

Personal Injury Claim Submission for Medical Malpractice

Date: [Insert Date]

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

[Recipient's Name]
[Insurance Company Name]
[Company Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally submit a personal injury claim related to medical malpractice that occurred on [insert date of incident]. I believe that the negligent actions of [insert healthcare provider's name] have caused significant injury and distress to me, which I am seeking compensation for.

Details of the incident are as follows:

- **Incident Date:** [Insert Date]
- **Location:** [Insert Location]
- **Healthcare Provider:** [Insert Name and Specialty]
- **Description of Incident:** [Provide a brief description of the incident and the malpractice]
- **Injuries Sustained:** [List injuries sustained as a result of the malpractice]
- **Medical Treatment Received:** [Outline any treatments or procedures undertaken]

As a result of the above-mentioned incident, I have incurred medical expenses totaling [insert amount], lost wages amounting to [insert amount], and my pain and suffering is immeasurable. I have attached copies of relevant medical records, bills, and any other pertinent documentation to support my claim.

I kindly request that you review my claim and consider my request for compensation in light of the circumstances described. I look forward to your prompt response regarding this matter.

Thank you for your attention to this claim.

Sincerely,

[Your Name]
[Your Signature (if sending a hard copy)]