



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
(e) jaygrossmandds@gmail.com

PROFESSIONAL EXPERIENCE

1995 – present Clinical Professor of Dental Medicine
 UCLA College of Dentistry
 Lecturing and supervising students in a clinic and classroom
 setting, externship program to my private office

2012 – 2018 Clinical Professor of Dental Medicine
 Western University College of Dental Medicine
 Set up off campus facilities for pediatric externship
 Raised over \$420K in donated equipment, treating over
 15,000 children/year

1991- Present General, Cosmetic, Laser & Implant Dentistry
 Private Practice Brentwood CA serving over 13,000 patients
 on a fee-for-service basis since 1991

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, Doctor of Dental
 Surgery Degree

LICENSURE

2013 Florida Expert Witness Certificate #DNEW34

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

PROFESSIONAL RECOGNITION

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,
 Best of LA award

2014 The Jewish Journal Mensch List

2014 - 2018 Named “Super Dentist” by peers and featured in LA Magazine

2011 - 2018 Noble Bio Care, Bronze Award: Excellence in Implant Dentistry



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PROFESSIONAL RECOGNITION CONTINUED

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

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

PROFESSIONAL AFFILIATIONS

2018 – present American Legion

2000 – present Medical Disciplinary Committee, Delta Dental

1995 – present Expert Witness, Reviewed over 650 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 June 2018, I have reviewed over 650 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.

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

- | | |
|---|---|
|  Standard of Care |  Patent Infringement |
|  Cosmetic Dentistry |  Effects of Playing Musical Instruments in Regards to Dentition |
|  Implant Dentistry |  Hospital Dentistry and Protocol and Residency Program Standards |
|  Laser Dentistry / Electro-Surgery |  Delayed Treatment and Failure to Refer |
|  Extractions, Nerve Damage (Paresthesia) |  Effects of Martial Arts and Dentition |
|  Root Canals (Endodontics) |  Nerve Damage (IA – Inferior Alveolar and Lingual Nerve) |
|  Business: Buy / Sell, Valuation |  Anti-Biotic Coverage |
|  Crowns, Bridges, Porcelain Veneers |  Fracture Jaw during Oral Surgery or Trauma |
|  Failure to Diagnose: Cancer, Cavities, Infection, Gum Disease |  Pericoronitis (Infection Around 3 rd Molar) |
|  Slip and Fall resulting in Dental Damage |  Claims Abuses (Fraudulent Claims) |
|  Physical Altercation resulting in Dental Trauma |  Destroyed and Altered Files (Records) |
|  TMJ / TMD |  Wisdom Teeth Extraction |
|  Orthodontics, Invisalign Treatment |  Poorly Fitting Appliances (Dentures, Crowns, Implants) |
|  Dr. Grossman has delivered more than 20,000 trays and was a finalist in 2011 at the Invisalign Summit |  Extraction of Wrong Tooth |
|  Trigeminal Neuralgia |  Numbness Following Extraction |
|  Sleep Apnea |  Lidocaine Overdose Resulting in Hospitalization or Death |
|  Fosamax and Osteonecrosis |  Microleakage of Crowns |
|  Proper Charting |  Pain Management |
|  Elder Abuse |  Medications Causing Xerostomia (Dry Mouth) |
|  Medical Emergencies in the Dental Office |  Bite Marks |
|  Treatment Planning, Vertical Dimension, Occlusion (bite) Issues |  Consent |
|  Pain Management |  State Board Licensing and SOC |
|  Gum Issues (Periodontics) |  Disability Claims |
|  Sepsis, Infection |  Corporate Dentistry / Residency |
|  Wrongful Death | |



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DENTAL EXPERT WITNESS FEES

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

\$500/hour, minimum 4 hours (**\$2000 retainer**)

Deposition, IME, Arbitration:

\$700/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 176 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: _____ Client's Date of Birth: _____

Patient / Client Name: _____ Claim Number: _____

Client's Social Security Number: _____

Name of Attorney: _____

Name of Law Firm: _____

Attorney's Address: _____

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

Attorney's cell phone#: _____

Paralegal / Assistant, name and direct phone: _____

Representing: _____ Plaintiff _____ Defendant

DOL / Date of Injury/Accident: _____

Name of opposing party: _____

Counsel of opposing party: (Firm & 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 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.
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.

Attorney Engagement Agreement with Dr. Jay Grossman for Expert Testimony: pg. 2 of 3



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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 \$2000 retainer is required to start review on all cases. This is calculated at an hourly rate of \$500/hour, with a 4-hour minimum, which is a 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. Billing is 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 \$700/hour for depositions and IME. And my rate for court appearances, trial and arbitration is \$7500 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)_____ 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: _____

Attorney Engagement Agreement with Dr. Jay Grossman for Expert Testimony: pg. 3 of 3