

Dental Expert Witness for Malpractice, Injury, and QME





As of Feb 2022, I have reviewed over 900 cases as a dental expert for malpractice, injury, and peer review, averaging approximately 47% for the plaintiff and 53% for the defense.









I have been deposed over 150 times, have been in Superior Court over 75 times, and have never been disqualified.

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

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

I have taught and lectured at dental schools and have been hired as a dental expert on malpractice and injury cases on topics such as:


-  Standard of Care
-  Cosmetic Dentistry
-  Implant Dentistry
-  Laser Dentistry / Electro-Surgery
-  Extractions, Nerve Damage (Paresthesia/numbness)
-  Root Canals (Endodontics)
-  Business: Buy / Sell Valuation
-  Crowns, Bridges, Porcelain Veneers
-  Failure to Diagnose: Cancer, Cavities, Infection, Gum Disease
-  Slip and Fall / Mechanism of Injury

-  Assault resulting in Dental Damage
-  TMJ / TMD
-  Orthodontics, Invisalign Treatment delivered more than 25,000 trays and was a finalist at the Invisalign Summit
-  Trigeminal Neuralgia
-  Sleep Apnea
-  Fosamax and Osteonecrosis
-  Proper Charting (notes)
-  Elder Abuse related to unethical charging

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

(w) www.expertwitness.dental
(e) jaygrossmandds@gmail.com

-  Medical Emergencies in the Dental Office
-  Treatment Planning, Vertical Dimension, Occlusion (bite) Issues
-  Pain Management
-  Gum Issues (Periodontics)
-  Sepsis, Infection
-  Wrongful Death
-  Patent Infringement
-  Destroyed and Altered Files
-  Wisdom Teeth Extraction
-  Poorly Fitting Appliances (Dentures, Crowns, Implants)
-  Extraction of Wrong Tooth
-  Overdose Resulting in Hospitalization or Death
-  Microleakage of Crowns
-  Pain Management
-  Xerostomia (Dry Mouth)
-  Bite Marks
-  Consent, including dementia
-  State Board Licensing and SOC
-  Disability Claims
-  Corporate Dentistry / Residency
-  Effects of Playing Musical Instruments in regards to Dentition

-  Hospital Dentistry and Residency Standards
-  Delayed Treatment and Failure to Refer
-  Effects of Martial Arts and Dentition
-  Nerve Damage (IAN – Inferior Alveolar and Lingual Nerve)
-  Anti-Biotic Coverage
-  Fracture Jaw during Oral Surgery or Trauma
-  Pericoronitis (Infection - 3rd Molar)
-  Claims Abuses (Fraudulent Claims)
-  Billing Practices / Fraudulent billing
-  Prison Dentistry
-  Water line contamination
-  MVA (Motor Vehicle accidents) and dental damage
-  Food / Restaurant: eating resulting in dental damage
-  Wrongful Termination
-  Injury to person with diminished ability
-  Injury, MVA, playground, slip and fall, laceration, foreign body
-  E-cigarette / damage



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

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PROFESSIONAL EXPERIENCE

2019 – present Adjunct **Professor**, Cariology & Comprehensive Care – NYU College of Dentistry

1995 – present Clinical **Professor** of Dental Medicine - UCLA College of Dentistry
Lecturing and supervising students in a clinic and classroom setting, supervising externship program

2012 – 2018 Clinical **Professor** of Dental Medicine
Western University College of Dental Medicine
Set up off campus facilities for pediatric externships that currently treat 15,000 children/year for free

1991- Present General, Cosmetic, Laser & Implant Dentistry
Private Practice Brentwood CA serving over 15,000 patients on a fee-for-service basis

1989 – 1991 **Lieutenant**, United States Navy, Long Beach CA
General dentistry, Endodontics, emergency medicine/triage

EDUCATION

1988 – 1989 **New York University College of Dentistry**
Advanced Education in General Dentistry (AEGD)

1984 – 1988 New York University College of Dentistry, DDS degree

LICENSURE

2019 New Mexico License #DD5223

2013 Florida Expert Witness Certificate #DNEW34 (exp. Oct 2022)

2003 Nevada State License #4541

1990 California State License #38686

1988 New York State License #41901

1988 National Dental Board which allows me to opine in **42 states** on the standard of care when combined with the licensure of NERB, CA, NV, NM and an expert certificate in FL.

