

Perceived Service Quality, Price Perception, and Revisit Intention among BPJS Kesehatan Outpatients

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ABSTRACT

The relationship between service quality, price perception, and revisit intention was examined among BPJS Kesehatan outpatients at a private hospital in Cikarang, Indonesia. A quantitative survey with a cross-sectional design was conducted involving BPJS Kesehatan outpatients aged 17 years or older who had prior experience using outpatient services. Participants were recruited using purposive sampling. Data were collected via a structured questionnaire utilizing a five-point Likert scale and analyzed using multiple linear regression. The analysis revealed that both service quality and price perception were positively associated with revisit intention, whether considered individually or jointly. Service quality demonstrated a relatively stronger relationship with revisit intention than price perception did. Consistent procedures, responsive staff, clear communication, and a satisfying outpatient experience all were associated with the intention to return to the hospital. Positive price perception also was associated with revisit intention when the benefits received were deemed commensurate with the required financial and non-financial sacrifices. These findings indicate that hospital management should prioritize service reliability, effective waiting time management, equitable communication, and the provision of clear information regarding BPJS benefits and administrative procedures.

Keywords: BPJS Kesehatan; Outpatient Services; Price Perception; Revisit Intention; Service Quality.

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INTRODUCTION

Revisit intention is a prospective indicator of patient retention rather than evidence of actual repeat utilization. It represents a patient's stated preference to select the same healthcare provider when subsequent examination or treatment is required. Unlike routine product repurchase, this decision involves continuity of care, confidence in the provider, and an accumulated evaluation of clinical and nonclinical encounters. Registration procedures, interactions with medical personnel, diagnostic services, pharmacy access, physical facilities, and insurance administration may all enter this evaluation. A systematic review of 157 healthcare studies identified medical care and patient communication among the factors most frequently associated with satisfaction, while willingness to return was used in several studies as a subsequent behavioral indicator (Ferreira et al., 2023). Indonesian outpatient evidence also connects service experience with perceived value, satisfaction, and intention to revisit the same hospital (Noviyani & Viwattanakulvanid, 2025).

Recent evidence indicates that subsequent patient behavior is rarely determined by a single service attribute. A systematic review of 43 Asian studies identified service quality, interpersonal care, accessibility, affordability, waiting time, communication, physical environment, and previous patient experience as recurring determinants of patient satisfaction (Akthar et al., 2023). Evidence from an Indonesian private hospital further suggests that patients integrate these encounters into an overall evaluation of the hospital. This evaluation is associated with satisfaction, which subsequently supports revisit intention (Mandagi et al., 2023). Revisit intention should therefore be interpreted as a prospective response to an accumulated service experience rather than a reaction to an isolated clinical encounter.

The relationship between service evaluation and future provider choice requires a specific interpretation under Indonesia's National Health Insurance program, administered by BPJS Kesehatan. Participants ordinarily do not pay the full treatment cost at the point of service, but accessing care still entails financial and nonfinancial sacrifices. Monthly contributions, transportation expenditure, waiting, repeated document verification, uncertainty about benefit coverage, and potential out-of-pocket payments may affect the value assigned to a hospital visit. Patients compare these sacrifices with access to medical consultation, diagnostic procedures, prescribed medicines, continuity of treatment, and protection from large direct healthcare expenditure. Evidence from hospital patients indicates that perceived value, prior expectations, and service experience contribute to satisfaction, although the relative strength of these relationships varies across institutional settings (Poormoosa et al., 2025; Rao et al., 2025).

Sentra Medika Hospital Cikarang is a type-B private hospital serving BPJS Kesehatan participants in Bekasi Regency, West Java. Specialist consultations and supporting healthcare services are provided through coordinated outpatient units. The hospital has experienced increasing demand for outpatient services, reflecting the growing utilization of healthcare facilities in the region. However, repeated visits cannot be automatically interpreted as an indication of patient loyalty, as they may also be influenced by clinical requirements, referral systems, provider availability, geographical accessibility, and other structural factors. Therefore, patient-level evidence is needed to distinguish preference-driven revisit intention from healthcare utilization determined by medical and institutional factors.

Service quality captures patients' assessment of how accurately, consistently, promptly, and respectfully healthcare is delivered. Recent healthcare applications of SERVQUAL retain five dimensions: tangibility, reliability, responsiveness, assurance, and empathy (Alfatafta et al., 2025; Noviyani & Viwattanakulvanid, 2025). Tangibility concerns the condition and accessibility of facilities and equipment.

