



**PATIENT-FOCUSED**

A Study of Oral Health Motivations  
and Benefit Utilization



# Building Trust in Dental Care:

## How Surprise Billing Erodes Patient Confidence and Impacts Outcomes

**September 2025**

Produced by



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# Introduction

Surprise billing in dental care is a persistent problem that affects both financial well-being and patient trust. In the course of routine dental care, patients often receive unexpected charges for services they assumed were covered by insurance, whether due to network confusion, plan limitations, or unclear cost-sharing rules. This confusion can lead to surprise bills, even when services are partially or fully covered. Different from medical insurance, dental plans often have unique cost-sharing structures, lower benefit caps, and complex coverage exclusions that make them more difficult to navigate. These complexities make price transparency and benefit literacy especially critical for dental patients, yet they remain out of reach for many Americans.

To better understand the nuances of dental benefit design, patient experience, and barriers to care, Charm Economics conducted a survey in May 2025 on behalf of the Dental Trade Alliance. The survey collected responses from 1,006 insured adults in the United States (U.S.). The survey leveraged minimum quotes for race and ethnicity, gender, and geographic location to ensure broad representation. As a result, the makeup of the panel was well-aligned with the U.S. population across key demographic categories including age, race and ethnicity, household income, and geographic location.

## Survey Specifications

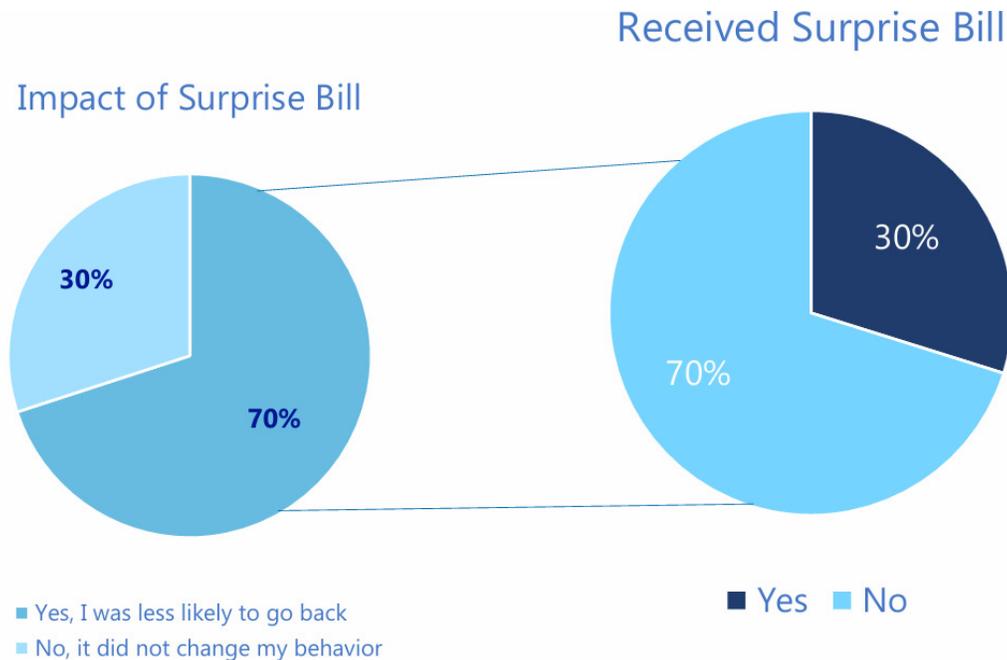
**N** = 1,006

### Sample:

- Age 18+
- People with current active dental insurance

**Mode:** web, all devices

One of the most striking findings was the extent of confusion around dental benefits and the ripple effects of that confusion on patient trust. As seen in the chart below 30% of respondents reported receiving a surprise bill for a service they believed would be covered. Even more concerning, 70% said they were less likely to return for future care. Among those patients, a further 74% said the experience reduced their trust in their dental insurance, and 69% reported a loss of trust in their dental provider. These results suggest that billing surprises are a financial burden and actively damage relationships on which routine and preventive care depend.



