

Medical Negligence Claim

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient Name]
[Insurance Company Name/Medical Facility Name]
[Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally submit a claim for medical negligence regarding the treatment I received on [date of treatment] at [name of hospital/clinic]. My medical condition was improperly managed, leading to further injury and suffering.

Details of the incident include:

- Description of the medical treatment received
- Explanation of how the treatment was negligent
- Consequences of the negligent treatment, including pain, suffering, and any additional medical expenses incurred.

As a result of this negligence, I am seeking compensation for the following:

- Medical expenses
- Lost wages
- Pain and suffering.

Please find attached supporting documentation, including medical records and bills. I look forward to your prompt response in resolving this matter.

Sincerely,
[Your Name]