

Settlement Demand Letter

Date: [Insert Date]

[Claimant's Name]
[Claimant's Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Dear [Claims Adjuster's Name],

I am writing to formally present my demand for a settlement regarding my medical malpractice claim against [Provider's Name or Institution]. This claim arises from an incident that occurred on [Date of Incident] where I believe I suffered harm due to negligence on the part of [Provider/Institution].

The specifics of my case include the following:

- Description of the incident
- Details of treatment received
- Explanation of how negligence occurred
- Summary of my injuries and subsequent treatment

I have incurred significant medical expenses and suffering as a result of this incident. The total amount of my medical bills currently stands at [Total Medical Expenses], and I have also lost income due to my inability to work. Additionally, I have experienced pain and emotional distress related to this incident.

Based on the circumstances of my case, I am requesting a total settlement of [Amount Requested]. This figure reflects the comprehensive damages I have experienced and aims to cover my medical expenses, lost wages, and pain and suffering.

I believe this settlement demand is reasonable based on both the facts of my case and precedents in similar medical malpractice cases. I expect to receive a response within [Timeframe - e.g., 30 days] from the date of this letter.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Signature (if sending a hard copy)]