

Medical Malpractice Claim Settlement Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Insurance Company/Hospital Name]

[Address]

[City, State, Zip Code]

Subject: Request for Settlement in Medical Malpractice Claim

Dear [Recipient's Name],

I am writing to formally request a settlement regarding my medical malpractice claim, which was filed on [Date of Claim]. This claim arises from the treatment I received on [Date of Incident] at [Facility Name], which resulted in [brief description of the harm suffered].

Following extensive medical evaluations and consultations, it has become clear that the negligence exhibited by [Healthcare Provider's Name or Institution] has led to significant physical and emotional distress, as well as financial burden due to [list specific damages, such as medical bills, lost wages, etc.].

In light of the above, I am seeking a settlement amount of [amount requested] to cover my medical expenses, lost income, and pain and suffering. I believe this amount is fair considering the circumstances surrounding my case.

I would appreciate your prompt attention to this matter and look forward to your response. Please feel free to contact me at [your phone number] or [your email address] to discuss this request further.

Thank you for your attention to this urgent matter.

Sincerely,

[Your Name]