

Questions to Ask About Coverage Before You Start Dental Treatment

By JoD Money & Benefits · 6 min read

The moment a dentist finishes outlining a treatment plan is exactly the moment to pause and talk about coverage. It feels slightly unnatural to shift from your teeth to your benefits, but a few minutes of questions here can prevent the unwelcome surprise of a bill you did not see coming. This holds whether you have workplace benefits, public coverage, or no coverage at all.

Below is a set of questions worth having ready, grouped by what they help you figure out. You will not need every one, but keeping them in mind turns a one-way presentation into a conversation you can actually plan around.

Questions about the treatment itself

Before coverage even enters the picture, make sure you understand what is being proposed. Coverage questions only make sense once the plan is clear.

- What exactly is being recommended, and why now?
- Is there more than one reasonable way to handle this, and how do the options compare?
- What is the fee for each part of the plan?
- Which parts are needed soon, and which could wait if I needed to spread things out?

Knowing this lets you talk about money against a clear backdrop, and it helps you decide where coverage matters most.

Questions if you have insurance

If you have a dental plan, the goal is to understand how much of the plan the insurer is likely to cover and how much lands on you. A few terms come up repeatedly.

Pre-authorization and pre-determination

For anything beyond routine care, ask whether the office can submit the plan to your insurer in advance. This is often called a pre-authorization or pre-determination. The insurer reviews the

proposed treatment and responds with an estimate of what it would cover. It is not a guarantee, but it gives you a much clearer figure in writing before you commit.

Annual maximum and how much is left

Most plans cap how much they pay in a year, known as the annual maximum. If you have already used some of it, that affects what remains for new treatment. Ask how your plan's maximum works and, if you can, check how much of it you have used this year. For larger plans, it sometimes makes sense to stage treatment across two benefit years.

Percentages, categories, and deductibles

Plans often cover different categories of service at different rates. Ask what percentage your plan covers for the specific services in your plan, and whether a deductible applies before coverage kicks in. These details explain why your portion may be larger than you expected even when something is "covered."

Assignment of benefits

Ask whether the office bills the insurer directly, with you paying only your portion, or whether you pay in full and claim reimbursement yourself. This is sometimes called assignment of benefits, and it affects your cash flow even when the final cost is the same.

Questions if you do not have insurance

No coverage does not mean you are without options or questions to ask. It means the conversation is about cost and timing rather than claims.

- Can we prioritize the plan so the most important work comes first?
- Can the treatment be staged over time to make it more manageable?
- Are there different treatment options at different price points, and what are the trade-offs?
- Do you offer any payment arrangements?

If you may be eligible for public coverage, it is also worth checking the [Canadian Dental Care Plan](#) and confirming with the office how they handle it before treatment is planned.

Where to direct these questions

The clinical questions belong with your dentist; the billing and coverage questions usually belong with the administrative team, who deal with insurers daily. Many offices also keep a general information page that answers common [billing and coverage questions](#) patients tend to raise,

which can be a helpful starting point before you call. Reading through one ahead of time often surfaces a question you had not thought to ask.

A short checklist to keep handy

Ask about	Why it matters
Pre-authorization	Gives a written estimate of coverage before you commit
Annual maximum	Shows how much your plan can still pay this year
Coverage percentage and deductible	Explains the size of your portion
Direct billing	Affects whether you pay upfront or just your share
Staging and priorities	Helps spread cost and focus on what matters first

Frequently asked questions

What should I ask about dental coverage before treatment?

Start by making sure you understand the treatment plan and its fees. Then, if you are insured, ask about pre-authorization, your annual maximum and how much remains, the coverage percentage and any deductible for the services involved, and whether the office bills the insurer directly. If you are not insured, ask about prioritizing and staging the work, lower-cost options, and any payment arrangements.

What is a pre-authorization?

It is a request the office sends to your insurer, before treatment, describing the proposed plan. The insurer responds with an estimate of what it would cover. It is not a guarantee of payment, but it gives you a clearer idea of your out-of-pocket share in advance, which is especially useful for larger treatment.

Is it reasonable to ask about cost before agreeing to treatment?

Yes. Understanding cost and coverage is a normal part of making an informed decision, and dental teams expect these questions. Asking them early tends to lead to a plan you understand and can budget for, rather than an unexpected balance later.

Sources & further reading

- [Canadian Dental Association — Your Oral Health](#) — general guidance on treatment decisions and dental visits.
- [Ontario Dental Association — Your Oral Health](#) — Ontario-specific patient information, including the suggested fee guide.
- [Government of Canada — Canadian Dental Care Plan](#) — public dental coverage eligibility and details.

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