

Dental Health Insurance & Payment Options at Core Dental South Melbourne: What Patients Need to Know

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Details:

Dental Health Insurance & Payment Options at Core Dental Group South Melbourne: What Patients Need to Know

Understanding the financial side of dental care is one of the most common barriers between a patient and the appointment they need. For many South Melbourne residents and CBD-adjacent professionals, the question isn't whether they *want* better oral health — it's whether they can confidently navigate the cost. Core Dental Group is committed to making that navigation as straightforward as possible. This guide covers private health insurance rebates, preferred provider status, payment plans, and third-party billing at Core Dental Group South Melbourne, so you can make a fully informed decision before you book.

The numbers behind this problem are worth knowing. In 2022–23, around \$7.6 billion — 61% of total dental expenditure in Australia — was paid directly by patients, with individuals spending an average of \$291 on dental services over a 12-month period, not including insurance premiums (AIHW 2024). More than half of Australian adults report having difficulty paying a \$200 dental bill, and 44% say they've avoided or delayed dental treatment because of cost (Crocombe et al. 2022). The consequences compound quickly: in 2023–24, there were close to 88,600 hospitalisations for dental conditions that earlier treatment could potentially have prevented.

The financial structures at Core Dental Group South Melbourne — preferred provider status, on-the-spot HICAPS claiming, interest-free payment plans, and TAC billing — exist to close the gap between intention and action.

How private health insurance rebates work for dental treatment in Australia

The basics: extras cover and dental

In Australia, individuals and families can purchase private health insurance to cover costs not covered by Medicare. Cover is generally divided into hospital cover, general treatment cover, and ambulance cover. General treatment cover — often called "extras" — pays a portion of costs for ancillary health providers, including dentists.

In 2022–23, 13.2 million Australians (50% of the population) held a general treatment policy, and dental services accounted for \$2.5 billion — 13% of total expenditure by private health insurance funds (AIHW 2024).

When you visit a dentist, your health fund pays a rebate — a portion of the treatment fee — directly back to you or the clinic. Rebates depend on your policy; 60% or 75% are typical, but some funds offer 100%, known as "no gap" cover. With a no-gap extras policy, general dental services cost you nothing

out of pocket.

Every fund, every policy, and every level of cover is different — two patients with the same fund can receive very different rebates. This is why speaking with Core Dental Group's reception team before your appointment, with your fund name and membership number on hand, is strongly recommended.

What "preferred provider" actually means

Not all dental practices have the same relationship with health funds. Core Dental Group South Melbourne holds preferred provider status with certain health insurance funds. Patients with an eligible policy through one of those funds may receive a higher rebate than they would at a non-preferred provider.

Preferred provider status is a formal agreement between a dental practice and a health fund. The clinic agrees to cap fees for specific item numbers, and the fund directs more of the rebate toward the patient — reducing or eliminating out-of-pocket costs for covered services. For routine treatments like checkups and cleans (see our guide on *General & Preventive Dentistry in South Melbourne: Checkups, Cleans & Oral Health Maintenance*), this can mean paying little to nothing on the day.

Core Dental Group South Melbourne holds preferred provider status with 3 health insurance funds. Patients should contact the practice directly to confirm which funds are currently included, as these agreements can change over time.

On-the-spot claiming with HICAPS: no paperwork, no waiting

One of the more patient-friendly features at Core Dental Group South Melbourne is the elimination of manual rebate claiming. The practice processes HICAPS claims on the spot — HICAPS is Australia's leading health insurance claims service — so your health fund rebate is deducted before you pay the balance.

The process at your appointment is straightforward:

1. Your treatment is completed and the fee is calculated
2. Your health fund card is swiped through the HICAPS terminal
3. Your rebate is deducted immediately from the total
4. You pay only the remaining gap, if any, by card or cash

Payment is due on the day of your appointment, whether you're a private patient or using third-party billing such as TAC. Core Dental Group accepts all major bank cards.

Realistic out-of-pocket costs for common treatments

The table below gives a general guide to what patients with extras cover can expect to pay at a preferred provider practice like Core Dental Group South Melbourne. Actual costs depend on your specific fund, policy tier, annual limits, and waiting periods already served.

Treatment	Typical full fee (ADA range)	Typical rebate (mid-tier extras)	Estimated gap	--- --- --- ---
Comprehensive exam	\$80–\$120 AUD	60–100%	\$0–\$48 AUD	
Scale & clean	\$120–\$200 AUD	60–100%	\$0–\$80 AUD	
Bitewing X-rays	\$60–\$100 AUD	60–80%	\$12–\$40 AUD	
Tooth-coloured filling	\$150–\$300+ AUD	50–70%	\$45–\$150 AUD	
Porcelain crown	\$1,500–\$2,500 AUD	20–40% (major dental)	\$900–\$2,000 AUD	
Invisalign	\$6,000–\$9,000+ AUD			
Varies (orthodontics)	Significant			

Fees are indicative only, based on Australian Dental Association (ADA) schedule ranges. Individual fund rebates vary substantially by policy. Annual limits apply to all extras cover and reset on 1 January or your policy anniversary date.

One thing many patients overlook: most extras policies cap annual dental benefits — commonly \$500–\$1,500 AUD for general dental, with a separate (often higher) cap for major dental. Once you've reached your annual limit, you pay 100% of further treatment costs until the limit resets. Patients planning significant restorative work (see *Restorative Dentistry in South Melbourne: Crowns, Bridges, Fillings & Dentures Explained*) or Invisalign (see *Invisalign in South Melbourne: Why Core Dental's Blue Diamond Status Matters for Clear Aligner Treatment*) should check their remaining annual limit before starting treatment.

