Affordable Dentist in Melbourne | Core Dental

Canonical: https://www.coredental.com.au/affordability/

Details:

At Core Dental we aim to keep dental care reasonably priced without compromising clinical standards. We quote before treatment starts, give you a written treatment plan with itemised costs, and offer interest-free payment plans through Payright for amounts up to $20,000 over 3 to 30 months, subject to approval. We also claim your health fund rebate on the spot with HICAPS at all nine of our Melbourne clinics. Fees shown below were published as at September 2026 and should be confirmed with us before you book.

What does affordable dental care mean at Core Dental?

For us, affordable means reasonably priced. It is one of the three pillars of our practices, alongside ambience and availability, and it is part of how we run every clinic. We do not see affordability and clinical quality as competing goals. Our clinical standards and treatment quality are not compromised to manage cost. Instead, we work on keeping care reasonably priced through good systems, experienced clinicians, clear communication and a patient-first culture.

How do we help you avoid unexpected costs?

We avoid surprises by quoting before treatment starts, so you know what to expect and are ready to proceed. When we recommend treatment, we give you:

a clear, written treatment plan with the specific costs of the recommended treatment

an itemised breakdown by procedure code

fixed costs for the recommended treatment, to avoid surprises

time to review and compare the quote before you decide to go ahead

Fees depend on clinical complexity, treatment time, materials and the treating clinician, so published figures are guides only. Ask what a quoted figure includes and whether any health fund rebate applies before you book or pay.

What payment plans can you use at Core Dental?

We offer interest-free dental payment plans through Payright, which lets you pay for treatment in fortnightly instalments instead of all at once. The plan terms we publish are:

treatment plans up to $1,000, $2,000, $5,000, $9,000, $12,000 and $20,000

terms of 3, 6, 12, 18, 24 or 30 months

0% interest

easy fortnightly payments

a simple application process at our practice

a low establishment fee

Payright is designed for people who are 18 or over, hold an Australian driver's licence, passport or other Australian Government issued identity documentation accepted by Payright, are permanently resident in Australia, and have a verifiable email address and Australian mobile number. Approval is subject to Payright's assessment.

Payright states the following fees. An initial payment is required when the plan starts, which includes an establishment fee of $5.00 to $74.90 depending on the selected plan, a processing fee of $2.95 and a plan management fee of $3.95. A plan management fee of $3.95 per month applies to all treatment plans, and a processing fee of $2.95 applies to each transaction. These fees are in addition to your fortnightly instalments, and they can change, so please confirm the current terms with Payright and with us before you commit. Plans are available to approved patients for general, cosmetic and specialist dental care, including orthodontics. Full terms and conditions are available from Payright. Our dental payment plans page has more detail.

Is there a personal loan option for dental treatment?

Yes. We work with TLC, which offers personal loans from $2,001 to $50,000 over terms of up to 84 months. The interest rate is set by TLC through an individual credit assessment, and approval is a matter for TLC. We also provide information on Supercare, which arranges early release of superannuation for dental treatment. Please confirm the current written terms, fees and eligibility with the provider before committing.

What other ways can you pay, and how does HICAPS work?

You can pay on the day with all major cards, EFTPOS or cash, and we accept Amex at some locations. We process HICAPS claims on the spot at all of our clinics, so we can claim your private health insurance rebate before you pay the balance. Your own level of cover determines what you can claim. Payment is required on the day of your appointment, including for TAC and WorkCover patients, and interest-free payment plan applications are processed in the practice.

We bulk bill eligible children aged 0 to 17 under the Child Dental Benefits Schedule. Services Australia covers "up to $1,158 for each eligible child over 2 calendar years for basic dental services under CDBS" and indexes that cap each 1 January, so please check the current amount before relying on it (figure as published at 4 November 2026), per servicesaustralia.gov.au . Eligibility is determined by Services Australia, so please confirm it before the appointment.