Q: "Have you ever gotten a surprise bill from your dentist for something you thought your insurance would cover?" (N=1006)

Q: "Did that experience impact your willingness to return to the dentist in the future?" (N=300)

Understanding why surprise billing is so common in dental care requires a closer look at how dental insurance differs from medical coverage. Unlike medical plans, most dental policies include annual benefit caps, typically between \$1,000 and \$2,000.<sup>1</sup> In our survey, 42% of respondents fell into this range, while 27% either didn't know their limit or reported that their plan had none. By comparison, most medical insurance plans do not impose annual coverage limits on essential benefits, making dental patients far more likely to face unexpected out-of-pocket costs for routine or necessary procedures. A single crown, for example, can cost between \$800 to \$3,000.<sup>2</sup> Even at the low end of this range, a single procedure could easily eclipse a typical annual benefit limit. When this happens, as our survey shows, it may lead directly into a breakdown of trust between the patient and their provider and plan.

Surprise bills aren't only about the cost of services; they also come about because of a lack of understanding of what is covered (the surprise element of a surprise bill). The survey also reveals a low level of understanding of benefits; only 31% of survey respondents said they had a very good understanding of their dental benefits. A combined 16% rated their understanding as poor or very poor, and nearly one in five did not know if their plan had a coverage limit. Without a clear understanding of their benefits or tools to verify procedure and plan-specific costs in advance, patients are once again left vulnerable to surprise billing and both the financial and personal consequences that follow.

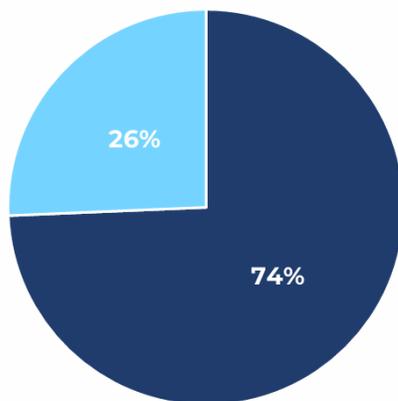
Based on this data, this paper explores how surprise billing in dental care affects patient trust, care-seeking behavior, and overall engagement with oral health services. Drawing from our survey results, we identify the most affected populations, outline the behavioral and emotional consequences of billing-related distrust, and propose policy and market-based strategies to rebuild confidence in the dental care experience.

# Deterioration of Trust

Trust is foundational to the dental care relationship and surprise billing can quickly unravel it. According to our survey, 74% of patients who received a surprise bill reported losing trust in their insurance plan, and 69% reported losing trust in their dental provider, such as a dentist or hygienist.

These findings highlight how billing can have significant emotional and behavioral consequences for patients. Trust is particularly important in dentistry because of the preventive nature of most dental care. Patients often rely on their provider not only to treat existing conditions but also to recommend and deliver preventive services that require ongoing engagement.<sup>3</sup> A breakdown in trust can have ripple effects that directly impact patient outcomes: lower patient satisfaction, increased appointment avoidance, reluctance to follow clinical recommendations, and ultimately, worsening oral health.<sup>4</sup>

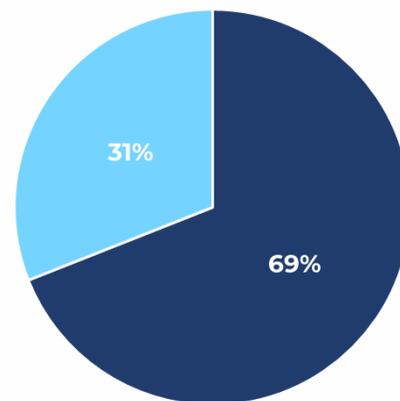
Did Surprise Bill Impact Trust in  
**Insurance?**



