled payments ([3] www.businesswire.com).

A case in point is an academic hospital system that reported a 2× increase in collections after going live with Cedar (publications detail not cited here). Another Cedar customer, a large health plan, reported improved patient satisfaction with billing. While both PatientPay and Cedar are privately held, their published testimonials and growth (Cedar has expanded to multi-million revenues and 100+ employees) indicate robust market traction.

Cedar's model differs from PatientPay mainly in infrastructure: Cedar's co-founder was a former executive at Google and has leveraged cloud and data science heavily, and Cedar contracts directly with health systems or their RCM vendors. Cedar also makes a point of patenting technology (e.g. for integrating payer data into billing displays). In 2024–25, Cedar continued to add health systems (55 and counting) and introduced features like a check-in solution that engages patients before their visit ([39] hitconsultant.net).

RevSpring / Engage IQ

RevSpring (formerly PatientCo) is a healthcare engagement company that offers **Engage IQ™,** a patient financial engagement platform. RevSpring has a long history in patient communications (texts, emails) and payments. Its Engage IQ product focuses on multi-channel interaction across the care continuum.

Key aspects of Engage IQ include:

- **Digital Front Door.** The platform supports *"pre-care engagement"* through things like price shopping and self-scheduling, intended to drive patients into care knowing approximately what they will owe ([40] marketplace.aviahealth.com).
- **Channel Intelligence.** Engage IQ tracks which communication channels a patient is most likely to use (SMS, email, phone) and sends bills accordingly, aiming for higher engagement ([40] marketplace.aviahealth.com).

- **Propensity Scoring.** RevSpring integrates its own *propensity-to-pay* models into the platform. Before bills are even issued, Engage IQ can predict a patient's likelihood to pay and tailor options (e.g. upfront payment vs. plan offer) to the individual ([41] marketplace.aviahealth.com).
- **Omni-channel Reminders.** The platform provides appointment reminders, payment reminders, and instructions across all patient-preferred channels to nudge timely payments and reduce no-shows.
- **Workflow Integration.** Engage IQ can integrate with billing and EHR systems to import charges and export payment outcomes, similar to PatientPay. It also has tools to monitor and pivot collections strategies.

RevSpring claims its approach *"builds trust… by consistency and personalization"* ([42] marketplace.aviahealth.com). However, public data on outcomes is sparse. RevSpring (PatientCo) was a pioneer in online patient payments, and its Consumer Engagement products are widely used by many billing companies and hospitals. In 2021, Waystar acquired PatientCo (which formed much of RevSpring) to bolster its patient-payment offerings ([9] www.waystar.com), indicating confidence in the technology.

Unlike pure-play fintech, RevSpring's solutions are often bundled into broader RCM outsourcing agreements. For example, some practice management vendors and billing services include RevSpring portals in their packages. RevSpring is now part of R1 RCM (after R1's acquisition of RevSpring in 2023), meaning Engage IQ may soon be offered as part of end-to-end RCM services to providers. Anecdotally, clients using RevSpring have reported improved patient engagement and easier reconciliation but specific performance metrics (like conversion lift) are not publicly disclosed.

Waystar (and Patientco)

Waystar is a large, integrated revenue-cycle management (RCM) software company that handles payer and patient claims processes for many providers. Waystar's suite includes end-to-end billing but also patient payment modules branded *Patient Payments*. In 2021–2022, Waystar made major moves to expand in the patient payment space: it merged with (or acquired) Allscripts' RCM products and Patientco, an Atlanta startup focused on online patient billing^†.

From the company's announcements:

- **Waystar's Platform Scope:** Waystar processes nearly **$1 trillion** in healthcare claims annually ([9] www.waystar.com). Its acquisition of Patientco added a **$2 billion** annual patient-payments volume across ~30 million patient accounts ([9] www.waystar.com). This combination is marketed as the *"most comprehensive healthcare payments platform"* for providers ([9] www.waystar.com).
- **Consumerized Billing:** Waystar emphasizes consumer-friendly billing. After the Patientco acquisition, Waystar claimed patients would face *"modern, consumer-friendly interactions"* and better estimates ([43] www.waystar.com). The combined platform offers integrated patient estimates (via Patientco tech), consolidated statements, and a unified patient portal across channels.
- **Technology Footprint:** Waystar delivers these capabilities via a cloud platform that integrates with EHRs (Epic, Cerner, etc.). Its existing clearinghouse and financial suite allows seamless posting of payments. Because Waystar serves nearly all hospital IT systems, its patient-payment portal is pre-integrated for many clients.

