SENT VIA CERTIFIED MAIL

[Your Name/Law Firm Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Insurance Adjuster Name]
[Insurance Company Name]
[Address]
[City, State, Zip Code]

RE: SETTLEMENT DEMAND
Claimant: [Victim's Name]
Insured: [Facility Name]
Date of Loss: [Date of Fall]
Claim Number: [Claim Number]

Dear [Adjuster Name],

As you are aware, this office represents [Claimant Name] regarding injuries sustained due to the negligence of [Facility Name]. This letter serves as a formal demand for settlement of this claim.

FACTS OF THE CASE
On [Date], [Claimant Name] was a resident/patient at [Facility Name]. At approximately [Time], the Claimant suffered a fall in the [Location, e.g., bathroom/hallway]. At the time of the incident, [Facility Name] was aware that the Claimant was a high fall risk due to [Specific reasons: medication, previous falls, mobility issues]. Despite this known risk, the facility failed to provide adequate supervision, failed to implement required safety protocols, and failed to utilize necessary assistive devices.

LIABILITY AND FAILURE TO SUPERVISE
The facility breached its duty of care by failing to properly monitor the Claimant. Documentation indicates that [Specific failure, e.g., the call light went unanswered for 20 minutes / the bed alarm was disabled]. Had the staff adhered to the established care plan and provided the necessary supervision, this fall would have been prevented. This failure to supervise constitutes direct negligence and elder neglect under [State Law/Regulation].

INJURIES AND DAMAGES
As a direct result of the fall, the Claimant suffered the following injuries:
[List injuries, e.g., Hip fracture, Subdural hematoma, Lacerations].

The Claimant required [Surgery/Emergency Care/Rehabilitation] and has incurred the following damages:
- Medical Expenses to date: $[Amount]
- Estimated Future Medical Costs: $[Amount]
- Pain and Suffering: [Description of impact on quality of life]

SETTLEMENT DEMAND
Based on the clear liability of [Facility Name] and the significant injuries sustained by the Claimant, we hereby demand the sum of $[Total Demand Amount] to settle all claims. This offer is valid for [Number] days from the receipt of this letter.

We look forward to your prompt response.

Sincerely,

[Your Signature]
[Your Printed Name]