Reliability reflects accurate and dependable delivery, whereas responsiveness concerns the willingness and speed with which personnel address patient needs. Assurance develops from professional competence, safety, courtesy, and confidence in the provider. Empathy is reflected in individualized attention, understandable communication, privacy protection, and equitable treatment.

Each dimension may operate through a different process. Accurate registration and consistent information can reduce procedural uncertainty. Prompt assistance lowers the time and effort required to obtain care, while professional competence may reduce perceived clinical risk. Spatial organization, seating availability, cleanliness, and clear signage can make outpatient facilities easier to navigate. Evidence from prosthetic and orthotic services associates perceived service quality with patient experience and satisfaction, although the contribution of individual dimensions was not uniform (Alfatafta et al., 2025). Othman & Kadasah (2025) similarly reported variation in the relationships between service-quality dimensions, satisfaction, and willingness to revisit dental clinics. Indonesian evidence provides a more direct basis for the proposed relationship. Using data from 770 public-hospital outpatients (Noviyani & Viwattanakulvanid, 2025), reported that service quality contributed to perceived value and satisfaction both constructs subsequently supported revisit intention and mediated the relationship between service quality and revisit intention.

H1: Perceived service quality is positively associated with revisit intention among BPJS Kesehatan outpatients.

Price perception refers to patients' interpretation of the sacrifice required to obtain care rather than their awareness of an objective tariff. This distinction is relevant because national BPJS contribution rates are not determined by individual hospitals. The provider can nevertheless shape patients' economic evaluations through administrative efficiency, information consistency, medicine availability, and the management of legitimate non-covered services. Repeated verification, unclear referral procedures, transportation expenditure, prolonged waiting, and unexpected requests for payment may be interpreted as economic unfairness even when formal tariffs have been applied correctly. Price perception in this setting may therefore incorporate affordability, price fairness, indirect expenditure, administrative burden, and the accessibility of insured benefits.

Hospital-based research supports the inclusion of economic evaluation in models of patient behavior. Karki et al. (2025) reported that price-related value was positively associated with patient satisfaction in Nepalese private teaching hospitals ($\beta = .239, p < .001$). Service quality produced a larger coefficient ($\beta = .376, p < .001$), and satisfaction subsequently predicted behavioral intention ($\beta = .229, p < .001$). Research conducted in an Iranian public university dental clinic also connected price, perceived quality, satisfaction, and patient loyalty (Poormoosa et al., 2025). These studies do not establish a direct relationship between price perception and revisit intention among BPJS participants, but they provide an empirical basis for expecting price-related evaluations to contribute to subsequent patient responses.

Evidence outside healthcare presents a less uniform pattern. Rakhmawati & Farisi (2024) reported that price value did not directly influence purchase intention in a food-delivery application; attitude transmitted the relationship. Farisi & Rahmawati (2025) similarly observed no direct association between price perception and impulsive buying, although price perception operated indirectly through positive emotion. These studies concern discretionary consumer decisions rather than continuity of healthcare. Their relevance lies in showing that price evaluation does not invariably translate directly into behavioral intention.

The differences across these models define the empirical gap addressed in the present research. Healthcare studies frequently position satisfaction or perceived value between service evaluation and subsequent behavior, whereas consumer research indicates that attitude or emotion may transmit price-related effects. Direct evidence concerning price perception and revisit intention within a third-party-payer hospital system remains limited. It is also uncertain whether price perception retains a unique association with revisit intention when service quality is statistically controlled.

H2: Favorable price perception is positively associated with revisit intention among BPJS Kesehatan outpatients.

Service quality and price perception represent related but analytically distinct evaluations. Service quality concerns an experience largely shaped by hospital operations, whereas price perception includes an economic judgment partly influenced by insurance regulations outside the provider's control. Entering both variables into the same regression model permits estimation of their unique associations with revisit intention. The model does not test interaction or synergy unless a product term between the two predictors is explicitly included.

Previous healthcare studies have predominantly positioned satisfaction and perceived value as mechanisms connecting service experience with subsequent patient behavior. Evidence directly comparing service quality and price perception among BPJS outpatients at a private hospital remains limited. The present study addresses this gap by distinguishing service quality as a provider-controlled evaluation from price perception as an economic assessment formed within a nationally administered insurance system.

H3: Service quality and price perception jointly explain a statistically significant proportion of variation in revisit intention among BPJS Kesehatan outpatients.

