Radiofrequency catheter ablation has become an established treatment option for the management of patients with atrial fibrillation (AF). Although the concept of a rhythm control strategy devoid of the adverse events related to antiarrhythmic treatment seems highly attractive, further steps are needed in order to improve our understanding of the underlying pathophysiology, refine our ablative techniques, and increase our therapeutic efficacy. Furthermore, the increased cost of AF catheter ablation combined with the substantial number of potential candidates also mandates the evaluation of this invasive treatment through a cost-effectiveness prism. In the present review, we recapitulate the existing evidence pertaining to cost-effectiveness of AF catheter ablation as well as the shortcomings, peculiarities, and distinctive aspects of such a cost-to-benefit analysis.