Payment option	Detail
Pay on the day	Major cards, EFTPOS, cash, Amex at some locations
HICAPS	On-the-spot health fund claiming at all locations
Payright	Interest-free plans, 3 to 30 months, up to $20,000
TLC personal loan	$2,001 to $50,000, up to 84 months
Supercare	Early release of super for dental treatment
Child Dental Benefits Schedule	Up to $1,158 over 2 calendar years for eligible children aged 0 to 17, indexed each 1 January; figure as published at 4 November 2026

What fees have we published for new patients?

We publish package fees for new patients. These were published by us as at September 2026, so please confirm the current price and what it includes before you book.

New Patient Welcome Pack, $175: comprehensive oral examination, soft tissue and gum check, oral cancer screening, intraoral radiographs and photos, and a treatment plan with quotation. An OPG, if required, is $130 extra.

New Patient Complete Exam and Clean, $295: comprehensive examination, extended scale and clean, intraoral X-rays, fluoride, plaque and stain removal, and a treatment plan.

No-Gap Check-Up and Clean: no out-of-pocket cost for new patients who hold private health insurance with dental cover. Your own level of cover determines what you can claim.

Why can an inexpensive option today cost more later?

Good advice at the right time makes a difference, and our team will explain the long-term picture as well as today's cost. An option that looks inexpensive now can cost more over time. For example, removing a tooth is often the quickest way to relieve toothache. But if you later decide to replace the gap with a partial denture, bridge or implant, the total cost and number of appointments can be higher. In some cases a tooth can be kept through root canal therapy. Whether that is suitable depends on an examination and imaging.

At Core Dental we set out all of your options, the pros and cons of each and the costs, for the short and the long term, so you can make an informed choice. Suitability, recovery, maintenance and costs vary for each person.

The funded routes, set by government rather than by any practice

Affordability has two halves. One is what a practice charges. The other is what public schemes cover, and that half is published and does not change with any offer.

The Child Dental Benefits Schedule. The Victorian Department of Health describes it: "The Commonwealth Child Dental Benefits Schedule (CDBS) covers some or all of the cost of basic dental treatments over a two year period for eligible children. A child is eligible if they are aged 0-17 years, are eligible for Medicare and you receive Family Tax Benefit Part A or another relevant Australian Government payment."

Services Australia's own figures are that the schedule provides "up to $1,158 in dental benefits over 2 years for children aged from 0 to 17 years", and that it "started on 1 January 2014". That amount is indexed, so check the current figure with Services Australia rather than relying on any web page, including this one.

Two practical points. It "can be used in the Victorian Public Dental Service or participating private dental clinics", and the Department's advice is to make sure "the dental clinic you attend accepts the scheme (be sure to ask the clinic about any potential copayments)". It covers "basic dental treatments" — the Department's own words — so what applies to a particular child is a question for Services Australia and the treating clinic.

Victorian public dental care. Eligibility, in the Department's list: "all children aged 0-12 years"; "young people aged 13-17 years who hold a healthcare or pensioner concession card, or who are dependants of concession card holders"; "people aged 18 years and over, who are health care or pensioner concession card holders or dependants of concession card holders"; "all children and young people in out-of-home care provided by the Department of Families, Fairness and Housing (DFFH), up to 18 years of age (including kinship and foster care)"; "all people in youth justice custodial care"; "all Aboriginal and Torres Strait Islander people"; "all refugees and asylum seekers."

Services run "through the Royal Dental Hospital Melbourne (RDHM) and more than 40 integrated and registered community health services and Aboriginal Community Controlled Health Organisations

across Victoria". For children: "All children aged 0-12 can use public dental services at a low cost or for free, depending on their eligibility."

Priority access means not joining the queue. "Victorians who have priority access to dental care are offered the next available appointment for general care. They are not placed on the general waiting list." Those groups: "Aboriginal and Torres Strait Islander people"; "children and young people"; "people who are homeless or at risk of homelessness"; "pregnant people"; "refugees and asylum seekers"; "people registered with mental health or disability services, who have a letter of recommendation from their case manager or a special developmental school."

