

# Personal Injury Claim for Medical Malpractice

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Hospital/Clinic Name]

[Address]

[City, State, Zip Code]

## **Subject: Personal Injury Claim due to Medical Malpractice**

Dear [Recipient's Name],

I am writing to formally file a personal injury claim based on medical malpractice that occurred on [date of incident] at [location of incident]. As a result of your negligence, I have suffered significant injuries and have incurred substantial medical expenses.

On [date], I visited [name of the medical professional or facility] for [reason for visit]. During this visit, the following actions occurred which I believe demonstrate negligence: [briefly describe the actions taken or not taken that led to your claim]. As a result, I experienced [describe the injuries and consequences].

Attached to this letter are copies of my medical records, bills, and any other documentation supporting my claim. According to these records, the total costs related to my medical treatment amount to [insert total amount]. Additionally, I have incurred [mention lost wages, pain and suffering, etc.].

I respectfully request a full and fair compensation for my injuries, including all medical expenses, lost wages, and any additional damages due to pain and suffering. I believe a settlement amount of [insert desired amount] would be appropriate under the circumstances.

Please respond to this claim within [insert timeframe, e.g., 30 days] so that we can resolve this matter amicably. I hope for a prompt resolution but am prepared to pursue all available legal remedies should this matter not be settled satisfactorily.

Thank you for your attention to this serious matter.

Sincerely,

[Your Name]