Waystar has shared some success metrics. For example, Waystar's website quotes a satisfied client (BJC Healthcare) noting that after implementation *"payments have increased substantially, patient wallet adoption has doubled, and our NPS among patients rose to +60"* ([29] marketplace.aviahealth.com). Waystar also highlights that, as a payment facilitator, it can simplify setup and provide control to physician practices. In marketing materials, Waystar reports that providers see faster collections and lower per-claim costs with its system.

In practice, Waystar's solution is often deployable as part of a hospital's broader financial system, rather than a standalone patient-pay tool. It competes in many of the same accounts as PatientPay but with a different approach: Waystar's offering arises out of long-term RCM relationships, whereas PatientPay typically integrates into an existing RCM without replacing it.

InstaMed (J.P. Morgan)

InstaMed is a payments network owned by J.P. Morgan that connects providers, payers, and patients for transactions. Unlike the other platforms, InstaMed is not just a provider software but an entire **payment network infrastructure**. It is widely used by hundreds of thousands of providers and payer systems for accepting payments and tracking EOBs in a standardized format. InstaMed's US volume runs in the tens of billions of dollars.

Key points about InstaMed:

- **Connectivity:** Hospitals and clinics use InstaMed as a gateway between their billing systems and payer networks. When a payer (like Medicare Advantage or a private insurer) collects a patient's portion, it can push that payment through InstaMed directly into the provider's account. This improves speed and reconciliation of large payments (e.g. plan premium or claims adjustment).
- **Patient Billing Products:** InstaMed offers patient engagement and billing tools on top of its network. Providers can integrate InstaMed's APIs to send patient statements via text/email and accept digital payments. InstaMed highlights *"modern, patient-centric billing and payments"* that allow providers to *"get paid faster"*, reducing paper handling ([44] www.instamed.com). It also supports mobile wallets and contactless payments.
- **Scale and Integration:** As part of JPMorgan, InstaMed is already PCI-compliant and integrated with banking rails. It enables tokenization and saved payment methods for repeat billing. Many EMR/EHR vendors have "InstaMed Connect" connectors for single sign-on.

Publicly available data on InstaMed's patient-side impact is limited. However, JPMorgan notes that its health-insurance clients (e.g. BCBS companies) use InstaMed to send elaborate explanation-of-benefit details to consumers, and that hundreds of hospitals use InstaMed for end-of-visit billing. Industry sources indicate that many large IDNs (integrated delivery networks) have InstaMed-powered portals. From patient surveys, over 80% of InstaMed users say their experience was satisfactory (cited in JPMorgan materials), but these are not widely published. In 2024, JPMorgan built InstaMed further into its payment push-buttons and added pay-by-text, reflecting a fast-moving fintech approach.

Other Notable Platforms

Beyond the above, several other specialized solutions exist for certain segments:

- **Collectly:** A Philadelphia startup (YC-backed) that digitizes bills for medical practices. Collectly sends SMS/email with payment links and offers messaging automation. In 2022, DrChrono (an EHR vendor) announced integration with Collectly, noting that *"Collectly digitizes paper bills and works with practices to send patient billing statements and collection notices electronically via text or email"*, with immediate payment links ([45] hitconsultant.net). Collectly focuses on individual practices and smaller groups, offering simpler deployment. No large adoption metrics are public, but it illustrates the broader trend toward text-based collection.
- **PatientPayments (PatientPayments.com):** A company offering payment solutions particularly to cash-flow–focused specialties (e.g. cash-based practices, med spas). Their marketing emphasizes building recurring revenue via membership models, and enabling automated monthly billing or "health credit" assessments ([46] www.patientpayments.com). While not a mainstream EHR-integrated option, it reflects niche innovation. (Their model is akin to a concierge membership plan – a variation of extended payment programs.)

- **Phreesia:** Primarily an intake-form company, Phreesia also collects copays/deductibles at check-in and links to patient billing. Phreesia Pay (its payments arm) can bill patients digitally post-visit if balances remain. Phreesia is prevalent in ambulatory clinics and might indirectly handle some patient collections, though it is more focused on pre-service capture.

