



Dr. Jay S. Grossman, D.D.S.
Professor of Dental Medicine
General, Cosmetic, Laser, & Implant Dentistry

(a) 11980 San Vicente Blvd., Suite 507
Brentwood, CA 90049
(p) 310 – 820 – 0123

(w) www.expertwitness.dental
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PROFESSIONAL RECOGNITION CONTINUED

2011 Philanthropic Award presented by Sharon Stone on behalf of Valley Faith Council, Philanthropic Award presented by Cancer Support Community, City of Los Angeles Commendation by Senators Barbara Boxer, Dianne Feinstein and Councilwomen Janice Hahn

2010 – present Best Cosmetic Dentist Award in So. Cal by 5W

2009 – present Talk of the Town award in excellence in patient satisfaction

2004 – present FBI Citizens Academy

2003 Department of Defense acknowledgment for Homeless Not Toothless and placed in over 20 national magazines

1993 American Dental Association Community Preventative Award

1992 – present Homeless Not Toothless founder, providing over \$3-Million in pro-bono treatment to Veterans, Foster children and the underserved, a 501©3 Corp

1998 – Present Cardio Pulmonary Resuscitation Instructor

PROFESSIONAL AFFILIATIONS

2000 – present Medical Disciplinary Committee, Delta Dental

1995 – present Expert Witness, Reviewed over 525 cases for both plaintiff and defense

1995 – 2008 Peer Review Committee, California Dental Association

1989 – present Member of California Dental Association

1984 – Present Member of American Dental Association



As of Dec 2016 I have reviewed over 525 cases as a dental expert for malpractice, injury and peer review, averaging approximately 60% for the plaintiff and 40% for the defense.

I have been deposed over 100 times, have been in Superior Court over 50 times, and have never been disqualified.

At least 95% of my time is spent in patient care.

I can be counted on as being ethical, competent, prepared and analytical, as well as articulate at depositions, arbitrations and court appearances.



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Some lectures taught at dental schools as well as topics hired to opine on in malpractice and injury cases include:

- ⌘ Standard of Care
- ⌘ Cosmetic Dentistry
- ⌘ Implant Dentistry
- ⌘ Laser Dentistry / Electro-Surgery
- ⌘ Extractions, Nerve Damage (Paresthesia)
- ⌘ Root Canals (Endodontics)
- ⌘ Business: Buy / Sell, Valuation
- ⌘ Crowns, Bridges, Porcelain Veneers
- ⌘ Failure to Diagnose: Cancer, Cavities, Infection, Gum Disease
- ⌘ Slip and Fall resulting in Dental Damage
- ⌘ Physical Altercation resulting in Dental Trauma
- ⌘ Auto Accidents resulting in Dental Damage, including TMJ / TMD
- ⌘ Orthodontics, Invisalign Treatment
 - ⌘ Dr. Grossman has delivered more than 10,000 trays and was a finalist in 2011 at the Invisalign Summit
- ⌘ Trigeminal Neuralgia
- ⌘ Sleep Apnea
- ⌘ Fosamax and Osteonecrosis
- ⌘ Proper Charting
- ⌘ Elder Abuse
- ⌘ Medical Emergencies in the Dental Office
- ⌘ Treatment Planning, Vertical Dimension, Occlusion (bite) Issues
- ⌘ Pain Management
- ⌘ Gum Issues (Periodontics)
- ⌘ Sepsis, Infection
- ⌘ Wrongful Death
- ⌘ Patent Infringement
- ⌘ Effects of Playing Musical Instruments in Regards to Dentition
- ⌘ Hospital Dentistry and Protocol and Residency Program Standards
- ⌘ Delayed Treatment and Failure to Refer
- ⌘ Effects of Martial Arts and Dentition
- ⌘ Nerve Damage (IA – Inferior Alveolar and Lingual Nerve)
- ⌘ Anti-Biotic Coverage
- ⌘ Fracture Jaw during Oral Surgery or Trauma
- ⌘ Pericoronitis (Infection Around 3rd Molar)
- ⌘ Claims Abuses (Fraudulent Claims)
- ⌘ Destroyed and Altered Files (Records)
- ⌘ Wisdom Teeth Extraction
- ⌘ Poorly Fitting Appliances (Dentures, Crowns, Implants)
- ⌘ Extraction of Wrong Tooth
- ⌘ Numbness Following Extraction
- ⌘ Lidocaine Overdose Resulting in Hospitalization or Death
- ⌘ Microleakage of Crowns
- ⌘ Pain Management
- ⌘ Medications Causing Xerostomia (Dry Mouth)
- ⌘ Bite Marks