The study aims to estimate the partial associations of service quality and price perception with revisit intention, compare their standardized regression coefficients, and assess their collective explanatory contribution among BPJS Kesehatan outpatients at Sentra Medika Hospital Cikarang. The analysis therefore examines whether the hospital-controlled service experience remains the more proximal predictor when patients' price-related evaluations are held constant.

RESEARCH METHODS

Research Design and Setting

The study used quantitative, cross-sectional, and associative survey designs. Service quality, price perception, and revisit intent were measured at a single point in time; therefore, the analysis estimated statistical associations without establishing a time sequence or causal effect. The study was conducted at the Sentra Medika Hospital Cikarang outpatient facility, a type B private hospital serving BPJS Kesehatan participants in Bekasi Regency, West Java. Unpublished hospital administrative records show approximately 10,000 BPJS outpatient visits per month by 2025.

Participants and Sampling

A purposive sample of 225 BPJS Kesehatan outpatients was recruited from the Sentra Medika Hospital Cikarang. Participants who met the criteria were active BPJS Kesehatan members, aged 17 years or older, had made at least two previous visits to the hospital, were able to communicate independently, and agreed to participate. The criteria for previous visits ensured that respondents had sufficient experience

with the outpatient process to evaluate the research construct. Data were collected through a self-filled questionnaire with two modes: Google Forms and a print questionnaire. The final sample consisted of 225 responses that met the criteria and were complete.

Data Collection Procedure

Data collection was conducted from April to September 2026 at the outpatient facility of Sentra Medika Hospital Cikarang. Eligible respondents were approached during their outpatient visits after meeting predetermined inclusion criteria. The questionnaire was distributed using two modes: an electronic questionnaire via Google Forms and a printed questionnaire. The use of both modes was intended to accommodate respondents with different levels of access and ability to complete the electronic questionnaire. The questionnaire consisted of 45 statements covering quality of service, price perception, and revisit intent, which were measured using a five-point Likert scale. Based on the documented questionnaire records, 125 responses were collected using a printed questionnaire and 100 responses were collected through Google Forms, resulting in 225 responses that met the criteria and were complete. The responses obtained through the two modes were then combined into a single dataset for statistical analysis. Questionnaires and Google Form links are only provided to patients who meet the predetermined inclusion criteria.

To minimize the potential for social desirability bias, the questionnaire was administered as a self-filled instrument, and respondents were told that their responses would be treated anonymously and used only for research purposes. Respondents completed the questionnaire in the absence of hospital staff, particularly personnel involved in their healthcare services. They were encouraged to provide an assessment based on their actual experience with hospital outpatient services. This procedure was implemented to reduce the pressure felt to provide a favorable assessment of the hospital and to encourage respondents to report their perceptions independently. After collection, the print questionnaire and Google Form responses were checked for completeness and feasibility. Responses that met the criteria were encoded, tabulated, and combined into a single dataset prior to statistical analysis. All 225 criteria and complete responses were retained for final analysis.

Measurements

The questionnaire consisted of 45 statements that were scored on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Quality of service was measured using 15 items representing physical evidence, reliability, responsiveness, assurance, and empathy. Price perceptions were assessed with 15 items that included affordability, suitability between dues and benefits, cost competitiveness, price fairness, and absence of unexpected costs. Revisit intent was measured using 15 items related to willingness to return for subsequent treatment, future service provider preferences, and behavioral intentions related to recommendations. The item-total Pearson correlation was examined as an initial assessment of item consistency, using $r = .1308$ as the statistical reference value for a sample of 225 respondents. Correlations range from .263 to .493 for quality of service, .140 to .519 for price perception, and .643 to .822 for repeat intent. Cronbach's alpha coefficients are .756, .749, and .939, respectively.

Data Analysis

Multiple linear regression was used to estimate the unique association of service quality and price perception with repeat visit intent. Non-standardized coefficients, standard errors, standardized coefficients, t-statistics, and p-values were reported for each predictor. Regression models and interpretation of regression coefficients were assessed following established guidelines for multivariate analysis (Hair et al., 2019). Multicollinearity was examined using tolerance values and variance inflation factor (VIF). Overall model performance was evaluated using statistical F, multiple correlation coefficient (R), determination coefficient (R^2), adjusted R^2 , and estimation standard error.

