

Settlement Acceptance Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Insurance Company/Hospital Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally accept the settlement offer of [insert amount] related to my medical malpractice claim, reference number [insert claim number].

This settlement covers the injuries I suffered due to [briefly describe the malpractice incident], and I believe this amount adequately reflects the damages incurred.

I appreciate the prompt resolution and look forward to receiving the settlement payment as agreed upon. Please confirm the details of the settlement process and the timeline for payment.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]