Denture care has its own pathway. "If the person has denture care needs, then they will be offered the next available appointment for denture care or placed on the priority denture waiting list." Otherwise, "all other people seeking routine dental or denture care need to place their name on a waiting list". We are not going to state a waiting time, because the published material gives none.

And there are voucher schemes through which private clinics can be involved. The Department names the "Victorian Emergency Dental Scheme (VEDS)", the "Victorian General Dental Scheme (VGDS)" and the "Victorian Denture Scheme (VDS)", noting that "RDHM and community dental clinics have detailed information about how private dental clinicians may access these schemes". Nothing read here establishes which clinics participate in any scheme, so ask directly.

Sources: Better Health Channel (Victorian Department of Health), Dental checks for young children, betterhealth.vic.gov.au (reviewed 11 February 2026); Victorian Department of Health, Access to Victoria's public dental care services, health.vic.gov.au ; Services Australia, Child Dental Benefits Schedule - what's covered, servicesaustralia.gov.au . All accessed 6 November 2026.

Why no page can quote your price, and what to ask instead

The published position on dental fees is that they are set per practice and per case. That is worth knowing before comparing anything.

On who sets fees. "Private dentists and dental practitioners set their own fees, which can vary depending on the practitioner and the type of treatment required."

On why a treatment has no single price. For orthodontics: "Costs vary depending on the type of problem and the amount of treatment needed. Ask your dental practitioner for advice."

What you are entitled to before anything happens. "If there's a problem, your dentist will explain the treatment options and give you an estimate of the cost and the time it will take."

Options, and an estimate of both cost and time.

The questions the Department suggests asking. "What options are available and the pros and the cons of each option."; "What results can be reasonably expected."; "What costs, time and money, are involved and if payment options are available."; "Any possible side effects or complications."

Note that "payment options" is in the Department's own list — asking about them is expected rather than awkward.

And you are entitled to time. "If it is a simple procedure, it may be done on the day. If it is a complex procedure, you may need time to think about your options, or see specialists over multiple visits."

Where the published advice names a relative cost, it is for one option. Of dentures: "This is the most cost-effective way of replacing multiple teeth", and they "are usually more affordable than other tooth/teeth replacement options". For insurance, the Department notes costs can be offset if "you have dental insurance, which is offered under many private health insurance policies or as an insurance extra".

The least expensive treatment is the one avoided, and the sources say so in several places. "An intact tooth is stronger than a filled one, so it's important to try and avoid fillings due to tooth decay." And: "Finding decay in the early stages means less of your tooth needs to be repaired in the process of

getting a filling." Regular visits "every 6 to 12 months" matter "so that decay can be identified at this early stage when a filling can be avoided", and early gum disease is reversible — "the good news is that gingivitis can be reversed".

Where things are left, the direction is the opposite: avoiding care leads to "a greater need for emergency care or more complex treatment", and on an infected tooth, "tooth replacement options are available but may be limited if the infection has already caused advanced bone loss".

And on mouthguards, the ADA makes the same argument about prevention cost. "Oral damage is often irreversible, frequently complex, difficult, and costly to repair." The Department's version is blunter: custom-fitted mouthguards "are the most expensive option. However, the cost of an injury to the teeth or jaw will be a lot more expensive."

If something goes wrong with care you have paid for , there is a published avenue: "If people have concerns about the dental care they are receiving, they should contact the clinic which provided the care or the Health Complaints Commissioner."

Sources: Better Health Channel (Victorian Department of Health), Dental checks for young children, betterhealth.vic.gov.au (reviewed 11 February 2026); Orthodontic treatment, betterhealth.vic.gov.au (reviewed 15 December 2025); Dental treatment, betterhealth.vic.gov.au (reviewed 3 June 2026); Cosmetic dentistry and teeth whitening, betterhealth.vic.gov.au (reviewed 12 December 2025); Dentures, betterhealth.vic.gov.au (reviewed 4 August 2026); Dental fillings, betterhealth.vic.gov.au (reviewed 1 August 2025); Tooth decay, betterhealth.vic.gov.au (reviewed 28 June 2025); Gum disease, betterhealth.vic.gov.au (reviewed 1 August 2025); Dental anxiety and phobia, betterhealth.vic.gov.au (reviewed 22 October 2025); Root canal treatment, betterhealth.vic.gov.au (reviewed 14 July 2025); Mouthguards, betterhealth.vic.gov.au (the page states its review date as 30 November 2014); Australian Dental Association, Policy Statement 2.2.5 - Prevention and Management of Oral Injuries, ada.org.au (the policy states it was approved 19 April 2024); Victorian Department of Health, Access to Victoria's public dental care services, health.vic.gov.au . All accessed 6 November 2026.