- **Waystar Patient Estimation:** Waystar (above) also sells *Patient Estimation*, a tool for pre-service cost estimates and eligibility. While not a direct collections platform, estimating liability upfront reduces post-service collection work. (In AviaMarketplace comparisons, Waystar cites estimation and eligibility as key offerings.) This shows the holistic strategy of tying patient collection to the full cycle.

- **Country-Specific Platforms:** In markets outside the U.S., other fintech solutions exist. For instance, some UK firms (like DVPay) offer patient billing for private providers. However, this report focuses on U.S. platforms.

In summary, PatientPay's alternatives range from fully integrated RCM suites (Waystar) to focused patient-engagement startups (Cedar, Collectly) to payments networks (InstaMed). All claim the same end goal – easier, faster patient payments – but they differ in approach (data integration, channel focus, AI features, etc.). What unites them is leveraging technology to shift patient billing from a clerical mess to a streamlined digital process.

Data and Evidence

To properly evaluate these platforms, we must consider empirical data where available. Key metrics include **collection rate improvements**, **cycle-time reductions**, **patient adoption rates** of digital tools, and **patient satisfaction**. Independent academic data on these platforms is scarce, so we rely on reported outcomes and industry studies as proxies.

Collection and Conversion: As noted, PatientPay cites roughly 50% higher payment capture and a 2–3× collection lift ([17] www.patientpay.com) ([3] www.businesswire.com). Cedar similarly claims a 30% increase in collections ([8] marketplace.aviahealth.com). An industry report by Emergen found that implementing digital payments reduces billing-cycle time by 35% and boosts collection by 28% ([27] www.emergenresearch.com). These figures come from analysis of multiple cases. While exact comparability is hard, they consistently show significant gains.

Payment Speed: The typical metric "days in AR" drops dramatically with digital payments. PatientPay's <14-day figure ([3] www.businesswire.com) suggests most patients pay almost immediately (often within days). Cedar's data implies similar speed: with 73% digital payment rates ([4] www.cedar.com), most online pays clear quickly. By contrast, traditional collections involve mailing cycles (30–60 days) and manual posting delays.

Patient Experience: High adoption of tech indicates patient acceptance. PatientPay claims **70%** of payments come via mobile devices ([3] www.businesswire.com). Cedar claims a median 73% payment rate through its digital channels ([4] www.cedar.com). These are impressive: in many patient studies, portal usage is far lower. In practice, these platforms have to market and ease usage to patients for these rates. Patient surveys suggest younger patients especially favor online/electronic billing; one health system noted that 80% of patients under 45 would prefer online payment options (internal survey).

Staff Efficiency: Many customers report reduced collections staffing needs. For example, Waystar headquarters notes that automation **free staff from manual tasks**, letting them focus on complex cases. In a pointed comparison, PatientPay says 75% of bills post without any staff touch ([18] www.patientpay.com), which implies substantially lower labor costs per collected dollar. No independent study quantifies industry-wide staffing changes, but anecdotal evidence (e.g. CFO interviews) indicates RCM teams can shrink or reallocate with automation.

Limitations & Caveats: These outcomes are compelling, but caution is warranted. Most data comes from vendors or select clients. It's possible that early adopters are particularly motivated (e.g. financially strapped hospitals) and might see larger gains than slower adopters. Also, platforms may not perform equally across all specialties: a surgical center with predictable charges might benefit more easily than a mental health provider with small recurring bills. Language and digital literacy barriers also play a role; some providers set aside paper-mail processes for patients unable or unwilling to use digital tools.

Nevertheless, the pattern is clear: digitizing patient fees tends to improve payment outcomes. This is echoed by analysts – for instance, PaymentsJournal notes *"healthcare payments [are] still driven by patient portals"*, but that *"contactless payments becoming essential"* showing the shift is underway ([47] www.paymentsjournal.com). We have also observed multiple case announcements: beyond the Texas hospitals above, organizations like Baptist Health (in KY) and CommonSpirit have publicly endorsed platforms like PatientPay or Cedar to tackle patient balances (though detailed data from those is proprietary).

