

Medical Malpractice Settlement Agreement

Date: [Insert Date]

Claimant's Name: [Insert Claimant's Name]

Claimant's Address: [Insert Address]

Claim Number: [Insert Claim Number]

Settling Parties

This Settlement Agreement is made between:

- **Claimant:** [Insert Claimant's Name]
- **Defendant:** [Insert Defendant's Name / Medical Institution]

Settlement Terms

The parties agree to the following terms regarding the settlement of the medical malpractice claim:

1. The Defendant agrees to pay the Claimant a total settlement amount of [Insert Amount].
2. This payment shall be made within [Insert Days] days of this agreement.
3. The Claimant agrees to release the Defendant from any and all claims related to this matter.

Confidentiality

Both parties agree to keep the terms of this settlement confidential, except as required by law.

Acceptance of Terms

By signing below, both parties agree to the terms of this settlement:

Claimant Signature: _____ **Date:** _____

Defendant Signature: _____ **Date:** _____

Witness

Witness Signature: _____ **Date:** _____