Residual normality was assessed using the single-sample Kolmogorov–Smirnov test, while the Glejser test was used to assess heteroscedasticity. Deviation from linearity tests, Durbin–Watson statistics, and case wise diagnostics were also examined. All 225 observations were retained for final analysis. The statistical test was bilateral with an alpha level of .05.

RESULTS AND DISCUSSION

Multiple Linear Regression Analysis and Hypothesis Testing

The multiple linear regression model was conducted to examine the predictive effects of service quality and price perception on patients' revisit intention. The overall regression model was statistically significant, $F(2,222) = 249.370$, $p < 0.001$. The model explained 69.2% of the variance in revisit intention ($R^2 = 0.692$; Adjusted $R^2 = 0.689$), indicating that service quality and price perception jointly contributed significantly to predicting patients' intention to revisit Sentra Medika Hospital Cikarang.

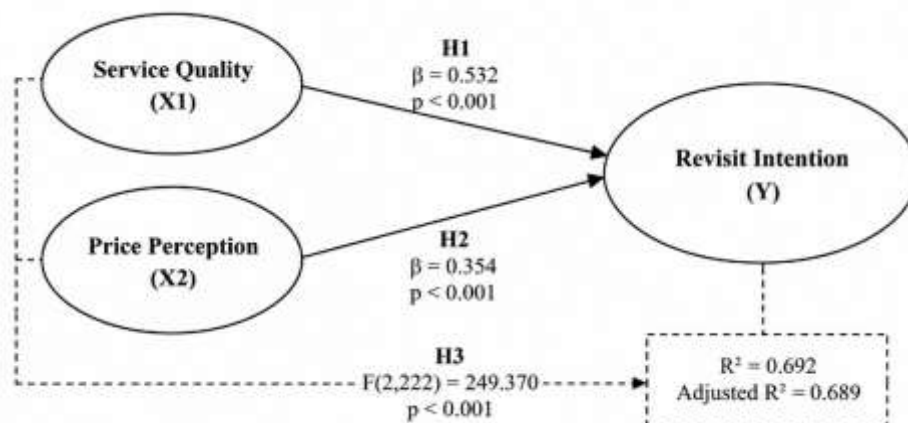


Figure 1. Multiple Linear Regression Model and Hypothesis Testing Results.

Source: Primary data processed by the authors, 2026.

As shown in Figure 1, service quality demonstrated a significant positive effect on revisit intention ($\beta = 0.532$, $p < 0.001$), supporting H1. These results indicate that patients who perceived better healthcare service delivery were more likely to express stronger intentions to revisit the hospital. Among the independent variables examined, service quality exhibited the highest standardized coefficient, suggesting that reliability, responsiveness, assurance, empathy, and overall service performance are important determinants of future healthcare utilization.

Price perception also demonstrated a significant positive relationship with revisit intention ($\beta = 0.354, p < 0.001$), thereby supporting H2. These findings suggest that patients were more likely to return to the hospital when they perceived that the benefits obtained from healthcare services were appropriate relative to the financial and non-financial costs incurred. In the context of BPJS Kesehatan services, price perception reflects patients' evaluation of the overall value obtained from healthcare services, including accessibility, administrative convenience, and continuity of care.

Furthermore, the simultaneous regression analysis supported H3. Service quality and price perception jointly produced a statistically significant regression model ($F(2,222) = 249.370, p < 0.001$) and explained 69.2% of the variance in revisit intention ($R^2 = 0.692$). These findings indicate that patients' intention to revisit healthcare services is influenced by the combined contribution of service performance and perceived value. Thus, patient retention is not determined solely by the quality of healthcare delivery but also by patients' overall assessment of the benefits received from the healthcare experience.

Before proceeding to the regression diagnostic assessment, the reliability and item correlation analyses were conducted to evaluate the consistency of the measurement instruments. Table 1 presents the item-total correlation ranges and internal consistency values for each construct. The reliability assessment showed that all variables achieved acceptable levels of internal consistency, indicating that the measurement instruments were sufficiently reliable for further statistical analysis.

Table 1. Item Correlation Ranges and Scale Reliability

Construct	Items	Item-total r	Cronbach's alpha	Assessment
Service quality (X1)	15	.263–.493	.756	Reliable
Price perception (X2)	15	.140–.519	.749	Reliable
Revisit intention (Y)	15	.643–.822	.939	Highly Reliable

Source: Primary data processed by the authors, 2026.