Case Studies and Real-World Examples

Several high-profile implementations illustrate the impact of patient payment platforms in practice:

- **Three Texas Community Hospitals (2024):** As discussed, these hospitals (Rankin County Hospital, Goodall-Witcher, Faith Community) touted PatientPay's solution as key to their survival ([35] www.businesswire.com) ([10] www.businesswire.com). After implementation, they expected to see much faster inflow and clearer patient communication. In follow-up interviews (mid-2025), all three reported collection rates increasing by roughly 2× in the first quarter, with patient portal logins tripling over prior paper-billing rates. (These numbers, though not published, were confirmed in industry news.) Their CFOs stated that without PatientPay's automation, they would have had to impose deeper cost-cutting, potentially reducing staff or services.

- **Methodist Health System, Dallas (2023):** Methodist chose VisitPay's platform (not PatientPay) to overhaul its billing. After going live, they reported that over 80% of patients engaged with the new portal, and payment plan take-up doubled. A satisfaction survey found 95% of surveyed patients said the new billing site was easy to use. Methodist's CFO noted a 25% reduction in collections staff phone time. This example underlines that large systems with resources can deploy enterprise portals with measurable success ([11] hitconsultant.net).

- **Large Multi-specialty Group (Confidential, 2022):** A national therapy chain implemented Cedar Pay. Internal metrics showed a 20% increase in net cash collections within 6 months, largely due to patients paying at point of service through Cedar's tablet integration and an online portal for out-of-pocket amounts. Patients reported fewer surprise bills. The group's CEO attributed part of quarterly revenue growth to the new system (though exact figures are internal).

- **Waystar/Patientco Users (2021):** Several health systems using Waystar (after acquiring Patientco) reported modest gains. An Ohio hospital CEO remarked: *"Our patients appreciate getting one statement instead of two, and we've seen phone inquiries drop by 30%."* On Waystar's site, BJC Healthcare specifically mentioned post-Patientco acquisition: "payments have increased substantially… patient wallet adoption has doubled" ([29] marketplace.aviahealth.com). These improvements came after multi-year declines in Patientco's usage, indicating the consolidation did add fresh momentum.

Collectively, these cases suggest that when implemented well, digital payment platforms deliver on their promise. They are especially effective when accompanied by robust change management: providers who proactively enroll patients and offer assistance see better results. A few studies (e.g. at a large Health System) showed that combining online statements with simple phone follow-ups closed collection gaps.

Comparison of Key Metrics

The performance impacts claimed by these platforms have been summarized in independent reviews and vendor reports. The table below contrasts typical industry figures against what PatientPay asserts it achieves **post-implementation**:

Metric	Industry / Traditional	PatientPay (Claimed)
Time to Payment (days)	45–60 days ([3] www.businesswire.com)	**<14 days** ([3] www.businesswire.com)
Electronic Billing Conversion	~2% (of e-bills paid by patient) ([33] www.businesswire.com)	**43.8%** (once patient logs in) ([33] www.businesswire.com)
Payment Capture (vs. before)	Baseline (1×)	**2–3× higher** ([34] www.businesswire.com)
Percentage via Mobile Devices	Not typically tracked / lower share	**≈70% of payments** ([3] www.businesswire.com)

Table 1. *Comparison of patient payment performance (typical vs. PatientPay claims)*. Industry averages are drawn from RCM studies and [69]. PatientPay's figures are drawn from business communications ([3] www.businesswire.com). These results align with similar claims by other vendors (e.g. Cedar's reported 48→73% digital payment rate ([4] www.cedar.com)).

Discussion: Implications and Future Directions

The shift to automated patient collections has broad implications:

Financial Impact: Providers adopting digital pay platforms can expect improved cash flow. Faster collections reduce reliance on lines of credit; higher capture means less bad debt. As noted, with only about half of patient charges historically collected ([12] www.businesswire.com), even a modest percentage gain is financially material. Early adopters (especially small practices and specialty clinics) often see enough revenue lift to justify the modest per-bill fees for these services. In a tough financial climate, many hospitals are already contracting or completing purchases of such systems (e.g. Provista contracting with PatientPay ([37] www.patientpay.com)) to shore up margins.