■ Yes ■ No

Q: "Did receiving a surprise bill affect your trust in your dental insurance?" (N=300)

Did Surprise Bill Impact Trust in  
**Provider?**

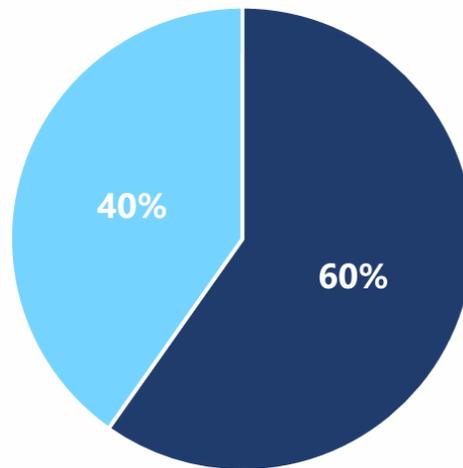


■ Yes ■ No

Q: "Did receiving a surprise bill affect your trust in your dental provider (e.g., dentist or hygienist)?" (N=300)

This deterioration is even more concerning given that dental anxiety is already widespread. In our survey, 76% of respondents reported experiencing some level of anxiety about dental visits, with 27% saying they always feel anxious, and 31% saying they sometimes do. The most common drivers included fear of pain and needles, feeling judged about the condition of their teeth, and not knowing what will happen during the appointment.

## Impact of Dental Anxiety on Decision to Seek Care



- Yes, I go less often than I should
- No, it doesn't affect how often I go

Q: "Does your fear or anxiety about visiting the dentist affect how often you go?" (N = 761)

For the 60% of anxious patients who said their fear affects how often they seek care, surprise billing can reinforce a cycle of avoidance and delay. These findings align with broader research on dental anxiety. A study published in the *British Dental Journal* found that trust in the dental professional significantly affects anxiety levels and care-seeking behavior.<sup>5</sup> Patients with lower trust were more likely to avoid treatment, feel distressed in clinical settings, and question the necessity of procedures.<sup>6</sup> When patients fear both clinical discomfort and financial unpredictability, their willingness to seek timely, routine care sharply declines.

# Behavioral Consequences

The impact of surprise billing in dental care extends far beyond the moment a patient receives an unexpected bill. According to our survey, 70% of patients who received a surprise dental bill reported that they reduced or delayed future care as a result. This behavior, often driven by financial anxiety and a loss of trust, has significant implications for both oral and overall health. When patients delay or forgo dental treatment, minor conditions can escalate into severe infections or tooth loss, which are both costly and can have negative impacts on patient quality of life. These are conditions that may ultimately require costlier interventions such as emergency department visits or hospitalizations.<sup>7</sup> As stated by the American Dental Association, “every 15 seconds in America, someone shows up at a hospital emergency department because of a dental issue. The estimated 2.1 million emergency department visits for dental conditions cost the U.S. health care system \$2.7 billion each year.”<sup>8</sup>

These ripple effects are particularly acute for populations already facing barriers to care, such as low-income individuals or those with chronic health conditions.<sup>9</sup> Moreover, behavioral avoidance of dental care reinforces existing disparities. When financial unpredictability intersects with gaps in access and trust, it can entrench systemic inequities leaving some patients perpetually excluded from routine, preventive services.

# Implications

The erosion of trust caused by surprise dental billing is not just a patient relations issue, but it signals a broader need for reform in the level of transparency required for dental services. Rebuilding lost patient confidence and addressing this issue head-on requires coordinated action from providers, insurers, suppliers, and policymakers.

## Policy Recommendations

The erosion of trust caused by surprise dental billing is not just a patient relations issue, but it signals a broader need for reform in the level of transparency required for dental services. Rebuilding lost patient confidence and addressing this issue head-on requires coordinated action from providers, insurers, suppliers, and policymakers.