As shown in Table 1, the revisit intention construct demonstrated the highest internal consistency (Cronbach's alpha = .939), indicating excellent reliability. Meanwhile, service quality ($\alpha = .756$) and price perception ($\alpha = .749$) also achieved acceptable reliability levels. The item-total correlation values ranged from .263 to .493 for service quality, .140 to .519 for price perception, and .643 to .822 for revisit intention. Although one item within the price perception construct showed a relatively lower correlation value ($r = .140$), the overall reliability coefficient remained acceptable, suggesting that the construct maintained adequate consistency for subsequent analyses.

The regression assumptions were subsequently examined to ensure the appropriateness of the multiple linear regression model. The diagnostic results provided mixed evidence regarding the fulfillment of classical regression assumptions. The multicollinearity assessment indicated acceptable results, with tolerance values of 0.435 and a variance inflation factor (VIF) of 2.301, suggesting that the independent variables did not suffer from problematic correlation. In addition, the Glejser test showed no evidence of heteroscedasticity, with non-significant values for service quality ($p = 0.103$) and price perception ($p = 0.605$). The Durbin-Watson statistic of 2.007 also indicated that the residuals were independent and free from autocorrelation problems.

Table 2. Regression Diagnostic Summary

Diagnostic	Result	Decision
Residual normality (K-S)	Statistic = .137; $p < .001$	Formal normality not supported
Multicollinearity	Tolerance = .435; VIF = 2.301	No problematic multicollinearity
Glejser heteroscedasticity	$pX1 = .103$; $pX2 = .605$	Not detected
Deviation from linearity	$pX1 = .014$; $pX2 < .001$	Linearity assumption requires caution
Durbin-Watson	2.007	No residual autocorrelation indicated

Note. K-S = Kolmogorov-Smirnov; $X1$ = service quality; $X2$ = price perception.

Source: Primary data processed by the authors, 2026.

Regression diagnostic tests were conducted to assess the suitability of the multiple linear regression model. The results indicated that the model met the required diagnostic criteria. The multicollinearity assessment showed acceptable values, with tolerance of 0.435 and VIF of 2.301, indicating no problematic correlation among the independent variables. The Glejser test results showed no indication of heteroscedasticity for service quality ($p = 0.103$) and price perception ($p = 0.605$). Furthermore, the Durbin-Watson value of 2.007 indicated that the residuals were independent and no autocorrelation problem was identified. The detailed results of the regression diagnostic tests are presented in Table 2.

Regression Results and Hypothesis Tests

The overall regression model was statistically significant, $F(2,222) = 249.370$, $p < .001$. The model produced $R = .832$, $R^2 = .692$, adjusted $R^2 = .689$, and a standard error of the estimate of 3.52762. Service quality and price perception therefore explained 69.2% of the observed variance in the composite revisit-intention score, while the remaining variance represents factors outside the current model.

The estimated regression equation was $Y = 7.461 + 0.517X1 + 0.363X2$, where Y represents revisit intention, $X1$ represents service quality, and $X2$ represents price perception. Holding price perception constant, a one-unit increase in service quality was associated with an average increase of 0.517 units in revisit intention. Similarly, holding service quality constant, a one-unit increase in price perception was associated with an average increase of 0.363 units in revisit intention. The standardized coefficient for service quality ($\beta = .532$) was higher than that of price perception ($\beta = .354$), indicating that service quality had the stronger standardized contribution within the estimated model. The individual coefficients represent the partial contribution of each predictor, whereas the overall explanatory power of the model is reflected by the F statistic and R^2 value.

Table 3. Multiple Linear Regression Predicting Revisit Intention

Predictor	B	SE	Beta	t	p
Constant	7.461	2.602	—	2.868	.005
Service quality ($X1$)	.517	.055	.532	9.415	< .001
Price perception ($X2$)	.363	.058	.354	6.271	< .001

Source: Primary data processed by the authors, 2026.

The Partial Effect of Service Quality on Revisit Intention

H1 was supported. Service quality had a positive association with revisit intention after price perception was controlled, $B = .517$, $SE = .055$, $\beta = .532$, $t = 9.415$, $p < .001$. A one-unit increase in the composite service-quality score was associated with an average increase of .517 units in the revisit-intention

score, assuming that price perception remained constant. Substantively, BPJS Kesehatan outpatients who evaluated the hospital's services more favorably tended to report a stronger intention to return. This association reflects the consistency and coordination of the complete outpatient experience rather than clinical treatment alone.