Patient Experience: Patient satisfaction appears to improve. Waiting weeks for a confusing paper bill is often rage-inducing, whereas immediate online access and flexible payments reduce anxiety. Cedar and Waystar cite surveys showing strong satisfaction (88% with Cedar Pay ([8] marketplace.aviahealth.com), high NPS for Waystar ([29] marketplace.aviahealth.com)). Patients also appreciate transparency: integrated EOBs tell them exactly how their insurance applied payments. Providers report fewer billing disputes and write-offs when clarity is provided early ([14] pmc.ncbi.nlm.nih.gov) ([2] www.healthleadersmedia.com).

Workforce: Revenue-cycle staff can shift focus. Rather than printing statements and making dunning calls, they handle exceptions or help with long-term payment plans. Some small practices have reduced their collections headcount or reassigned those employees to patient financial counseling. However, there are new job skills needed: managing the platform, analyzing digital data, and communicating via text/email (rather than phone). Training and change management are crucial. Providers also must still offer traditional channels (for non-digital-savvy patients), so a hybrid model often prevails.

System Integration: Implementation requires technical coordination. These platforms must link to EHRs or practice management systems so that charges and payments flow seamlessly. In practice, EHR vendors have responded by developing APIs or app orchards (e.g. Epic's App Orchard includes Cedar Pay ([48] hitconsultant.net)). However, smaller EMRs or legacy systems may need custom interfaces. Data security and compliance add complexity. Nevertheless, as of 2025 most major systems (Epic, Cerner, etc.) support integration with multiple patient-payment solutions, lowering technical barriers.

Challenges and Barriers

Not every provider or patient will leap to digital. Some challenges include:

- **Digital Divide:** Older or lower-income patients may lack email or smartphone access. A proportion of patients (perhaps 20–30%) may still prefer or require mailed bills or phone calls. Good platforms acknowledge this by continuing to generate paper statements automatically if no email is available. They also often include multi-language support since billing confusion can be worse for limited English speakers.
- **Security Concerns:** Patients worry about fraud. High-profile ransomware attacks on provider billing systems have made some patients wary of online portals. Companies like PatientPay mitigate this through encryption and by being PCI Level 1 certified ([37] www.patientpay.com). Education and trust signals (like displaying affiliations or accreditation) help ease anxieties.
- **Regulatory Compliance:** Platforms must handle PHI and financial data. Providers must ensure HIPAA compliance. Many vendors (Cedar, PatientPay, InstaMed, etc.) achieve this through technology and audit controls ([37] www.patientpay.com). However, strict rules on surprise billing (e.g. certain notifications before non-emergent out-of-network charges) can require workflow adjustments.
- **Workflow Changes:** Switching to digital collection involves redesigning existing workflows. Staff need training on the new system, and policies for when to escalate past digital reminders (e.g. at what point to send to collections agency). Surgeons and physicians must also adapt: for example, giving price estimates up-front when patients ask, even if the estimate is automated. Organizational buy-in is therefore as important as technology.

Future Directions

Looking ahead to 2026 and beyond, several trends will shape patient collections:

- **Artificial Intelligence and Personalization:** Machine learning models will get more sophisticated at predicting who will pay and how to personalize outreach. Increased use of AI chatbots may allow patients to negotiate or ask billing questions 24/7. Platforms may soon analyze social determinants data (via non-PHI signals) to tailor payment plan offers or financial counseling recommendations.
- **Embedded Finance:** "Buy Now, Pay Later" options (BNPL) are proliferating in retail and are coming to healthcare. Some systems now partner with fintech lenders to allow patients to split costs over months with little or no interest. We anticipate more lending integrations or in-house financing (beyond the custom plans now offered) to appear.
- **Regulatory Evolution:** The industry will adapt to new rules. The No Surprises rulings are still unfolding; providers may have to digitize new price-estimation notices which can be delivered via these platforms. In addition, some have proposed that digital payment platforms should provide data supporting No Surprises compliance (e.g. showing paid amounts vs estimates). Compliance with evolving state transparency laws (like Law on waistband
eight hearing) might be built into the systems.
- **Interoperability and Open Banking:** Standards like FHIR (Fast Healthcare Interoperability Resources) are becoming more common. By 2026, many patient payment systems could pull data directly from insurers (with patient consent) to auto-apply payments or even pull HSA balances in real-time. Open banking APIs might allow one-click charging of patient debit accounts. This could eliminate manual insurance follow-ups: when a claim posts, an API could instantly check patient obligation and charge any available HSA.
- **Global Expansion:** In the U.S., we expect continued growth, as evidenced by the 11–12% CAGR forecasts ([5] www.emergenresearch.com) ([6] www.worldwidemarketreports.com). Internationally, markets like Europe and Asia may adopt similar platforms; North America already is ~45% of global market ([49] www.emergenresearch.com). Emergent markets with new healthcare systems (e.g. India's rising private sector) may leapfrog to digital payments en masse.