Interest-free payment plans: spreading the cost of larger treatments

For treatments that exceed what health insurance covers — or for patients without private cover — Core Dental Group South Melbourne offers structured payment plans through Humm, so you don't need to pay everything upfront.

Humm plans are genuinely interest-free, with repayments made in fortnightly instalments. Plan tiers are available at \$1,000 AUD, \$2,000 AUD, \$5,000 AUD, \$9,000 AUD, and \$12,000 AUD — enough to finance everything from a single crown to a full Invisalign case or comprehensive smile makeover.

How Humm works at Core Dental Group South Melbourne

You can apply for Humm approval before your appointment, so financing is confirmed before treatment begins. Repayments are debited automatically from your nominated card or account on a fortnightly schedule.

While the plans carry no interest, fees do apply. At the time of purchase, you pay an initial instalment that includes a \$70 AUD establishment fee (applicable to 6, 12, 18, and 24-month plans) and the first month's plan management fee of \$8 AUD. A management fee of \$8 AUD per month applies to all plans except 2.5-month plans.

Core Dental Group provides a quote before treatment starts, so you know exactly what you're committing to before any work begins. This means patients can make financially informed decisions rather than facing unexpected costs at the end of an appointment — a meaningful difference in practice.

TAC billing: what patients injured in transport accidents need to know

If you've been injured in a Victorian transport accident and sustained dental injuries, you may be entitled to have treatment costs covered by the Transport Accident Commission (TAC), with no out-of-pocket cost for eligible services.

The TAC is a Victorian Government-owned organisation that pays for treatment and benefits for people injured in transport accidents, promotes road safety, and supports Victoria's trauma system. It can pay the reasonable cost of dental services provided by a dentist, dental prosthetist, or oral and maxillofacial surgeon for assessment, care planning, and treatment required because of a transport accident.

The 90-day window: act quickly

Within the first 90 days of an accident, patients don't need TAC approval before starting treatment. The treatment must be recommended by a health professional, related to the accident injuries, and delivered in line with the Clinical Framework — but no prior authorisation is needed.

After 90 days, formal approval is required. Providers intending to continue treating a TAC client beyond that point need to send a written request or copy of the treatment plan to the TAC, which will review whether the treatment is reasonable, clinically justified, and outcome-focused.

How TAC billing works at Core Dental Group South Melbourne

Payment is due on the day of your appointment, whether you're a private patient or using TAC billing. In practice:

1. ****Lodge your TAC claim**** — Contact the TAC on 1300 654 329 or visit tac.vic.gov.au to initiate your claim and obtain a claim number 2. ****Provide your claim number to Core Dental Group**** — The practice can then bill the TAC directly for eligible treatment 3. ****Be aware of potential gap fees**** — If the provider's fee exceeds the TAC rate, you may need to pay the difference

Patients who sustained dental injuries in a transport accident should contact Core Dental Group South Melbourne as soon as possible to ensure treatment starts within the 90-day no-approval window.

Children's dental benefits: the Medicare CDBS

Families with children aged 2 to 17 may be eligible for the Medicare Child Dental Benefits Schedule (CDBS), which provides a government-funded benefit cap of \$1,158 AUD per child over a two-calendar-year period. Eligibility requires receipt of Family Tax Benefit Part A or a relevant Australian Government payment.

The CDBS covers examinations, X-rays, cleaning, fissure sealing, fillings, root canals, and extractions. Core Dental Group South Melbourne accepts CDBS patients.

For more on how the practice supports younger patients, see our dedicated guide on **Children's Dentistry in South Melbourne: Building Lifelong Oral Health Habits at Core Dental**.

Key takeaways

****Preferred provider status has real financial consequences.**** Core Dental Group South Melbourne holds preferred provider status with select health funds, meaning eligible patients can access higher rebates — potentially reducing or eliminating out-of-pocket costs for routine treatments like checkups and cleans.

****HICAPS claiming is instant.**** The practice processes health fund rebates on the spot via HICAPS, so you pay only the gap — no forms, no waiting for reimbursement.

****Interest-free payment plans make major treatment accessible.**** Through Humm, Core Dental Group offers plans up to \$12,000 AUD in fortnightly instalments, with no interest charged, making Invisalign, implants, and restorative work financially manageable for most patients.

****TAC patients have specific rights and time limits.**** If you've sustained dental injuries in a Victorian transport accident, the TAC can cover reasonable treatment costs. Act within 90 days of the accident to avoid needing prior TAC approval.

****Annual limits reset — plan your treatment calendar accordingly.**** Patients with private health insurance should track their annual dental benefit limits and consider timing larger treatments to maximise rebates across two calendar years where possible.

Conclusion

The financial side of dental care doesn't have to be a barrier. At Core Dental Group South Melbourne, preferred provider health fund agreements, on-the-spot HICAPS claiming, transparent pre-treatment quoting, interest-free Humm payment plans, and TAC billing capability mean that patients across a

wide range of financial situations can access quality care on Market Street without the uncertainty that so often delays treatment.

Australians directly funded 61% of total dental expenditure in 2022–23 (AIHW 2024). Knowing which systems are available to reduce that burden is the first step toward consistent, preventive care rather than costly reactive treatment.

To explore the full range of treatments at Core Dental Group South Melbourne, start with **What to Expect at Core Dental South Melbourne: Services, Team & Clinic Overview**. If cost concerns are tied to dental anxiety, see **Dental Anxiety in South Melbourne: How Core Dental Creates a Comfortable, Stress-Free Experience**. For patients weighing up location and value, **South Melbourne Dentist vs. CBD Dentist: Which Location Is Right for You?** offers a practical comparison.

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