One plausible mechanism is that dependable and respectful service reduces uncertainty before it is translated into future provider preference. Evidence from 242 hospital patients in India showed that service quality contributed to satisfaction and that trust in the hospital mediated the relationship between satisfaction and behavioral intention (Akthar et al., 2024). Research involving private-hospital patients in Manado identified a comparable sequence: a coherent hospital experience supported patient satisfaction, which subsequently contributed to revisit intention (Mandagi et al., 2023). The present coefficient may therefore capture not only patients' immediate responses to staff performance but also their accumulated confidence in the hospital's ability to provide consistent care during subsequent visits.

This interpretation is consistent with evidence from Indonesian outpatient services. Noviyani & Viwattanakulvanid (2025) reported that tangibility, assurance, empathy, reliability, and responsiveness were positively associated with perceived value and patient satisfaction. Perceived value and satisfaction were subsequently associated with revisit intention and mediated the relationship between service quality and intention to return. Waiting time was also identified as a relevant component of the outpatient experience. The Indonesian setting makes the study contextually relevant to the present research, although differences between public and private hospitals should be considered when comparing the results.

A comparable pattern has been documented in other healthcare systems. In private teaching hospitals in Nepal, service quality had the strongest association with patient satisfaction among the perceived-value dimensions examined ($\beta=.376$, $p < .001$), while patient satisfaction was positively associated with behavioral intention ($\beta=.229$, $p < .001$) (Karki et al., 2025). Although behavioral intention encompasses future responses beyond hospital revisitation, the reported relationships support a possible sequence in which service encounters shape patient evaluations before contributing to continued patronage.

The physical and emotional characteristics of the service environment also warrant consideration. Rauf et al. (2024) reported that servicescape was associated with patients' re-patronage and recommendation intentions, both directly and indirectly through pleasure and satisfaction. Their analysis indicates that cleanliness, spatial layout, seating arrangements, ambient conditions, and directional signage form part of patients' service evaluations. In an outpatient setting, these attributes may reduce navigational difficulty and discomfort during waiting periods. A poorly organized environment may therefore diminish revisit intention even when the clinical service is considered adequate.

Another operational pathway through which service quality may influence the propensity to return is communication quality. The authors advocate more dependable diagnostic procedures, quicker replies, and more transparent feedback channels after evaluating 1,481 internet-hospital outpatients in China and finding that responsiveness was the biggest difference between experienced and expected service (Han et al., 2024). Research from Ghanaian general outpatients also revealed that patients' assessments of the quality of healthcare were negatively impacted by unfulfilled requests for explanations about tests, treatments, and diagnoses (Asare et al., 2024). Even when clinical processes have been carried out appropriately, BPJS outpatients may receive worse service evaluations due to unclear instructions regarding verification, referrals, medications, or follow-up care. Evidence that dependability and responsiveness had a direct impact on satisfaction in a structured preanesthetic service procedure is also consistent with the

emphasis on accurate registration and quick administrative support (Wu et al., 2024). Instead of depending only on general satisfaction ratings, management should document verification errors, unresolved BPJS cases, response times, and the percentage of patients obtaining comprehensive follow-up information.

However, the contribution of each service-quality dimension may vary across healthcare settings. Othman and Kadasah (2025) reported that the relationships between service-quality dimensions, patient satisfaction, and willingness to revisit dental clinics were not uniform. Variation across the dimensions has also been documented in hospital research. Based on responses from 381 patients in Saudi Arabia, private hospitals received higher evaluations than government hospitals across the five SERVQUAL dimensions, although empathy and responsiveness remained comparatively weak areas (Alharbi, 2023). These differences suggest that an aggregate service-quality score can predict an overall patient response without implying that each dimension has an equivalent behavioral contribution. The significant coefficient in the present study should therefore be interpreted as an overall evaluation of multiple service encounters rather than evidence that every dimension contributes equally. This distinction is managerially relevant because the aggregate coefficient does not identify which operational dimension should receive the largest allocation of resources.

For Sentra Medika Hospital Cikarang, the result supports further evaluation of the integrated one-stop service model. Process reliability can be monitored through registration accuracy, consistency of BPJS verification, availability of queue information, timeliness of transfers between service units, medicine availability, and the completeness of follow-up instructions. Responsiveness could be improved by establishing measurable service-time standards, escalation procedures for delayed cases, and clear responsibility for resolving BPJS administrative problems. Empathy requires procedures to be explained in language that patients and accompanying family members can understand, while treatment should remain equitable regardless of insurance status.

