

# Liability Claim Notification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Hospital/Practice Name]

[Hospital/Practice Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally notify you of a liability claim concerning medical malpractice that occurred on [Date of Incident] during my treatment at [Hospital/Practice Name]. I believe that the care I received fell below the acceptable medical standards, leading to [describe the injury or outcome].

Details of the incident are as follows:

- **Date of Treatment:** [Insert Date]
- **Type of Treatment:** [Insert Treatment]
- **Description of Incident:** [Briefly describe the incident]
- **Injuries Sustained:** [Describe any injuries or conditions resulting from the incident]

Please consider this letter as a formal notice of my claim. I would appreciate your prompt attention to this matter and look forward to discussing it further.

Thank you.

Sincerely,

[Your Name]