

TO: ALL DOCTORS AND OTHER HEALTH CARE PROVIDERS WHO MAY TREAT ME AND MY FAMILY (including any children up to the age of 26 who are on my health insurance plan).



*I am sick and tired of waiting for our country to adopt national tort reform for medical malpractice cases. I think we should have it and have it now, so I'm doing my patriotic duty and volunteering my family for medical malpractice tort reform.*

On behalf of me and my family, I hereby agree that in addition to any state medical malpractice tort reform that now exists in my state, we also be bound by the following:

1. In the event of death or serious injury caused to me or my family by any health care provider, I hereby waive the right to trial by jury. Any dispute regarding death or injury will be determined solely by a panel of doctors.
2. I agree that I will not bring a claim unless I have had my claim "certified" by a health care provider.
3. I must initiate any dispute about your care of me and my family within one year of the date of the alleged malpractice, even if I have not yet discovered that I have been harmed.
4. I agree to accept a maximum of \$250,000 in damages for any claim, no matter what the injury and no matter how many health care providers are involved in causing the injury or death.
5. In the event that I bring such a claim and lose, I agree to pay all of your expenses in defending the claim.
6. I fully understand that my own costs to prosecute a claim against you, before attorney fees, may exceed \$100,000.
7. I agree that I will not seek recovery for my medical bills if those bills are covered by my health insurance plan. In other words, my employer or I will bear the full medical cost of any injury or death you cause.
8. I agree that all hearings regarding my claim and any settlement of my claim will be confidential so that no one will ever know that you paid a malpractice claim.
9. I certify that I have read and understand the information at [TheTruthAboutDefensiveMedicine.com](http://TheTruthAboutDefensiveMedicine.com)

Name \_\_\_\_\_ Date \_\_\_\_\_

**This form is valid until revoked. It is valid in all 50 states. Additional copies can be obtained at [VolunteerForTortReform.com](http://VolunteerForTortReform.com).**

*Does this form sound outrageous? It is! Proponents of "malpractice tort reform" talk about it like it is a fun picnic for everyone. "Let's just have 'tort reform.'" It's not—it's a government-mandated assault on those most seriously injured by malpractice. Next time you see a tort reform advocate, give them this form and let them "volunteer."*