PROFESSIONAL RECOGNITION

2021 Paul Newman award for treating Veterans

2020 NYU Changemaker Award

2020 Mayor Garcetti, letter commendation 10,000 days of pro bono services to the underserved

2019-present Preceptor/Lecturer/Instructor, UCLA College of Dentistry



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PROFESSIONAL RECOGNITION CONTINUED

2017-2021	Nominated as one of America's Best Dentists: As determined by peers, patients, research by nominating committee, background, experience, years in practice, online ratings, and patient reviews.
2019	NYU Strusser' Award for outstanding contributions in improving public health
2018	Senator Ted Lieu Town Hall speaker on Veterans Day
2016	Small business award, Senator Ben Allen
2015	Letters of Commendation for Homeless Not Toothless from: US Navy, Several LA Councilmembers, Mayor of Los Angeles, Senators from CA, President Obama, First Lady Michelle Obama,
2014	The Jewish Journal Mensch List
2014 - present	Named "Super Dentist" by peers and featured in LA Magazine
2011 - present	Noble Bio Care, Bronze Award: Excellence in Implant Dentistry
1992 – present	Homeless Not Toothless founder, providing over \$7.7 Million in pro-bono treatment to over 100,000 Veterans, Foster children and the underserved, a 501©3 Corp
1998 – Present	Cardio Pulmonary Resuscitation Instructor
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 Councilwoman 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	Member 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

PROFESSIONAL AFFILIATIONS

2019 – present	QME certified by the VA Hospital for IME's
2018 – present	American Legion
2015 – present	Doctors Choice Award & Best of LA Award
2013 - present	American Academy of Cosmetic Orthodontics
2000 – present	Medical Disciplinary Committee, Delta Dental
1995 – present	Expert Witness, Reviewed over 900 cases
1995 – 2008	Peer Review Committee, California Dental Association
1989 – present	Member of California Dental Association
1984 – Present	Member of American Dental Association



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DENTAL EXPERT WITNESS FEES

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

\$750/hour, minimum 4 hours **(\$3000 retainer)**

Deposition, IME:

\$800/hour (billed in 20 min increments) plus travel at same rate, minimum 2 hours

No Show or less than 7-day cancellation of IME or Deposition:

Flat rate of \$1000

Trial or Arbitration:

\$8000 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 14 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. I will book my own transportation and hotel once paid. The typical cost for out-of-state travel is \$20,000 for 1 day on the stand, hotel, air/travel and prep.

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 250 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: _____

Representing: ___ Plaintiff ___ Defendant/Respondent

Name of person you are representing: _____

Claim Number &/or SS#: _____

Name of Attorney: _____

Name of Law Firm: _____

Attorney's Address: _____

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

Attorney's cell phone# (**very important**): _____

Paralegal / Assistant, name and direct phone: _____

Date of trial: _____ DOL / Date of Injury/Accident: _____

Client's Date of Birth: _____

Name of opposing party: _____

Counsel of opposing party: (Firm & lawyer): _____

Brief description of allegation; please include specific teeth numbers if known:

Send all **documents** for review to:

jaygrossmandds@gmail.com

or by mail

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

Mail payments to:

Dr. Jay Grossman
Attn: Accounts Receivable
23838 Pacific Coast Highway, #844
Malibu, CA 90265-9994
Or pay by Zelle or Paypal

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 21 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. All past due payments must be satisfied prior to deposition, arbitration, or trial.
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.
3. **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 cannot determine the validity, nor outcome, of the case.

_____ (initials)



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Financial Arrangements

Every matter I 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 \$3000 retainer is required to start the review on all cases. This is calculated at an hourly rate of \$750/hour, with a 4-hour minimum, which is non-refundable once the case and retainer are received. Please make check payable to “Dr. Jay Grossman”
2. **Basis of Billing.** I will bill you monthly for services rendered, expenses incurred and incidental in-house services provided. Billing is on an hourly basis, in one-tenth hour (six-minute) increments. The hourly rate is \$750/hour for review of records, phone consultation, and correction of my deposition. I bill at \$800/hour for depositions and IME. My rate for court appearances, trial and arbitration is \$8000 per day plus prep, travel and attorney meetings, and must be paid 14 days prior to trial so that I can cancel scheduled patients.

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) _____

Attorney Name: _____

Attorney Signature: _____ Dated: _____