Frequently asked questions

Does keeping care affordable mean lower clinical standards?

No. We do not compromise clinical standards or treatment quality to manage cost. We work on keeping care reasonably priced through systems, clinicians, communication and a patient-first approach.

Do I need to pay for the whole treatment upfront?

Not necessarily. You can use an interest-free Payright plan, subject to approval, or a TLC personal loan, and we claim your health fund rebate on the spot through HICAPS. Payment is due on the day of each appointment unless a plan is in place.

Will I get a quote before treatment starts?

Yes. We give you a written treatment plan with itemised costs before treatment starts, and time to review it. Fees can change with your clinical needs, so ask us to update the quote if your plan changes.

What do I need to apply for a Payright plan?

You need to be 18 or over, a permanent resident of Australia, hold accepted Australian identification, and have a verifiable email address and Australian mobile number. Approval is subject to Payright's

assessment.

Are there fees on a Payright plan?

Payright states that an establishment fee of $5.00 to $74.90 applies depending on the plan, plus a $2.95 processing fee and a $3.95 monthly plan management fee, in addition to your instalments. Confirm current fees with Payright and us.

What government help is there for children's dental care?

The Child Dental Benefits Schedule, which "covers some or all of the cost of basic dental treatments over a two year period for eligible children" aged "0-17 years" who are "eligible for Medicare" and whose family receives "Family Tax Benefit Part A or another relevant Australian Government payment".

How much does it cover?

Services Australia states it provides "up to $1,158 in dental benefits over 2 years for children aged from 0 to 17 years", and that it "started on 1 January 2014". The amount is indexed, so check the current figure with Services Australia.

What should I check before relying on it?

That the clinic accepts it. The Department's advice is to make sure "the dental clinic you attend accepts the scheme (be sure to ask the clinic about any potential copayments)".

Who is eligible for public dental care in Victoria?

"All children aged 0-12 years"; young people aged 13-17 with a healthcare or pensioner concession card or as dependants; "people aged 18 years and over, who are health care or pensioner concession card holders or dependants of concession card holders"; children and young people in out-of-home care up to 18; "all people in youth justice custodial care"; "all Aboriginal and Torres Strait Islander people"; and "all refugees and asylum seekers".

Who gets seen without joining the waiting list?

Priority access groups, who "are offered the next available appointment for general care. They are not placed on the general waiting list" — Aboriginal and Torres Strait Islander people, children and young people, "people who are homeless or at risk of homelessness", "pregnant people", refugees and asylum seekers, and people registered with mental health or disability services who have a letter of recommendation.

How long is the public waiting list?

The published material gives no waiting time, so we are not going to quote one. It says only that "all other people seeking routine dental or denture care need to place their name on a waiting list".

Are there voucher schemes?

The Department names three: the "Victorian Emergency Dental Scheme (VEDS)", the "Victorian General Dental Scheme (VGDS)" and the "Victorian Denture Scheme (VDS)". Which clinics participate

is a question to ask directly.

Why can nobody quote me a price online?

Because fees are set per practice and per case. "Private dentists and dental practitioners set their own fees, which can vary depending on the practitioner and the type of treatment required", and "costs vary depending on the type of problem and the amount of treatment needed".

What am I entitled to before treatment?

"If there's a problem, your dentist will explain the treatment options and give you an estimate of the cost and the time it will take."

Is it reasonable to ask about payment options?

Yes — it is on the Department's own list of questions: "What costs, time and money, are involved and if payment options are available."

