

Settlement Agreement

This Settlement Agreement is made and entered into as of **[Date]**, by and between **[Claimant's Name]** (hereinafter referred to as "Claimant"), and **[Physician/Hospital Name]** (hereinafter referred to as "Defendant").

1. Background

Whereas, Claimant has made a claim against the Defendant for medical malpractice occurring on or about **[Incident Date]**; and

Whereas, the parties desire to settle the claim without further litigation.

2. Settlement Amount

Defendant agrees to pay Claimant the sum of **[Settlement Amount]** to settle all claims and disputes arising from the aforementioned incident.

3. Release of Liability

Upon receipt of the Settlement Amount, Claimant hereby releases and discharges Defendant from any and all claims, demands, causes of action, or liability related to the medical malpractice claim.

4. Governing Law

This Agreement shall be governed by the laws of the State of **[State]**.

5. Signatures

IN WITNESS WHEREOF, the parties hereto have executed this Settlement Agreement as of the date first above written.

Claimant Signature

Defendant Signature