The physical environment should also be managed as a core component of the hospital's service commitment. Self-registration facilities, seating capacity, accessibility, directional signage, cleanliness, and assistance for older patients or those with limited digital literacy can lessen both functional and psychological effort. Collectively, these actions convert the statistical relationship between service quality and intention to revisit into practical interventions that hospital management can track and continuously improve.

The Partial Effect of Price Perception on Revisit Intention

H2 was also supported. Price perception had a positive association with revisit intention after service quality was controlled, $B = .363$, $SE = .058$, $\beta = .354$, $t = 6.271$, $p < .001$. A one-unit increase in the favorability of price perception was associated with an average increase of .363 units in the revisit-intention score, assuming that service quality remained constant. Within the BPJS Kesehatan system, this result should not be interpreted narrowly as patients' approval of a particular nominal tariff. Price perception reflects a broader assessment of whether the financial and nonfinancial sacrifices required to obtain care are reasonable relative to the benefits received. These sacrifices may include monthly contributions, transportation expenses, waiting time, repeated administrative procedures, uncertainty regarding coverage, and possible out-of-pocket payments. Conversely, the perceived benefits include access to specialist consultations, diagnostic services, medicines, continuity of treatment, administrative assistance, and

protection from substantial direct medical expenses. A favorable evaluation may therefore develop when patients regard the overall exchange as affordable, transparent, and proportionate.

Karki et al. (2025) provide hospital-based evidence supporting this interpretation. Their analysis showed that price value was positively associated with patient satisfaction ($\beta = .239, p < .001$), while service quality produced a larger coefficient ($\beta = .376, p < .001$). The comparison indicates that patients evaluate both service performance and economic value, although their relative contributions may differ across healthcare settings. A similar ordering appeared in the present study, in which service quality had a larger standardized coefficient than price perception.

The distinction between perceived value and nominal price permits a more precise interpretation of the price-perception coefficient. Demir et al. (2025) reported a positive correlation between perceived hospital value and revisit intention among 306 international patients ($r = .569, p < .001$) with destination image providing partial mediation. Although medical tourism differs from BPJS-financed outpatient care, the relationship supports the argument that future provider choice depends partly on whether patients consider the benefits received proportionate to their total sacrifice. In the present context, that sacrifice extends beyond monthly BPJS contributions to include transportation expenditure, waiting time, administrative repetition, and uncertainty regarding benefit coverage.

Evidence from more recent healthcare marketing studies also links service quality to willingness to pay and intention to return. Healthcare quality influenced behavioral reactions among 477 patients utilizing AI-supported healthcare services in Vietnam through patient satisfaction and trust, albeit some of these associations were decreased by the use of AI-enabled services (Le et al., 2026). This finding implies that efficiency or digitalization alone cannot produce positive economic evaluation. Interpersonal assurance and dependable service procedures must go hand in hand with price transparency.

Evidence from Indonesian outpatient services provides a plausible explanation for this relationship. Noviyani & Viwattanakulvanid (2025) reported that perceived value was positively associated with revisit intention and mediated the relationship between service quality and intention to return. Their analysis suggests that patients may not evaluate price independently of their service experience. Administrative convenience, staff communication, waiting time, medicine access, and continuity of care may affect whether the contribution–benefit exchange is regarded as worthwhile. Price perception may therefore form part of an overall value assessment rather than being determined solely by knowledge of the formal BPJS contribution.

The positive coefficient for price perception does not mean that Sentra Medika Hospital Cikarang sets national BPJS contribution rates. The hospital's role is to help patients understand and realize the benefits tied to their insurance participation. Inconsistent explanations of coverage, repeated verification, unexpected requests for payment, or uncertainty about medicine entitlements can create perceptions of unfairness even when the applicable tariffs are formally correct. Conversely, consistent information regarding covered services, referral requirements, scheduling procedures, medicine rules, and legitimate options outside coverage can make the value of BPJS participation more apparent.

Price-perception management should prioritize transparency and patients' ability to realize their BPJS benefits. Information provided at registration desks, outpatient clinics, cashier points, and pharmacies should be consistent. Patient-facing materials should distinguish covered services from optional or non-covered services and explain the procedural requirements associated with each category. Because service

quality had the stronger standardized association with revisit intention, improved price communication should complement, rather than replace, substantive improvements in the patient journey.