**1. Strengthen Transparency Mandates.** Dental providers should be required to offer clear, pre-treatment cost estimates similar to the Good Faith Estimates now required under the No Surprises Act for medical services. While CMS clarified that this mandate applies to uninsured dental patients, most insured patients remain unprotected from opaque or unexpected pricing.<sup>10</sup> Extending transparency requirements already in place for the majority of the health care industry to all corners of dental care would ensure that patients have the information they need to make informed care decisions and avoid surprise bills. Achieving this will require both regulatory change and technological investment. Specifically, stakeholders should support digital tools that allow dental practices to access and share accurate benefit information at the point of care.

**2. Reform Billing and Ghost Network Practices.** To protect patients from large and unexpected charges, policymakers should consider limiting what out-of-network dental providers can charge, mirroring protections that now exist in the medical sector under the No Surprises Act. These limits could be especially meaningful in cases where patients have little or no opportunity to select an in-network provider, such as in emergencies or when network information is unclear or outdated. At the same time, reforms should address the underlying issue that makes surprise billing more likely: inadequate or misleading provider networks. Many dental plans appear to offer robust access on paper but rely on ghost networks, directories listing providers who are no longer accepting new patients, are functionally out-of-network due to practice limits on certain payer types, have moved locations, or are not actually offering the services listed.

## Recommendations for Industry Stakeholders

**1. Invest in Innovations that Empower Patients with Price Information.** Despite being a \$54 billion market, oral health received less than 1% of venture capital funding in 2024.<sup>11</sup> This underinvestment leaves critical gaps in patient-facing tools that could improve transparency, such as real-time benefit checks, individualized financing options, and digital scheduling platforms that connect directly to provider network data. Patients frequently forgo care due to confusion about cost, uncertainty about what their insurance will cover, or lack of clarity around which providers are in-network and accepting new patients, yet few startups or enterprise vendors are building tools to address these barriers. Key areas like practice management software, preventive care platforms, diagnostics, and patient navigation tools remain undercapitalized for the dental industry because dental care is often viewed as outside the mainstream of digital health investment. There is no dominant electronic health record (EHR) system in dentistry, making integration with insurance, provider directories, and billing platforms more complex.<sup>12</sup> As a result, dental practices often rely on fragmented workflows that make it difficult to deliver cost estimates or benefit verification at the point of care. To rebuild trust and reduce surprise billing, greater investment is urgently needed in tools that clearly communicate cost, coverage, and care options before treatment begins. Doing so would not only empower patients, but also equip providers with the infrastructure needed to deliver a more transparent and seamless dental experience.

**2. Promote Bundled Pricing Models.** Dental care remains largely fee-for-service, but early examples of bundled payment arrangements are beginning to emerge, especially within value-based care pilots in public programs and integrated systems.<sup>13</sup> Implementing bundled pricing within private-sector dental care could yield benefits: predictable costs for patients, greater care coordination among providers, and streamlined billing for practices. Practices and their suppliers can help lead the way by piloting bundled packages for routine services, clearly defining the components and their prices that are included in the bundle, and working with payers to set transparent rates, enabling easy integration into both provider workflows and insurer reimbursement. This strategy can also build toward broader adoption of value-based models by demonstrating how defined service bundles can improve affordability, trust, and oral health outcomes.

# Conclusion

Surprise billing in dental care is a catalyst for care avoidance, which can lead to declining oral health. When patients lose trust in their providers or insurers as a result of a surprise bill, they are less likely to seek preventive care or return for routine visits. Over time, this avoidance not only drives up emergency care costs, but also undermines the core purpose of dental insurance. To reverse this trend, a collaborative approach is essential. Providers, insurers, regulators, suppliers, investors and consumer advocates must come together to build policies and tools that prioritize price transparency, clear communication, and patient-centered care. Doing so will help restore trust in the dental system and reduce the incidence of surprise billing.

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