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DENTAL EXPERT WITNESS FEES

Review of Records, phone consultation, correction of my deposition:

\$500/hour, minimum 3 hours (\$1500 retainer)

Deposition, IME, Arbitration:

\$600/hour (billed in 20 min increments), plus travel at same rate

No Show or less than 5-day cancellation of IME or Deposition:

Flat rate of \$750

Trial or Arbitration:

\$7500 for any part of day + prep and phone conversations with the attorney. Must be paid 14 business days prior to trial or arbitration, no refund for cancellation, rescheduling or settlement within 10 business days of date due to my inability to rebook patients. If travel out-of-state is required, at least 1 additional day will be charged plus travel expenses.

Web Addresses:

Dr. Grossman Web site:

<http://drjaydds.com/>

Current Expert CV, W9 & testimonials:

www.expertwitness.dental

- Click on "expert CV and testimony for current CV"

News Releases:

www.expertwitness.dental

- Click on "Media coverage / write ups" for an up to date list of over 159 write ups, articles authored, TV/Radio interviews & awards.



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Attorney Engagement Agreement with Dr. Jay Grossman for Expert Testimony:

Date of Engagement: _____

Patient / Client Name: _____

Claim Number: _____

Client's Social Security Number: _____

Client's Date of Birth: _____

Name of Attorney and Law Firm: _____

Attorney's Address: _____

Attorney's Phone #: _____ Attorney's Fax #: _____

Representing: ___ Plaintiff ___ Defendant

DOL / Date of Injury/Accident: _____

Name of opposing party: _____

Consul of opposing party: (Firm or lawyer): _____

Send all documents for review to:

Dr. Jay Grossman
11980 San Vicente Blvd.
Suite 507
Los Angeles, CA 90049

Send all payments to:

Dr. Jay Grossman
Attn: Accounts Receivable
23838 Pacific Coast Highway, #844
Malibu, CA 90265-9994



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To Whom It May Concern:

I would like to thank you for engaging my expert witness services. This letter will set forth the scope of my representation and the basic financial arrangements for which I have agreed to serve as your expert.

Scope of Representation

1. **Client:** You have engaged me to opine as a dental expert. The fees charged are expected to be paid within 30 days of receipt of billing and are ultimately your responsibility as you are representing your client. If you are requiring your client to pay my fees, work will not start until the retainer is received.
2. **Scope of Work:** My job is to do the following: Review documents that you provide, call with a verbal report, and only provide a written report if requested, be available for arbitration, deposition and court and provide an IME and written report when needed.

No Guarantee of Outcome or Estimates

I do not guarantee the outcome or disposition of any matter with respect to which I am representing you, and you agree to pay my fees and other charges regardless of any outcome. Until I review the case, I obviously could not determine the validity, nor outcome, of the case.



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Financial Arrangements

Every matter we handle has at least two components to the financial arrangements: Retainer and Basis of Billing. Below are those components, as they apply.

1. **Retainer.** A \$1500 retainer is required to start review on all cases. This is calculated at an hourly rate of \$500/hour, with a 3-hour minimum, which is non-refundable once the case and retainer are received.
2. **Basis of Billing.** I will bill you monthly for services rendered, expenses incurred and incidental in-house services provided. We will bill you on an hourly basis, in one-tenth hour (six-minute) increments. The hourly rate is \$500/hour for review of records; phone consultation, correction of my deposition. I bill at \$600/hour for depositions and IME. And my rate for court appearances, trial and arbitration is \$7500 per day plus prep and attorney meetings.

Thank you again for retaining me as your expert. I appreciate the confidence that you have placed in me and look forward to a mutually satisfactory relationship.

Very truly yours,

Dr. Jay S. Grossman

Dr. Jay Grossman, D.D.S.

I confirm that I have read, understand and agree to the terms and conditions expressed in the above letter and the attached Terms and Conditions.

On behalf of (client) _____ I confirm that I have read, understand and agree to the terms and conditions expressed in the above letter and the attached Terms and Conditions.

Attorney Name: _____ Attorney Signature: _____ Dated: _____