The Simultaneous Effect of Service Quality and Price Perception

H3 was supported. Service quality and price perception jointly explained a statistically significant proportion of variation in revisit intention, $F(2, 222) = 249.370$, $p < .001$, $R = .832$, $R^2 = .692$, adjusted $R^2 = .689$. Thus, the model explained 69.2% of the observed variance in revisit intention among the respondents. This result indicates that the two-predictor model performed better than an intercept-only model; it does not demonstrate an interaction between service quality and price perception. Substantively, patients may consider service performance and economic value within the same healthcare experience. Competent clinical and administrative services may be insufficient to sustain revisit intention when the contribution–benefit relationship appears unclear or unfair. Conversely, favorable insurance arrangements may not encourage continued patronage when registration is unreliable, waiting is poorly managed, communication is inadequate, medicines are unavailable, or patients perceive unequal treatment.

Recent evidence supports this integrated interpretation. Karki et al. (2025) reported that service quality and price value were separately associated with patient satisfaction, with service quality producing the larger coefficient. Noviyani dan Viwattanakulvanid (2025) also identified indirect relationships between service quality and revisit intention through perceived value and satisfaction. These studies indicate that service performance and economic evaluation may occupy different positions within the same patient-evaluation process. Nevertheless, the present regression model did not test mediation or interaction; consequently, it cannot establish the sequence through which service quality and price perception shape revisit intention.

It is not necessary to view the combined explanatory contribution as proof that all service interventions will inevitably result in better patient responses. Using data from both public and private healthcare institutions, Yeboah and Amponsah (2025) found that while service innovation did not significantly increase patient satisfaction, customer orientation was positively correlated with it ($\beta = .360$, $p = .560$). Their findings offer a helpful counterargument: technological or procedural innovation may be of little advantage if it is not supported by continuous communication, active patient participation, and dependable service delivery. Therefore, patients' assessments of experienced service and economic value are more likely to account for the 69.2% explained variance in the current model than the simple presence of an integrated or technologically enabled service system.

The standardized coefficient for service quality ($\beta = .532$) exceeded that of price perception ($\beta = .354$), indicating that service quality had the stronger unique statistical association with revisit intention in the estimated model. This comparison does not imply that price perception is unimportant or that an improvement in service quality will necessarily produce a larger causal change. Managerially, reliable service delivery should receive initial attention, accompanied by transparent information concerning the economic value and coverage of the services provided. Communication cannot compensate for fragmented procedures, while competent clinical care may not sustain continued patronage when patients remain uncertain about coverage or administrative requirements.

Nevertheless, the explanatory power of the two-predictor model should be interpreted cautiously. The significant F test confirms a joint statistical association but does not indicate that managerial interventions will produce an equivalent change in subsequent visits. Revisit intention may also be

associated with clinical need, physician preference, referral availability, hospital image, trust, travel distance, switching constraints, medicine availability, and previous treatment outcomes. Satisfaction may operate as an intermediate evaluation linking service experience with subsequent behavioral intention, as suggested by recent hospital-based research (Karki et al., 2025; Liu & Zhao, 2026; Noviyani & Viwattanakulvanid, 2025).

Overall, the results position patient retention within a coordinated value-delivery system. For Sentra Medika Hospital Cikarang, a defensible managerial response would combine reliable outpatient procedures, responsive and equitable treatment, measurable waiting-time management, accessible physical facilities, and transparent communication concerning BPJS benefits. Service quality represents patients' evaluation of how the promised services are delivered, whereas price perception reflects whether the benefits received are considered proportionate to the sacrifices incurred. Both areas should therefore be incorporated into patient-management programs, although the present model does not demonstrate that a combined intervention would outperform separate interventions.

CONCLUSION

Among 225 BPJS Kesehatan outpatients at Sentra Medika Hospital Cikarang, service quality and favorable price perception were positively associated with revisit intention. The regression model explained 69.2% of the observed sample variance, while service quality had the stronger standardized association. Management should prioritize reliable outpatient processes, responsive and equitable communication, accessible physical facilities, measurable waiting-time management, and transparent explanations of BPJS benefits and procedures. The reported relationships are associational rather than causal. Because the residuals departed from formal normality, the relationships showed significant deviations from linearity, and several instrument items require further assessment, the coefficients should be interpreted as preliminary estimates of average linear associations. Replication using multisite sampling, refined measurement scales, complete demographic reporting, bootstrap or robust confidence intervals, nonlinear specifications, and records of actual repeat visits is required before population-level or causal inferences can be advanced.

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