

Medical Malpractice Settlement Review

Date: [Insert Date]

To: [Insert Recipient Name]
[Insert Recipient's Title/Position]
[Insert Organization Name]
[Insert Address Line 1]
[Insert Address Line 2]

Dear [Recipient Name],

Subject: Review of Medical Malpractice Claim Settlement

I am writing to formally request a review of the proposed settlement regarding my medical malpractice claim filed against [Insert Doctor/Hospital Name] on [Insert Claim Date]. The details of the case are as follows:

- **Claim Number:** [Insert Claim Number]
- **Incident Date:** [Insert Date of Incident]
- **Nature of Allegation:** [Brief Description of the Allegation]
- **Proposed Settlement Amount:** [Insert Amount]

Given the circumstances surrounding this claim and the impact on my life, I believe that further evaluation of the proposed amount is warranted. I would appreciate the opportunity to discuss this matter further and to review all relevant documents that contributed to the settlement determination.

Please let me know a suitable time for us to discuss this matter, or if additional documentation is required from my side. I look forward to your prompt response.

Thank you for your attention to this important matter.

Sincerely,
[Your Name]
[Your Contact Information]
[Your Address]