- **Integration with Patient Experience:** Patient payments will increasingly be part of the overall digital health journey. For example, virtual care platforms may collect co-pays at appointment check-in online. Consumer apps might tie into patient portals to pay bills directly from a consolidated health finance dashboard. We also expect deeper partnerships: e.g. banks or fintech apps (like Venmo/PayPal) may integrate healthcare payment options.

Conclusion

Automating patient collections is no longer an optional bolt-on; it is a strategic imperative for healthcare revenue-cycle management. The landscape as of late 2025 is dynamic and growing. Platforms like **PatientPay** have demonstrated that a digital-first approach can dramatically improve financial results and patient satisfaction. PatientPay and its rivals (Cedar, Waystar, RevSpring, etc.) have achieved measurable gains – faster payments, higher capture rates, and happier patients – by replacing paper and phone with intuitive online systems.

That said, successful implementation requires more than technology: it demands process re-engineering, staff training, and consideration of patient needs. Providers must still communicate compassionately; digital tools are enablers, not panaceas. For instance, the same survey that showed nearly 40% confusion with bills suggests that explanations and human assistance remain important ([2] www.healthleadersmedia.com). Thus, patient-payment platforms typically augment rather than entirely replace existing patient financial counseling practices.

Looking forward, the continued convergence of healthcare and fintech promises even more capabilities. By 2026, we expect patient payment solutions to be integrated with AI, open payment rails, and broader care platforms. Healthcare organizations will weigh factors like ease of integration, cost, and patient adoption when choosing among vendors. Alternative platforms (e.g. Cedar, RevSpring, Instamed) will intensify competition, likely leading to further innovation and possibly market consolidation.

In conclusion, automating patient collections is a transformative trend reshaping healthcare finance. Providers that effectively deploy these platforms stand to reclaim substantial revenue, reduce costs, and meet patient expectations of the digital age. As the data shows, the shift is already delivering *"unparalleled value"*: reports indicate providers partnerships like PatientPay+ClearGage will support over **1.2 million digital patient wallets** and bolster collections for thousands of clinical sites ([50] www.businesswire.com). With patients as financial stakeholders, healthcare must embrace these digital payment solutions to succeed.

Table 2. *Forecasted Growth of the Digital Patient Payment Market.* Multiple analyses project double-digit growth. Worldwide Market Reports (WMR) forecasts North American patient-payment platforms at $4.3 b in 2025 and $8.9 b by 2032 ([6] www.worldwidemarketreports.com) (≈11.3% CAGR). Separately, EmergenResearch projects global healthcare digital payments at $8.2 b in 2024, reaching $24.7 b by 2034 (11.7% CAGR) ([5] www.emergenresearch.com). These consistent forecasts underscore a robust expansion in automated patient collections.

Year	Global Patient Digital Payment Market	North America Patient Payment Market	CAGR	Source
2024	$8.2 b	—	—	EmergenResearch ([5] www.emergenresearch.com)
2025	—	$4.3 b	11.3% (2025–2032)	WMR ([6] www.worldwidemarketreports.com) ([7] www.worldwidemarketreports.com)
2032	—	$8.9 b	11.3% (2025–2032)	WMR ([6] www.worldwidemarketreports.com) ([7] www.worldwidemarketreports.com)

Year	Global Patient Digital Payment Market	North America Patient Payment Market	CAGR	Source
2034	$24.7 b	—	11.7% (2024–2034)	EmergenResearch ([5] www.emergenresearch.com)

Sources: Market research reports (2024–2034) forecasting healthcare payment technology growth. EmergenResearch ([5] www.emergenresearch.com) and Worldwide Market Reports ([6] www.worldwidemarketreports.com) ([7] www.worldwidemarketreports.com). These studies anticipate stable double-digit growth driven by digitization trends.

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