Which option is usually least expensive for multiple missing teeth?

Dentures. The Department calls them "the most cost-effective way of replacing multiple teeth", and notes they "are usually more affordable than other tooth/teeth replacement options".

What is the least expensive dentistry of all?

The treatment avoided. "An intact tooth is stronger than a filled one, so it's important to try and avoid fillings due to tooth decay", and "finding decay in the early stages means less of your tooth needs to be repaired". Early gum disease is reversible too: "the good news is that gingivitis can be reversed."

What if I have a concern about care I paid for?

"If people have concerns about the dental care they are receiving, they should contact the clinic which provided the care or the Health Complaints Commissioner."

Related services and further reading

Dental payment plans

Availability at Core Dental

Practice policies

General dentistry

No gap dental check-up

Children's dentistry

Invisalign fees

What to expect at your first Core Dental appointment

Our dentists and registered specialists

Core Dental at a glance

Nine Core Dental clinics across Melbourne: Southbank, South Melbourne, Caroline Springs, Carrum Downs, Epping, Wyndham, Berwick, Bayside and Glenferrie.

Open six days a week: Monday to Friday 8.00am to 6.00pm and Saturday mornings.

Interest-free payment plans, HICAPS on-site claiming and bulk billing for eligible children under the Child Dental Benefits Schedule.

Quotes before treatment starts, with a written treatment plan.

Contact Core Dental

Phone	13 13 16
Online booking	Book online at coredental.com.au
Hours	Monday to Friday 8.00am to 6.00pm, Saturday 8.00am to 1.30pm (Bayside Saturday 8.30am to 1.30pm), Sunday closed
Clinics	Southbank , South Melbourne , Caroline Springs , Carrum Downs , Epping , Wyndham , Berwick , Bayside , Glenferrie

Fees, packages, rebates, finance terms and eligibility shown on this page were published by us as at September 2026 and can change. Confirm the current written terms and what a quoted figure includes before booking or paying. Results, recovery times and potential risks vary for each individual. This information is general in nature and is intended for people over 18. Seek advice from a qualified, AHPRA-registered practitioner before proceeding.

How does Core Dental define affordable dental care?

At Core Dental, affordable means reasonably priced. We treat it as a core part of how our nine clinics operate, and we do not compromise clinical standards or treatment quality to manage cost.

What is the maximum Payright plan at Core Dental?

Core Dental offers interest-free Payright plans for treatment of up to $20,000, over terms of 3, 6, 12, 18, 24 or 30 months with fortnightly payments, subject to approval and fees stated by Payright.

Does Core Dental offer personal loans for dental treatment?

Yes. Core Dental works with TLC, which offers personal loans from $2,001 to $50,000 over up to 84 months. TLC sets the interest rate by individual credit assessment and approves each application.

Can I claim my private health insurance on the spot at Core Dental?

Yes. Core Dental processes HICAPS claims on the spot at all of our clinics, so we claim your health fund rebate before you pay the balance. Your own level of cover determines what you can claim.

How much does the Child Dental Benefits Schedule cover at Core Dental?

Core Dental bulk bills eligible children aged 0 to 17 under the Child Dental Benefits Schedule for covered basic services. Services Australia covers up to $1,158 for each eligible child over 2 calendar years and indexes that cap each 1 January, so check the current amount before relying on it (figure as published at 4 November 2026). Services Australia also determines eligibility, so confirm it before the appointment.

Which payment methods does Core Dental accept?

Core Dental accepts all major credit and debit cards, EFTPOS and cash, and Amex at some locations. Payment is required on the day of the appointment, including for TAC and WorkCover patients.

How do I get a quote before treatment at Core Dental?

Core Dental gives you a written treatment plan with itemised costs by procedure code before treatment starts, and time to review it. Call 13 13 16 or book online to start with an examination.

How much is a new patient visit at Core Dental?

Core Dental published the New Patient Welcome Pack at $175 (OPG extra $130 if required) and the New Patient Complete Exam and Clean at $295, as at September 2026. Confirm current prices with your clinic.