

FOR SETTLEMENT PURPOSES ONLY / SUBJECT TO RULE 408

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

[Date]

[Recipient Name/Insurance Adjuster]
[Recipient Title]
[Insurance Company/Medical Facility Name]
[Address]
[City, State, Zip Code]

Re: Letter of Intent to Settle Medical Malpractice Claim

Claimant: [Patient Name]
Date of Incident: [Date of Medical Error]
Claim Number: [Claim Number, if applicable]

Dear [Recipient Name],

This letter serves as a formal notice of intent to resolve the medical malpractice claim arising from the treatment provided to [Patient Name] by [Doctor/Facility Name] on or about [Date].

I. Statement of Facts

[Provide a brief summary of the medical procedure or treatment and the specific error or negligence that occurred.]

II. Theory of Liability

It is our position that the healthcare provider breached the applicable standard of care by [describe the breach, e.g., failure to diagnose, surgical error, medication mistake]. As a direct and proximate result of this breach, [Patient Name] suffered the injuries detailed below.

III. Summary of Damages

The negligence in this case resulted in significant physical, emotional, and financial harm, including:

- [List specific physical injuries]
- [Total medical expenses to date]
- [Future estimated medical costs]
- [Lost wages and loss of earning capacity]
- [Pain and suffering/Permanent disability]

IV. Settlement Proposal

In the interest of avoiding the expense and uncertainty of litigation, [Patient Name] is prepared to settle all claims against [Provider Name] for the total sum of \$[Dollar Amount].

V. Deadline for Response

This offer is remaining open until [Time] on [Date]. If we do not reach an agreement in principle by this date, we will proceed with the formal filing of a lawsuit in [County/State] court.

We look forward to your prompt response.

Sincerely,

[Your Signature]

[Your Printed Name]