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

[Date]

[Name of Claims Adjuster/Facility Manager]
[Insurance Company/Facility Name]
[Address]
[City, State, Zip Code]

**RE: SETTLEMENT DEMAND FOR MEDICATION ADMINISTRATION ERROR**

Claimant: [Patient Name]
Date of Incident: [Date of Error]
Facility: [Name of Hospital/Nursing Home/Clinic]
Claim Number: [Claim Number, if applicable]

To Whom It May Concern,

I am writing to formally demand a settlement regarding the medication administration error and subsequent neglect that occurred while [Patient Name] was under the care of [Facility Name].

**Statement of Facts**
On [Date], [Patient Name] was admitted for [Reason for Admission]. During this period, the medical staff failed to adhere to the standard of care by [Select one: administering the wrong dosage / administering the wrong medication / failing to administer prescribed medication / administering medication to the wrong patient].

Specifically, [Detail the error, e.g., Nurse X administered 50mg of Medication Y instead of the prescribed 5mg]. Despite showing immediate signs of distress, including [Symptoms], the staff neglected to [Detail neglect, e.g., notify the physician / monitor vitals / provide corrective treatment] for [Number] hours.

**Liability**
The facility and its staff had a duty to ensure the "Five Rights" of medication administration: right patient, right drug, right dose, right route, and right time. By failing to do so, the facility breached its duty of care. This negligence was the direct and proximate cause of the injuries sustained by [Patient Name].

**Damages and Injuries**
As a result of this medication error, [Patient Name] suffered the following:
- [List physical injuries or complications]

- [List additional medical procedures required to fix the error]
- [List emotional distress or permanent impairments]

**Economic Losses**
- Medical Expenses to date: $[Amount]
- Future Medical Estimates: $[Amount]
- Lost Wages: $[Amount]

**Settlement Demand**
In light of the clear liability and the severity of the suffering caused by your staff's neglect, I am prepared to settle this claim for the total amount of $[Total Demand Amount]. This offer is made for the purpose of settlement only and is valid for [Number] days from the receipt of this letter.

I have attached copies of relevant medical records and billing statements for your review. I look forward to your timely response.

Sincerely,

[Your Signature]

[Your Printed Name]