

[Your Name]  
[Your Address]  
[Your Phone Number]  
[Your Email]

[Date]

[Hospital/Emergency Room Name]  
[Risk Management Department/Legal Department]  
[Hospital Address]

RE: NOTICE OF INTENT TO SUE / PRE-SUIT DEMAND

Patient Name: [Patient Name]  
Date of Incident: [Date of ER Visit]  
Medical Record Number: [If known]

To whom it may concern,

This letter serves as a formal demand for settlement regarding the negligent medical care provided to [Patient Name] at [Hospital Name] Emergency Room on [Date].

### **Factual Summary**

On [Date], [Patient Name] presented to the Emergency Room with symptoms of [Describe symptoms]. [Patient Name] was treated by [Doctor/Staff Names]. During this visit, the following failures occurred: [List specific errors, e.g., failure to diagnose, improper discharge, delayed testing].

### **Basis for Negligence**

The care provided fell below the acceptable standard of medical practice. Specifically, the medical staff failed to [Describe what should have been done]. As a direct result of this breach in the standard of care, [Patient Name] suffered [Describe injuries or complications].

### **Damages**

Because of this negligence, the following damages have been incurred:

- Additional medical expenses: \$[Amount]
- Lost wages: \$[Amount]
- Pain and suffering
- [List other specific damages]

### **Demand**

To resolve this matter without the necessity of formal litigation, I am prepared to accept the sum of \$[Total Demand Amount] as full and final settlement of this claim. This offer remains open for [Number] days from the date of this letter.

I have attached relevant medical records and bills supporting this claim. I look forward to your prompt response.

Sincerely,

[Your Signature]

[Your Printed Name]