

Response to Medical Malpractice Claim Settlement Denial

Date: [Insert Date]

[Claimant's Name]

[Claimant's Address]

[City, State, Zip Code]

Dear [Insurance Adjuster's Name],

Reference: Claim Number [Insert Claim Number]

I am writing to formally respond to your denial of my medical malpractice claim submitted on [Insert Date of Claim Submission]. I appreciate your prompt review of my case; however, I must express my disagreement with the decision rendered.

As documented in the claim, my case involves [briefly explain the details of the malpractice incident]. I believe that the evidence clearly supports my position that [explain why the claim should not have been denied, citing specific details and evidence].

In light of this information, I respectfully request a reevaluation of my claim, taking into account [mention any additional evidence or insights that support your case].

Thank you for your attention to this matter. I look forward to your prompt response so we can potentially resolve this issue amicably.

Sincerely,

[Your Name]

[Your Contact Information]